

**Testimony of the  
New York City Department of Housing Preservation and Development  
to the New York City Committees on Housing and Buildings and Health regarding  
Oversight of Lead-Based Hazards and Introductions 5, 6, 193 and 750**

Good afternoon, Chairs Sanchez and Schulman and members of the Committees on Housing and Buildings and Health. My name is AnnMarie Santiago, and I am the Deputy Commissioner of the Office of Enforcement and Neighborhood Services at the New York City Department of Housing Preservation and Development (HPD). Thank you for the invitation to testify today on the city's implementation of laws related to lead that were passed over the last several years and to provide comments on newly introduced legislation regarding lead-based paint compliance.

Local Law 1 of 2004, which focuses on lead in paint, is the country's most stringent lead enforcement law. The most common source of lead-based paint exposure is in the home, which is why the most robust lead-based paint obligations in Local Law 1 rest on property owners of older residential buildings in New York City. For residential buildings built before 1960, Local Law 1 presumes that there is lead-based paint in dwelling units where a child under age six resides, and in the common areas of such buildings, although the regulations do not apply to owner occupied units in one- and two-family homes. While some sections of Local Law 1 apply only where a child under the age of six resides – those most vulnerable to the negative effects of lead - other obligations apply to all units and common areas of such buildings.

Since 2019, HPD has implemented at least ten major changes to enhance both reactive and proactive enforcement of Local Law 1. This includes meeting the new requirements passed under Local Laws 64, 66 and 70 of 2019 and Local Laws 28, 29 and 31 of 2020. Due to the breadth of the changes, I will not be able to speak in depth about each change today but hope to provide information on most of the significant ones. For a description of the general processes of HPD inspections and data about these topics, I would refer you to the Annual Lead Report available on HPD's website.

First, the City expanded the number of children protected by the lead laws. This expansion of the protection was accomplished by two changes: extending protections to families renting in 1- and 2-family homes and expanding protections to children who routinely spend at least 10 hours a week in an apartment that they may not live in.

Second, the City lowered the levels at which lead in paint triggers remediation and appropriate cleaning. Lead-based paint was defined before December 1, 2021 as paint with a lead content of 1.0 mg/cm<sup>2</sup>. Based on federal approval of an X-ray fluorescence machine (XRF) able to accurately test for lead in paint at 0.5 mg/cm<sup>2</sup>, HPD implemented a change required by local law that changed

this definition. Lead-based paint is now defined as paint with a lead content of 0.5 mg/cm<sup>2</sup>, which means that paint with a lower level of lead will now test positive.

Together, these two changes have resulted in an increase in the number of lead-based paint hazard violations issued by HPD. A violation is issued for each room that has a hazard, which means that the paint is peeling. In FY22, HPD issued 15,448 lead-based paint hazards violations, an increase of approximately 2,000 over FY19, the last full pre-COVID year and an increase of approximately 6,000 violations over FY21. Of the violations issued in FY 22, 12% were issued in 1-2 family homes and 16% were issued in apartments where no child lives but a child routinely spends 10 or more hours in the unit. More than 4,000 violations have been issued for lead-based paint readings only in the 0.5 mg/cm<sup>2</sup> to 0.9 mg/cm<sup>2</sup> range - 35% of the total number of tested violations issued. Taken in context, this increase in the number of violations does not reflect a worsening of the problem of lead-based paint hazards, but an increase in protecting more children from lead. Again, NYC now has the most protective standard of any city in the United States.

In addition to these changes related to child-occupied units, HPD began to audit properties for lead-based paint records based on the Building Lead Index, in addition to the audits we already conducted related to Department of Health and Mental Hygiene (DOHMH) Commissioner's Orders to Abate (COTAs). We have conducted audits and proactive inspections of over 500 buildings just this fiscal year, sending out a six--page Record Production Order to properties identified through the BLI as having some level of risk of lead-based paint hazards or due to the COTA. Owners are expected to have 10 years of records when we conduct these audits, as required by the law. While we are finding that it is rare that owners have records dating back 10 years, we have recently updated our database to be able to collect information so we can determine if compliance is improving. We will also soon have two years of data about selecting buildings for the Building Lead Index and hope to analyze how effective that index is at identifying buildings that actually have lead-based paint hazards. Focusing our resources on ensuring owners are complying right now and going forward is key to our current enforcement.

We acknowledge that rules on notices, investigations, turnover and record-keeping are complex and require significant administrative work from property owners and so we committed significant time and effort to providing information and making educational opportunities available to owners and managing agents. Since 2019, we have created webinars which cover details of 8 distinct topics: ranging from the basics to specific topics regarding the changes such as a webinar targeted to owners of 1-2 family homes, to how to comply with the annual notice, investigation and turnover requirements, how to keep records of that compliance, how to comply with HPD violations and how to ensure safe work practices. Since initiating the webinars, we have had over 3,000 participants attend the live trainings with extremely positive feedback. On May 2<sup>nd</sup>, we will be starting a new cycle of webinars, presenting **Lead-Based Paint Basics: An Overview of NYC's Requirements for Building Owners**. Within days of announcing the webinar, over 500

participants had registered. We encourage all of you to take a live webinar or watch one of the recordings on our website.

In addition to education, we also realized that owners required additional resources. We added a link to the Department of Housing and Urban Development (HUD) Visual Assessment training. We sent and continue to send multiple e-mail bulletins each year as new requirements are implemented and to remind owners of their annual obligations. These are translated into multiple languages and are available on our website. We have developed and provided sample recordkeeping documents. We engaged in an outreach campaign around the theme "Get Ahead of Lead" which launched in November 2019 for multiple dwelling properties and continued in early 2020 with a particular focus on one- and two-family properties. The campaign ran in eight languages on bus shelters, storefronts, newspapers, and social media in 19 zip codes with high rates of children with elevated blood lead levels. We ran the campaign again in 2022 for all properties. We're always open to ideas from our partners at the City Council about additional avenues to communicate with property owners.

We also have invested in education and outreach for residents, including through Tenant Resource Fairs, our HPD Mobile Outreach van, and lead information in our *ABCs of Housing*. In October 2022, we tried something new. Partnering with DOHMH and the Department of Environmental Protection, we initiated the first multi-city agency outreach campaign for National Lead Poisoning Prevention Week. We are planning for a more successful week this year. As always, we are willing to meet people where they are, including working with Council Members to schedule mobile van and co-sponsored events in your districts to help educate tenants.

Although HPD's direct litigation of lead-based paint requirements has been limited by both the challenges facing Housing Court in general and the staffing challenges that city agencies are facing in hiring and retaining attorneys, we have, through the end of June 2022, obtained consent orders and civil penalties against almost 100 buildings for the failure to comply with the recordkeeping requirements of Local Law 1. In one settlement agreement with a major landlord, months of litigation resulted in \$82,500 in civil penalties, a consent order to correct over 80 lead-based paint violations across 6 Brooklyn buildings impacting 285 homes, and an order to comply with all other lead-based paint requirements. We have supported legal actions initiated by the New York City Law Department which included lead-based paint compliance requirements. We have also supported and continue to support actions by the New York State Attorney General's office, which negotiated settlements with two major landlords covering more than 16,000 apartments, to bring landlords into compliance and to resolve existing open lead-based paint hazard violations. As a result of one settlement, the AG is supporting the work of the Center for New York City Neighborhoods to conduct outreach to property owners of 1-2 family homes to inform them about the new lead-compliance requirements that apply if they rent the units.

An important component to removing the risk of lead exposure is for landlords to remove or permanently cover lead paint or replace components or fixtures painted with lead paint when a tenant vacates and before the unit is re-rented, also referred to as 'turnover.' The work is required in between occupancies because it is the time where such work presents the least risk of exposure to tenants. Generally, this work requires replacing painted doors or windows, although paint removal is an acceptable method as well if the surfaces are not deteriorated. Anyone can perform the turnover visual inspection to look for lead-based paint hazards, such as deteriorated paint or teeth marks on chewable surfaces, and to confirm if the bare floors, window sills, and window wells are smooth and cleanable but appropriately certified professionals must use safe work practices to conduct any abatement work. Any XRF testing performed to determine if a painted surface is or is not lead-based paint must be performed by an EPA-certified Lead Inspector or Risk Assessor. HPD issues two types of violations related to turnover. In one case, only as a result of an audit inspection, the violation is issued because HPD has confirmed that a tenant has moved in within the past 10 years and the owner has not provided any documentation to support that any investigation or work was completed upon turnover to identify and remove lead-based paint as required. There is no requirement that a child under six resides in the unit for HPD to issue this type of turnover violation. In the second instance, a violation is issued when HPD finds, on any type of inspection, that there is a lead-based paint hazard and one of the door or window components either tests positive for lead or is presumed to have lead. In FY21 and FY22, 12,500 violations were issued related to turnover, of which 87% were related to audit inspections and 13% were related to the finding of a hazard.

Local Law 31 of 2020 expanded the obligations of landlords to perform investigations. Within one year of occupancy by a child under six, the owner must have all painted surfaces tested for lead-based paint. In units where there is no child, the testing must be completed before August 2025. The law requires the property owner to provide the results to the tenant. HPD continues to try to educate owners about this and prepare for August 2025. At that time, if the property owner is unable to provide the XRF testing when audited, appropriate violations will be issued.

Everything I have discussed this morning is about changes over the past four years. During this time – including throughout COVID except for a brief period after March 2020 – HPD has continued to conduct inspections, issue violations as criteria for those violation change, process certifications of correction, postponement requests and contestations of those violations. We continue to work hand in hand especially with DOHMH on lead-based paint related issues, even as they expand the reach of their interventions as Assistant Commissioner Faciano just described. When landlords don't act and the tenants allow HPD access, we have continued to conduct emergency repairs in response to HPD violations and DOHMH Commissioner's Orders, hiring appropriately certified firms and conducting dust wipes to ensure that areas remain free of lead dust. As with all emergency repairs, any work completed by an HPD vendor is billed to the property. We continue to encourage and process lead-based paint exemptions submitted by

property owners. I would like to recognize our staff, some of whom are sitting here today, for the work they have continued to do each day to protect our children.

Now, to turn to the new legislation being proposed here today.

Int. 5 requires additional records related to XRF testing be provided whenever an owner certifies a lead-based paint hazard violation. When certifying a lead-based paint hazard violation, owners are already required to provide HPD with six documents, including sworn statements, certifications showing the firm was approved by the federal government to do lead-based abatement and dust wipe results. Requiring more documentation which is not directly related to the hazard for which HPD issued the violation will distract from the main goal of the violations being issued, which is to immediately address the hazard at hand. The additional documents will not assist with addressing the hazard. Considering these factors, HPD is not supportive of this legislation.

Int. 6, which requires property owners to complete turnover requirements while a unit is still occupied, runs the risk of creating active lead hazards where none exist at the time of an inspection. When the turnover requirement was created, the intent was that meeting such requirements would be safest and most efficient when an apartment was vacant. HPD is not aware of any factors that would have changed that assessment so our concern around doing this work with tenants in occupancy remains the same.

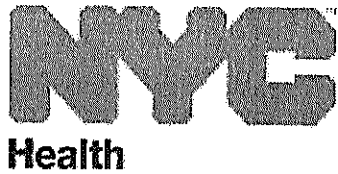
Int. 193 requires owners to conduct XRF testing in common areas and requires HPD to inspect and issue lead-based paint hazard violations for common areas. Paint in public areas in pre-1960 buildings is presumed to be lead-based paint unless an owner can provide evidence otherwise, which means that owners are required to address any peeling paint in common areas using safe work practices. Paint in these areas, where children generally do not spend a significant amount of time, is not generally identified as a significant source of lead exposure. Requiring testing from owners will not increase their existing responsibilities to maintain paint in common areas, and the resources that would be required for HPD to inspect, issue violations for and correct peeling paint in public areas would be one of the largest new needs HPD would face, and raises concerns about focusing resources on an area which will not yield a high return in terms of the impact on reducing exposure.

Regarding Int. 750, we believe that the goals of this bill can be met by enhancing existing processes that can be modified or expanded. At this point in time, especially given the fact that COVID not only delayed enforcement resources, but also affected the ability of owners to address and comply with requirements like turnover and apartment XRF testing for most of 2020 and much of 2021, we are focused on trying to assist owners to come into compliance with all of the existing rules and regulations. We want to ensure that our enforcement resources and owners' financial resources remain targeted to conditions and circumstances that reduce the most immediate exposures to lead paint hazards. Some of the goals of Int. 750 can be met by enhancing existing HPD processes and we are committed to working with the Council to continue to reduce exposure to lead-based paint, and I look forward to productive conversations as we explore new ways to protect children.

We are also still reviewing Preconsidered Int. T2023-3347 as we received late notice on the language. On initial review, the bill proposes to impose on HPD's discretion by mandating that HPD declare a public nuisance when DOHMH issues a COTA. HPD is already responsible to audit the property, inspect the building for lead-based paint hazards and, if the owner doesn't address the hazards identified by DOHMH, to do the necessary lead-based paint work. As I mentioned, HPD may also seek enforcement in Housing Court for existing violations issued in response to these audits, and we work with our city and state partners to enforce. Under this bill, HPD would have to additionally create an administrative process that would drain agency resources without improving our enforcement capability.

As I conclude my testimony today, we want to make two messages clear. One, as a property owner of a building built prior to 1960, you are a vital partner we rely on to make New York City lead-paint hazard free. Know your responsibilities, seek assistance if you need guidance on how to comply with the law and work with your tenants to ensure their safety. To tenants, if you have a child under 6 and you see cracked, chipped, peeling, chewed on or otherwise compromised, painted surfaces in your apartment, let your landlord know and call 311 if the condition is not corrected safely or quickly. Learn what you can do to keep your child safe, including getting your 1- and 2-year olds tested and please seek assistance from any of the agencies here today if you have additional questions.

I want to thank the Council for continuing to keep this important issue at the forefront of our work and I trust that we can continue to engage productively in using our resources in the most efficient way possible. Thank you and we look forward to your questions.



**Testimony**

**of**

**Andrew Faciano, MPH**

**Assistant Commissioner of the Bureau of Environmental Disease and Injury Prevention**

**New York City Department of Health and Mental Hygiene**

before the

**New York City Council**

**Committee on Health**

and

**Committee on Housing and Buildings**

on

**Oversight - Lead-Based Paint Hazards**

and

**Intro 5, Intro 6, Intro 193, Intro 200, Intro 750**

April 25, 2023

City Hall

New York, NY

Good morning Chair Schulman, Chair Sanchez, and members of the committees on Health and Housing and Buildings. I am Andrew Faciano, Assistant Commissioner for the Bureau of Environmental Disease and Injury Prevention at the New York City Department of Health and Mental Hygiene. I appreciate the opportunity to testify today.

The Health Department has long been at the vanguard of efforts nationally to reduce elevated blood lead levels or EBLLs in children, beginning in 1960 when the New York City Board of Health made us the first jurisdiction in the country to prohibit the use of lead paint in residential settings – 18 years before it was banned by the federal government in 1978.

I would like to provide some background about how EBLLs occur and describe the City's current multipronged approach to preventing and responding to EBLLs. Lead paint remains the most commonly identified potential exposure source of lead exposure for New York City children. The mechanism for lead exposure is typically ingestion, so it is very young children – especially those under the age of three – who are most at risk. Because young children are at a critical stage of physical development and absorb lead at higher rates than older children and adults, nutritional deficits and developmentally appropriate hand-to-mouth activity can put them at risk. It is also important to understand how EBLLs are treated in children. Except at very high levels rarely seen in New York City today, the body naturally excretes lead over time on its own. Typically, the only “treatment” is to remove the ongoing sources of lead exposure so that the body can do its work. The City's robust approach to protecting children from EBLLs is two-fold: first, prevent lead exposure and second, when a child has an EBLL, respond quickly and comprehensively.

The response begins when the Health Department receives notification of a child with an EBLL via a daily electronic download from New York State and we respond quickly with a detailed and thoughtful intervention to ensure the safety of that child. This intervention begins with a Health Department Nurse quickly coordinating ongoing care with the family and the child's health care provider, working in tandem until the child's blood lead level adequately declines. At the same time, we dispatch an inspector to conduct a thorough risk assessment and inspection of the child's home. The inspectors – who are highly trained and Environmental Protection Agency (EPA) certified - begin with a comprehensive interview with the family to better understand the child's risk factors for lead exposure. They then inspect the apartment for lead paint hazards, using a piece of equipment called an X-ray Fluorescence – or XRF – device. If the device detects lead in the paint, the Health Department issues the property owner a Commissioner's Order to Abate, and we will follow up to ensure compliance. Our focus – regardless of whether the child lives in public or private housing – is to identify and assess every address where a child spends at least 5 hours per week so that we can mitigate any and all potential sources of lead exposure.

The dual focus on primary and secondary prevention is in large part due to the leadership of the City Council, with the Childhood Lead Poisoning Prevention Act, known as Local Law 1 of 2004, being one of the most important and impactful laws on lead in the country. Because of the City's multifaceted approach to preventing EBLLs in children, there has been a 93 percent decline since 2005 in the number of children under age six with a blood lead level at or above 5 micrograms per deciliter (mcg/dL). In 2021, there were almost 35,000 fewer children with EBLLs than in 2005. This decrease is a testament to the Council's passage of a strong local law



that helps prevent childhood exposure to lead based paint and the dedicated work of the city agencies represented here today.

Despite this progress, we recognize that there is no safe level of lead and that we must continue our collective work to further reduce the number of children with EBLLs. Over the last few years, the City has not lost focus on this goal despite all of the challenges that the COVID-19 public health emergency has presented – including a drop in blood lead testing among children. To address this issue, the Department has implemented a multifaceted approach to raise awareness about the importance of timely blood lead screening.

On an ongoing monthly basis, the Health Department matches birth records to its blood lead database to determine which children – up to age 3 – are due to get their blood tested for lead, as required by law. We reach out to these families individually to remind them of the need to get tested and connect them to care, both by text message and mail.

The Department also sends guidance to over 30,000 health care providers annually reminding them of the testing requirements, conducts outreach and education for families, and collaborates with Medicaid Managed Care programs to identify children due for testing and alerting their health care providers about the need for testing.

We've also conducted a blood lead testing media campaign in multiple languages aimed at raising awareness among parents and health care providers on testing children. We are currently developing reports that health care providers can use to identify which patients are due for a blood lead test. They'll be able to send text messages and recall letters to these patients, notifying them of the need for lead testing.

We are also eager to work with Council on additional mechanisms to reach providers, parents, and caregivers to further increase blood lead testing. The Department continues to act instead of waiting for the federal government, using our power under the Health Code to establish the most protective thresholds for lead-based paint and lead in dust that triggers lead abatement in the country. These changes allow the Department to order the permanent elimination of more lead hazards, furthering our efforts to help drive children's blood lead levels down. We continue to take proactive steps to reduce lead exposure, including offering inspections to families with newborns and conducting sweeps to remove hazardous consumer products contaminated with lead.

The Department recently took another important step by further lowering the blood lead level that triggers home investigations for all children under 18 years of age to 3.5 mcg/dL. We proactively started this work in March 2022 while simultaneously petitioning the Board of Health to update the Health Code to reflect this new lower threshold. We are happy to report that the Board adopted the change in October 2022, making NYC one of the few jurisdictions in the country to act at such a low threshold.

We are proud that we've been able to achieve so much during these especially difficult times. We've made great progress and we are ready and eager to continue to drive down the number of children with EBLLs.

I would now like to turn to the bills under consideration today.

Introduction 200 would require the Department to submit to the Mayor and the Speaker of the Council, and make publicly available on the Health Department's website, a quarterly report of the number of objections filed by multiple dwelling owners to Health Department lead abatement orders. While fewer than 10% of all orders are contested, the Health Department supports the intent of this bill and would like to work with Council to identify the best approach and frequency for providing this information to the public.

Introduction 750 would direct the Department to work with HPD to identify at least 200 residential buildings each year that may pose a risk of lead exposure to children. The Department already works with HPD in this regard, helping them to prioritize 200 buildings using a Building Lead Index.

Preconsidered bill 3347 would require the Department of Housing Preservation and Development to declare a lead hazard a public nuisance where the Department of Health and Mental Hygiene issues a commissioner's order to correct or remediate a condition related to lead hazards. The Health Department works closely with HPD to ensure building owner compliance with our orders. We are currently reviewing the bill with our HPD colleagues and look forward to discussions after the hearing.

Preconsidered bill 3348 would require the Department of Health and Mental Hygiene to provide a referral for any child determined to have elevated blood lead levels to the Committee on Special Education of the Department of Education for a neuropsychological or neurodevelopmental evaluation in order to determine the child's eligibility for special education services, including the development an individualized education program. The Health Department currently provides information to families about the Committee on Special Education. We are reviewing the bill with our DOE colleagues and look forward to discussions after the hearing.

Having spent my entire 25-year career focused on reducing childhood lead exposure, I am committed to keeping this as a priority. I look forward to working with City Council and city partners to ensure that we remain at the forefront of efforts to protect our youngest New Yorkers.

Thank you for the opportunity to testify today. I would be happy to address your questions.

**Testimony by the New York State Nurses Association  
Committee on Health and Committee on Housing and Buildings  
Support for the Lead Prevention Bill Package  
April 25, 2023**

Marion Parkins, RN  
NYC Health and Hospitals/Harlem Hospital

**My name is Marion Parkins and I work as a nurse at Harlem Hospital which is part of the NYC Health and Hospitals system. I am also a proud union member of the New York State Nurses Association. NYSNA represents 42,000 nurses across New York State, including 25,000 RNs in New York City. 9,000 of these NYC RNs work for NYC Health + Hospitals.**

**As nurses on the frontlines of patient care, we see firsthand the harm that lead poisoning causes children, especially low-income and Black and Brown children in environmental justice communities, where environmental hazards contribute to unacceptable health disparities. Fortunately, the New York City Council can address this injustice and improve the life-long health of residents by closing the loopholes in existing lead laws.**

**Within public health we talk a lot about the social determinants of health. These are the social and economic conditions that influence differences in health outcomes. The facts regarding lead poisoning clearly show the health obstacles that low-income, Black and Brown children face. Nearly 70% of lead-poisoned children are from underserved neighborhoods. Black, Latino and Asian children make up more than 80% of newly identified lead poisoning cases in children under the age of six. New York has more known cases of children with elevated blood levels than any other state. This is certainly not something New York wants to or should be number one at.**

**It is important to note that public sector nurses at NYC H+H are the ones who are most likely to end up giving care to those in vulnerable, environmental justice communities. We are the ones who see chronic health disparities caused by environmental contaminants like lead poisoning and asthma up close in our**

**patients. Health effects of lead poisoning include neurological problems, kidney damage, cardiovascular problems and reproductive issues. These are serious issues that demand quality care and attention.**

**Nurses and allies are also calling for pay equity for Health + Hospitals nurses as a matter of health equity and racial justice. We think it is not coincidence that public hospital nurses who provide the lion's share of care for the New Yorkers with the worst health are also the lowest paid hospital nurses in the city.**

**Low pay for us worsens health disparities for our patients. Unequal pay for the mostly Black and Brown nurses who work in the public sector drives understaffing and unequal care for New York's predominantly working-class Black and brown communities.**

**We see public health issues such as environmental racism and H+H nurses fighting for a fair contract and pay parity with the private sector as going hand in hand. In order for health disparities to improve in our most vulnerable communities, we need a workforce that is treated fairly.**

**We are proud to stand with our allies like WE ACT in demanding change. We urge the City Council to pass this package of bills now to protect our children against the effects of lead in their water. We also urge you to support pay parity for the nurses of NYC H+H.**

**Thank you for your time and consideration.**

REBNY Testimony | April 25, 2023

# The Real Estate Board of New York to The City Council Committee on Health and the Committee on Housing and Buildings Regarding Lead Paint Legislation

The Real Estate Board of New York (REBNY) is the City's leading real estate trade association representing commercial, residential, and institutional property owners, builders, managers, investors, brokers, salespeople, and other organizations and individuals active in New York City real estate. REBNY appreciates this opportunity to testify on several of the bills being heard today.

REBNY appreciates the critical importance of preventing children from being exposed to lead-based paint, which is a toxic substance that can have profound impacts on, among other things, a child's mental development. Therefore, we support the City's efforts to reduce the incidence of lead-based paint exposure and to enforce City laws that, among other things, require inspection and remediation with safe work practices in dwelling units where young children live or spend a significant amount of time.

In recent years, the City Council has adopted numerous additional local laws to strengthen the City's rules and regulations concerning lead-based paint. While it is prudent to consider whether there are additional gaps in the City's regulatory regime that need to be addressed, we encourage the Council and City agencies to focus on implementing and enforcing the laws, rules, and regulations that exist today.

**BILL:** Intro 0005-2022

**SUBJECT:** This bill would require that a building owner, upon receiving a violation, must supply the Department of Health and Mental Hygiene with all records pertaining to lead paint investigations, remediation, tenant notification, and other information required to be kept by building owners from the previous 10 years. Those who could not supply all such records within 45 days would face a fine of up to \$1,500.

**SPONSORS:** Council Members Ayala, Louis, Hanif, Won, Joseph, Riley, Restler, Krishnan, Dinowitz, Cabán, Richardson Jordan, Avilés, Schulman, Velázquez, Gennaro, Marte, Rivera, De La Rosa, Farías, Brewer, Sanchez, Abreu, Brannan, Brooks-Powers, Bottcher, Nurse, Gutiérrez, Hudson, Narcisse, Williams and Barron

Maintaining records of where lead paint may be present and where remediation or abatement has been performed is important, as it establishes a verifiable record for regulators to review to ensure compliance. Through Local Law 1 of 2004, building owners are already required to maintain 10 years of records regarding lead-based paint hazards. The City also currently has the authority to audit buildings and request this

information at any time. While it is possible that the intent of this legislation is to better inform the Health Department and HPD on where lead paint hazards exist, current local law sufficiently provides this ability if properly enforced. In lieu of creating additional requirements that do not enhance safety, REBNY encourages the Council to review existing law and strengthen existing enforcement where necessary.

**BILL:** Intro 0006-2022

**SUBJECT:** The proposed legislation would require the lead-based paint abatement activities currently required upon turnover, including the removal of lead-based paint on friction surfaces on doors and windows, to be completed in all applicable dwelling units where a child under the age of six resides, by July 1, 2023.

**SPONSORS:** Council Members Diana I. Ayala, Farah N. Louis, Shahana K. Hanif, Julie Won, Christopher Marte, Rita C. Joseph, Kevin C. Riley, Lincoln Restler, Shekar Krishnan, Eric Dinowitz, Tiffany Cabán, Kristin Richardson Jordan, Alexa Avilés, Amanda Farías, Marjorie Velázquez, Lynn C. Schulman, James F. Gennaro, Carlina Rivera, Carmen N. De La Rosa, Gale A. Brewer, Pierina Ana Sanchez, Shaun Abreu, Justin L. Brannan, Selvena N. Brooks-Powers, Erik D. Bottcher, Sandy Nurse, Jennifer Gutiérrez, Crystal Hudson, Julie Menin, Keith Powers, Sandra Ung, Mercedes Narcisse, Nantasha M. Williams, Rafael Salamanca, Jr., Kamillah Hanks, Robert F. Holden, Francisco P. Moya, Linda Lee, Charles Barron, Chi A. Ossé, Althea V. Stevens, Oswald Feliz

Combined with adequate enforcement, requiring owners to inspect and take appropriate steps if the lead-based paint hazards are present at unit turnover is an appropriate mechanism to prevent exposure to lead-based paint. Work to remediate or abate lead-based paint can be completed more safely, in accordance with federal, state, and local standards, when a unit is vacant. For units that are not vacant, a remediation or abatement process could be very disruptive, time consuming, and costly, leading to unnecessary hardships for those tenants. In addition, the bill does not identify what shall occur if a tenant is required to vacate their apartment for the period of remediation, who will be responsible for identifying temporary lodging, and who will pay for the cost of the temporary relocation. For an owner, these proposals will undoubtedly create significant operational challenges and extraneous costs.

In addition, work to remediate or abate lead-based paint can vary depending on where lead-based paint is present, and by how much is present. Therefore, it is difficult to ensure that work is completed by a certain date as required by this bill. Instead, the Council should maintain the regime in which work is completed at turnover.

**BILL:** T2023-3347

**SUBJECT:** This bill would require the Department of Housing Preservation and Development to declare a lead hazard a public nuisance where the Department of Health and Mental Hygiene issues a commissioner's order to correct or remediate a condition related to lead hazards.

**SPONSORS:** Council Member Rivera

Eliminating lead-based paint hazards quickly and efficiently is critical, especially in cases where a child under the age of 18 has elevated lead levels in their blood. For this reason, the Department of Health and Mental Hygiene already can direct action to complete work that is not addressed by an owner.

The tools available to cure a public nuisance are not needed and would add protracted legal and other processes that could be problematic. As such, this bill does not meaningfully advance efforts to address lead-based paint hazards. In addition, the resources necessary for DOHMH to facilitate such a local law currently do not exist, and requiring the agency to facilitate the requirements as proposed could bring an unnecessary strain on agency resources with no additional benefit to public health.

We thank the Committees for holding this hearing and look forward to working with you on these important matters.

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## **Memorandum in Opposition**

### **Intros. 6, 193 and 5**

The Rent Stabilization Association of New York City represents 25,000 diverse owners and managers who collectively manage more than one million apartments in every neighborhood and community throughout the city. We thank the Committee for giving us the opportunity to submit this Memorandum in Opposition to Int. 6, accelerating the turnover requirements when children reside in a unit, Int. 193 regarding inspection of common areas and Int. 5 regarding record keeping.

Int. 6 requires owners to undertake the turnover requirements of Local Law 1 of 2004 by July 1, 2023 in apartments where children reside. It would change the current requirement to complete certain lead-based paint activities focused on making the unit safe for a new tenant before the new tenant takes occupancy in all apartments regardless of whether the new tenant has a child and instead require it to be done during an active tenancy when children are in residence. This costly, completely unworkable and unsafe proposal would require widescale relocation of families, potentially for weeks or months.

To comply with turnover requirements an owner must inspect and remediate lead-based paint hazards and defects, ensure surfaces are smooth and cleanable and undertake abatement work, including the removal of lead-based paint on doors and other friction surfaces, windows and chewable surfaces. Abatement triggers significant safety protocols in order to meet federal and state safety standards. Safe work practices must be followed. Licensed abatement contractors must be hired. The work requires that rooms be closed off. Tenant's possessions be removed or fully-encased in six-mil plastic sheeting. Residents temporarily relocated or fully-barred from the space. Protective barriers be erected outside the apartment and sidewalk sheds or other protective measures if windows are replaced.

This turnover work is significant, which is why this work historically has been required only for a vacant apartment. To do so for an occupied apartment with children present would likely require the family to relocate for an indeterminate time. The cost of relocation could be in the thousands. Who will pay for the relocation costs? Where will families relocate? What if there are no hotels nearby or hotels that can accommodate families with multiple children? How will parents get their children to school or childcare? What if a tenant refuses to relocate? Even if a family were to remain in place, who will ensure that the workspace remains undisturbed overnight? Who is responsible should the tenant decide to access areas or possessions in secured spaces?

The reason this work was contemplated for turnover is because these thorny issues are too complicated to deal with in occupied units. Instead, robust safety measures have been



established for pre-1960 apartments to alleviate the risks associated with disturbed lead-based paint. Owners must distribute annual safety notices to every apartment each year inquiring as to the presence of children, conduct annual unit inspections where a child lives or spends more than 10 hours a week and repair any peeling paint. In addition, under Local Law 31 of 2020 owners are charged with XRF testing every pre-1960 apartment in New York City by August 2025 and for apartments currently with children living within this testing needed to be completed by 2021 or within one year of their residence so both owner and tenant know if the unit contains lead-based paint.

Undisturbed lead-based paint is not a significant risk. For that reason, the focus has been on inspection and maintenance and only undertaking work when the apartment is vacant and safe or the child has been shown to have been exposed. By changing course and disturbing lead-based paint when a child is in residence, the risks and liabilities are enormous.

Current measures are working. We know this because the standard for elevated blood lead levels recently was reduced from 5 to 3.5, precisely because there are fewer children determined to have elevated blood lead levels. The standard set by the CDC and adopted by the city is not based on risk or danger. It specifically notes that the “CDC’s BLRV [blood level reference value] is...not health-based and is not a regulatory standard.”<sup>1</sup> Rather, it is a population-based measurement, based on identifying a certain percentage of the population as having elevated blood lead levels. Because programs have been successful in reducing children’s blood lead levels, the threshold has been significantly reduced in order to find enough children with elevated blood levels to meet CDC’s national population percentage targets.

In recognition of the considerable time and money that has been expended and continues to be expended across the board to ameliorate conditions in the million or so New York apartments built before 1960, this proposal brings on untold added costs and burdens. Limited resources would be misdirected. And more importantly, families would be displaced for an indeterminate amount of time in the name of a safety measure that is not necessary and does not provide any additional protections from the current scheme.

Instead of disturbing intact paint, the city should be investigating the true source of lead in the children, as these are many sources of lead in the environment: exposure at day camps, schools and other facilities; soil; lead-based pottery; water pipes; home folk remedies; and imported cosmetics, spices, medications, candy and cultural products. The city should be focusing on children newly arriving to the city, who often move here with already-elevated blood levels, in order to begin care as soon as possible.

This bill proposes the same limited-response focusing on housing, a small segment of the possible lead universe. Instead of creating risk and exposure, as this bill would do, there is the possibility to undertake alternative public health measures that would achieve a greater impact. The city should convene a Special Commission to meet with landlords and others to ascertain financial solutions and seek out ideas to make remediation more affordable for owners and

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<sup>1</sup> CDC updates blood lead reference value to 3.5 ug/dL. <https://www.cdc.gov/nceh/lead/data/blood-lead-reference-value.htm>. Visited 4/19/2023.

impactful for the tenants. The Council could study the sources of lead in New York City children's environment and then undertake proper health actions in response.

It is this rationale of best directing resources and focusing on more likely sources of exposure that the RSA opposed Int. 193, as common areas seem to be a less-likely place of exposure than other known and documented sources.

Finally, Int. 5 is redundant in that owners are required to maintain extensive records and already must produce them when directed by HPD and certify compliance as part of the annual property registrations. As stated on HPD's website:" Owners must also retain the records of these [Local Law 1 and other compliance] activities for at least 10 years and, starting in May 2020, certify compliance with these activities as a part of the annual property registration. Penalties may be significant for failure to conduct these activities and maintain these records."<sup>2</sup>

For these reasons, the RSA opposes Intros. 6, 193 and 5.

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<sup>2</sup> <https://www.nyc.gov/site/hpd/services-and-information/lead-based-paint.page> Visited April 19, 2023



April 25, 2023

**Testimony of the Community Housing Improvement Program  
Re: Ints. 0005, 0006, 0193, 0200, and 0750**

**Joint hearing of the Committee on Housing and Buildings and the Committee on Health**

Thank you for the opportunity to testify today. My name is Joseph Condon and I present this testimony on behalf of the Community Housing Improvement Program (CHIP). CHIP is a not-for-profit trade association that represents rent stabilized housing providers throughout New York City. CHIP members are long term owner-operators and strive to provide quality housing in every community and in every building they operate. Outer borough, working class neighborhoods are where most CHIP members provide housing.

Lead paint is a serious issue and NYC is leaps and bounds ahead of other jurisdictions in terms of lead paint safety. As recently as December 2021, less than two years ago, there was a major change to NYC's lead laws - lowering the levels of lead permitted in paint, reducing the threshold from 1.0 mg/cm<sup>2</sup> to 0.5 mg/cm<sup>2</sup> as tested by an x-ray fluorescence (XRF) analyzer. In addition, the NYC Council also adopted lower thresholds for dust wipe samples at the end of turnover work and required housing providers to XRF test every apartment by 2025, or within one year of learning that a child under 6 resides in a unit - whichever is sooner. The city also reduced the threshold of permissible lead levels in a child's blood from 15 mcg/dL to 5 mcg/dL.

HPD and DOH conduct thousands of inspections a year to enforce and monitor compliance with the lead laws. DOH reports that cases of lead poisoning in children continue to decline, despite the lower thresholds used to determine lead poisoning in blood.

While we believe that lead safety is important, we also believe that these recent changes, in particular the requirement for all apartments to have an XRF test by 2025, should be given time to make an impact and reported upon to determine if additional legislative steps are necessary.

However, if the council believes there is a need to act, we would like to work with the council and the bill sponsors to ensure that the laws work in practice. We do have practical concerns regarding some of the bills being heard today, in particular the burdens that will be placed on both tenants and housing providers under Int. 0006. While we agree that XRF testing should be conducted in these units and lead paint hazards should be addressed, the requirement to perform all the categories of turnover work while an apartment is occupied creates a problem for tenants and owners.



Our main concern is that the requirement in Int. 0006 to conduct “turnover work” while an apartment is still occupied will lead to displacement of existing tenants. Turnover work requires removing or covering lead paint on friction surfaces and making all floors and window sills smooth and cleanable. This work is designed to occur on turnover because it would be disruptive to tenants who are in occupancy. Lead paint will be disturbed, lead dust will be dispersed, and it is simply unsafe for any tenants to be in occupancy while this work is happening. But it is not only the tenants themselves, but their furniture and household items that would have to be removed. For example, access to all of the floor area in the apartment is necessary and a tenant’s furniture and other belongings would have to be temporarily moved.

Int. 0006’s pre-turnover work requirement will not only require displacement of tenants in occupancy, but will also place a considerable cost burden on tenants who are forced to relocate or find storage for their furniture while turnover work is completed.

Int. 0006’s requirement for pre-turnover work will also place a significant additional cost burden on housing providers at a time when they are already facing significant cost increases and economic challenges to continue operating their buildings. The NYC Rent Guidelines Board reported that operating incomes have declined over the past two years and distressed rent stabilized buildings are starting to increase in number. Both state and city officials have estimated that lead abatement costs on turnover are in the range of \$25,000 per apartment, and that does not include any necessary work to make the entire apartment lead free, only lead safe.

We are also concerned that there is no exception in Int. 0006 for turnover work done before changes to lead laws in 2019 and after. Turnover work done before 2021 may no longer be in compliance with the stricter definitions of lead paint for XRF testing. Because of the lowered thresholds, for example, paint on doors and door frames that was considered lead free at 0.6 mg/cm<sup>2</sup> according to an XRF is now considered lead paint and must be remediated. But under Int. 0006 an owner would be forced to perform turnover work a second time and displace the current tenant to do so.

The bill’s audit requirements, as well as those in Intro 0005, are also overbroad and create practical concerns for owners. These record request audits are not limited to the unit where the violation was issued, but apply building wide. Aside from the issue of agency resources, the audit requirement is extremely burdensome for an owner. There are also fairness concerns because violations can be issued now for circumstances that were compliant with the lead laws before 2022.

This is especially concerning given the change in lead levels for XRF testing and the fact that even an apartment that properly completed turnover work prior to December 2021 could be in violation of the turnover requirements now because the doors and door frames were a 0.6 according to the XRF test - below the prior lead threshold but above the current threshold. These catch-22 scenarios are common and create an unfair result.



Based on the recent changes to strengthen the lead laws in NYC, and the continued decline in the rate and number of cases of child lead poisoning, there is no evidence to indicate that additional legislation is necessary to strengthen the laws around lead safe practices, increase penalties, or add enforcement mechanisms. Further, the statistics from the DOH show that rates of childhood lead poisoning cases continue to decline, and did not spike even after the blood lead levels were lowered. Further, of the cases that are reported, there are no statistics indicating whether the child's housing was the source of lead poisoning.

We believe the Department of Health should make additional efforts to determine and publish the source of the lead poisoning. The report has an inherent bias that the lead poisoning is caused by conditions in the housing unit, when there are numerous other potential sources.

Ultimately, we would like to work with the Council on eliminating lead paint in residential housing. Great strides have been made over the years, but the cost and logistics of abating lead paint in occupied units need to be better addressed. While we support the council's intent to prevent elevated blood levels in any child, the current legislation being proposed (Ints. 0005, 0006, and 0193) is an unworkable solution. Better reporting and data from both DOH and HPD can allow those agencies and the council to target resources and enforcement where they are needed rather than continuing to pass city-wide legislation that overburdens already compliant housing providers, displaces tenants, and is unlikely to address the issues in those communities where lead poisoning is still a prevalent issue.

Thank you and we look forward to working with the council on this important issue.



**Testimony of Jenny Veloz, Policy and Advocacy Associate  
Citizens' Committee for Children of New York**

**Submitted to New York City Council Committee Housing and Buildings and Health Oversight  
Hearing on Lead-Based Paint Hazards  
March 7, 2023**

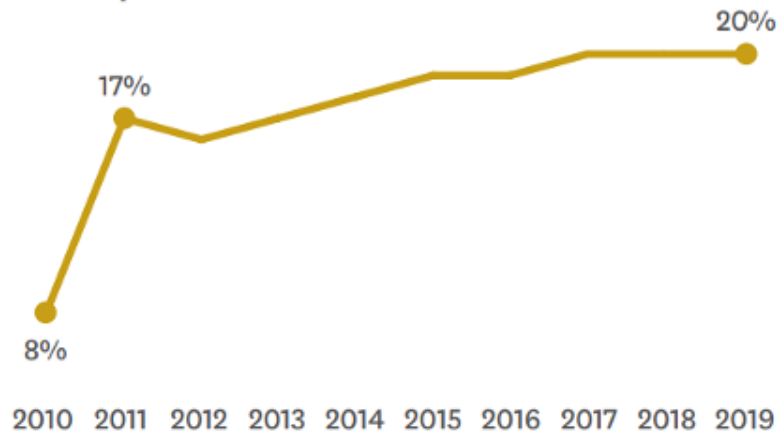
Since 1944, Citizens' Committee for Children has served as an independent, multi-issue child advocacy organization. CCC does not accept or receive public resources, provide direct services, nor represent a sector or workforce; our priority is improving outcomes for children and families through research and advocacy. We document the facts, engage and mobilize New Yorkers, and advocate for solutions to ensure that every New York child is healthy, housed, educated, and safe.

We would like to thank Chair Sanchez, Chair Shulman, and all members of the Committee on Housing and Buildings and Health for holding today's oversight hearing on the dangers of lead-based paint, especially for children.

CCC is a member of The NYC Lead Poisoning Prevention Roundtable, a coalition of advocates who first came together to create and pass Local Law 1 of 2004 as the New York City Coalition to End Lead Poisoning. Now, the Roundtable focuses on closing loopholes in Local Law 1 and ensuring lead laws are adequately implemented and enforced.

In 2004, New York City enacted Local Law 1 (LL1), the most ambitious lead poisoning prevention law in the country, with the stated goal of ending childhood lead poisoning by 2010. LL1 has had an enormous positive impact: [according to the Department of Health and Mental Hygiene \(DHMH\)](#) the number of children under age 6 with elevated blood lead levels (EBLL) declined from some 37,344 during 2005 to just 3,050 in 2019. However, over the past few years, those numbers have stagnated, and our city's children continue to needlessly suffer permanent neurological damage from exposure to lead-based paint and lead dust in their homes. The share of children under three not tested for lead exposure has more than doubled since 2010.

**FIGURE 4.23**  
**Share of Children Under Three Not Tested for Lead Exposure**



**32** ★ Citizens' Committee for Children of New York, Inc.

Moreover, childhood lead poisoning disproportionately impacts children of color and low-income children in New York City. As of 2019, 82% of children under age six with EBLs were Black, Latino/a/x, or Asian. 67% of the children were also in high-poverty neighborhoods.<sup>i</sup> The primary source of lead poisoning is lead paint in New York City's old housing stock. Old lead paint can crack, chip, and peel and create dust, especially on friction surfaces like doors or windows. Children living in these buildings have elevated EBLs at more than twice the rate of children in public housing.<sup>ii</sup> Preventing lead poisoning is a not just a health matter, but also an environmental and racial justice matter.

**Although Local Law 1 was the catalyst in New York City experiencing a decline in childhood lead poisoning, additional steps are needed to strengthen the city's policies and programs.**

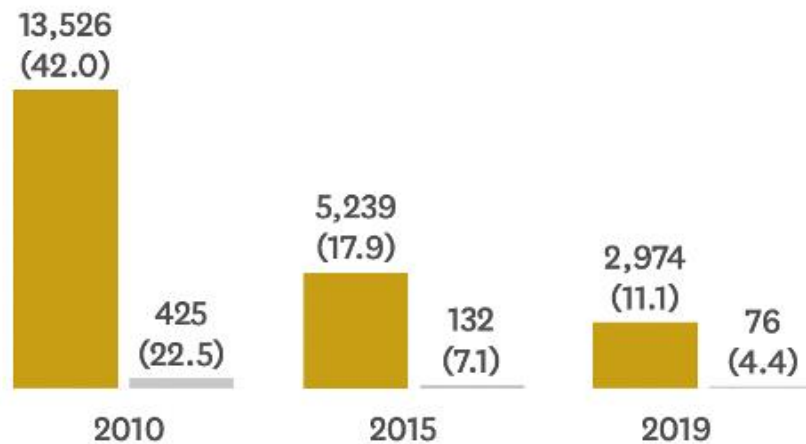
Two significant features of Local 1 require landlords to conduct annual inspections and self-report the results of those inspections and abate lead hazards when an apartment becomes vacant. Fines are issued if landlords are in violation of these actions, but these fines are rarely enforced. Because there is no real enforcement system ensuring these obligations are met, landlords continue to get away with failing to ameliorate conditions and in turn, children's health is put at risk.

### Child Lead Exposure and Inspections by Borough, 2018

<i>Borough</i>	<i>Children with lead exposure</i>	<i>HPD lead inspections</i>	<i>Inspections per child with lead exposure</i>
Manhattan	1,810	24,313	134
Bronx	5,114	68,923	135
Brooklyn	10,690	46,533	44
Queens	7,682	12,210	16
Staten Island	977	1,537	16

### Children Under Six with Elevated BLL by Housing Type (number and rate per 1,000 tested)

■ Private housing ■ NYCHA



**In order to protect children from harmful lead exposure, CCC urges the City Council pass proposed legislation designed to address childhood lead poisoning by enhancing prevention and enforcement of current lead laws:**

- **Int 0005-2022 (CM Diana Ayala):** Requires landlords to produce records of self-inspections, whenever a lead-based paint violation is issued. HPD inspections continue to find many peeling lead paint violations, indicating that landlords do not take seriously their obligation to self-inspect.
- **Int 0006-2022 (CM Diana Ayala):** Requires permanent abatement of lead on friction surfaces in rental units with children under six by a certain date. There currently is no meaningful enforcement and lead paint remains on many friction surfaces, like doorways and window sills.



- **Int 0193-2022 (CM Carlina Rivera):** Would make peeling lead paint in common areas of rental properties a class C violation.
- **Int 0200-2022 (CM Rafael Salamanca, Jr.):** Would require quarterly reports from DOHMH to City Council on landlord contestations of Commissioner’s Order to Abate (COTA), where children are lead poisoned and the reasons for the contestation.
- **Int 0750-2022 (CM Diana Ayala):** Would create a system for proactive (non-complaint driven) HPD lead inspections in high-risk buildings and neighborhoods.

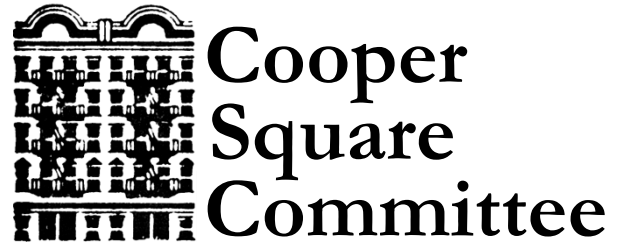
Each of these bills strengthens the original idea behind Local Law 1 and holds landlords and management companies accountable for the health and safety of their residents, especially children. However, for these bills to have meaningful impact, we must also ensure that the agencies tasked with enforcing and inspecting have appropriate funding and resources. Ongoing vacancies and staffing reductions at agencies like HPD, DOHMH, DOB, DEP, DOE and NYCHA continue to negatively impact the city’s ability to identify and address lead hazards for children. **We therefore urge the City Council and the Administration to ensure that the CFY2024 Budget prioritizes filling vacancies and does not reduce essential staffing, as ongoing vacancies and staffing reductions could negatively impact the city’s ability to identify and address lead hazards for children and ensure access to supports and services that promote good health**

This package of lead bills will continue the City’s commitment of eliminating childhood lead poisoning. We look forward to continuing to work with the City Council to ensure the safety and health of New York City’s children.

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<sup>i</sup> “A Roadmap to Eliminating Lead Poisoning in New York City.” New York City Coalition to End Lead Poisoning, Lead Roundtable. 2022

<sup>ii</sup> “Childhood Lead Exposure (2020).” CCC Keeping Track Online. Retrieved from: <https://s3.amazonaws.com/media.cccnewyork.org/2022/06/4.-Health-and-Mental-Health.pdf>



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TESTIMONY ON:

INTRO 005-2022: IN RELATION TO RECORDS OF LEAD-BASED PAINT INVESTIGATIONS

INTRO 006-2022: IN RELATION TO THE PERMANENT REMOVAL OF LEAD-BASED PAINT ON FRICTION SURFACES IN CHILD-OCCUPIED DWELLINGS

INTRO 193-2022: IN RELATION TO LEAD-BASED PAINT HAZARDS IN COMMON AREAS OF DWELLINGS

INTRO 200-2022: IN RELATION TO QUARTERLY REPORTING ON OBJECTIONS TO ORDERS FOR THE ABATEMENT OR REMEDIATION OF LEAD CONDITIONS

INTRO 750-2022: IN RELATION TO THE PROACTIVE IDENTIFICATION AND INSPECTION OF DWELLINGS WHERE CHILDREN ARE AT RISK OF LEAD POISONING

PRESENTED BEFORE:

THE NEW YORK CITY COUNCIL COMMITTEES ON  
HEALTH; AND  
HOUSING AND BUILDINGS

LYNN SCHULMAN AND PIERINA ANA SANCHEZ

PRESENTED BY:

BRANDON KIELBASA  
DIRECTOR OF ORGANIZING  
COOPER SQUARE COMMITTEE

APRIL 25, 2025

Cooper Square Community Development Committee  
*"Here Today...Here to Stay!"*

The Cooper Square Committee is a tenants' rights organization in the Lower East Side. We are a proud member of New York City's Coalition to End Lead Poisoning (NYCCELP) and also the coordinators of the Lead Dust Free NYC (LDFNYC) Coalition which is calling for comprehensive reforms to end lead poisoning and especially around the enforcement of Safe Work Practices for construction work being done in buildings built before 1960.

We are writing to show support for the five bills (Int. 5, 6, 193, 200, and 750) being heard today. These bills have the capacity to reform the way NYC agencies perform enforcement in buildings related to lead poisoning prevention. Lead contamination due to uncontrolled construction dust is not uncommon in the neighborhood we work in. Shoddy work practices are frequently employed by the most aggressive, speculative landlords in the Lower East Side. Construction work has contaminated buildings in our neighborhood with lead levels as high 210 times the legal threshold. While most of these bills do not address the issue of construction dust and the use of Safe Work Practices, the exception being Intro 193, they do address many other critical aspects of the lead exposure and lead poisoning problem that we still have in New York City today.

In combination, these proposed bills would:

- Intro 5 – Would trigger automatic audits of landlords' self-inspection records anytime HPD finds peeling lead paint
- Intro 6 – Would require the abatement of door and window frames – one of the major sources of lead dust - to be completed by July 2023
- Intro 193 – Would make peeling lead paint a "C" immediately hazardous violation in public areas of multiple dwellings, such as hallway; and require the same Safe Work Practices for work being performed in common areas as is required within dwelling units where children reside
- Intro 200 – Would require DOHMH to report quarterly the number of contestations that were granted, and an explanation of the reasons for them being granted. This bill is important because DOHMH lead abatement orders – issued after a child is found to be lead poisoned – are routinely contested by landlords, including NYCHA
- Intro 750 – Would mandate HPD and DOHMH to develop a program to inspect buildings of high-risk of lead poisoning even absent tenant complaints

Of the five bills being considered, Intro 193 would have the greatest impact on combating lead contamination via unchecked construction dust. We have witnessed many buildings being contaminated in the Lower East Side because of construction work done haphazardly in vacant units and in common area spaces. Intro 193 would address a number of the common area concerns we have. Requiring landlords to use the same Safe Work Practices in these areas, as they would in a unit where children reside, would be a major improvement over the way that work is currently done in buildings.

Overall, these five bills propose much-needed reforms and would greatly improve NYC's response to the ongoing, and plateauing, crisis of lead exposure and poisoning.

While these legislative efforts are extremely important, it's worth noting that many good lead poisoning prevention laws currently exist that are not being fully executed by NYC agencies. So in addition to supporting this new legislation, it's important to vigorously exercise oversight of all agencies and regulations that are required to be in place. Without full implementation of the laws, communities never get the full benefit of the protections they promise. When it comes to lead poisoning prevention, oversight is just as important as any new legislative effort. Please do your best to listen to the pleas of community members, advocates, etc., and investigate the concerns they have for the ways the system is currently falling short. This is urgently needed to protect New Yorkers, both young and old, from the ongoing crisis of lead exposure. Thank you.

**Testimony for the New York City Council Committee on Health, Jointly with the New York City Council Committee on Housing and Buildings  
Discretionary Funding Budget Hearing – Health  
April 25, 2023**

**Testimony of Jane Jang, Grants and Advocacy Coordinator  
Korean Community Services of Metropolitan New York, Inc. (KCS)**

Thank you, Council Members, for allowing me to testify today. My name is Jane Jang. I am a Grants and Advocacy Coordinator from the Korean Community Services of Metropolitan New York, Inc. (KCS). Founded in 1973, KCS is the oldest and largest Korean nonprofit organization assisting underserved communities across the New York City area. Our mission is to be a nexus of service for these communities, helping them maintain their health and well-being.

78% of AAPIs in New York City are foreign-born. As our heavily immigrant communities tend to display limited English proficiency (LEP), they are more likely to experience barriers to healthcare access and information. A recent story of one of our clients illustrates these barriers to healthcare access and information:

The anonymous client was visiting a hospital in Queens for a doctor's appointment. During the appointment, she requested interpretation services from a Korean interpreter. Instead of immediately calling for an interpreter, the nurse questioned the client why she did not know English after living in the United States for many years. The client felt insulted by the nurse's comment and embarrassed for requesting a service that she has every right to utilize, as indicated in the Federal and State law.

The above instance demonstrates how institutional discriminations against AAPI individuals still exist in the everyday United States healthcare system, and how they can discourage affected populations from using available healthcare services, seeking out healthcare services that will satisfy their cultural and linguistic needs and staying updated on health education or preventive care measures. It showcases why it is crucial that AAPI community members have more programs that can serve their needs for linguistically and culturally sensitive healthcare in an unprejudiced approach. The Public Health and Research Center (PHRC) at KCS has been dedicated to providing such programs to AAPI New Yorkers for the past 50 years.

In FY23, the PHRC provided Access Health, NYC MCCAP, Breast and Colorectal Cancer, Viral Hepatitis B, and Tobacco Cessation programs. Through our Access Health program alone, KCS PHRC has reached over 1,000 individuals during 32 outreach activities in FY23. Halfway through FY23, our MCCAP program conducted 17 outreach activities, reaching over 400 individuals. Through these programs, we assisted low-income and vulnerable individuals in affordable healthcare enrollment and post-enrollment services, enabling them to fully understand and use their health insurances.

As of February 2023, KCS PHRC's Breast and Colorectal Cancer program successfully screened over 3,500 women, and provided linkages-to-care for 23 cases of breast cancer. We have also successfully screened over 192 people for Viral Hepatitis B (HBV), identified 25 new cases of HBV, and linked all

HBV-positive clients to appropriate care through the KCS Check Hep B Patient Navigation Program. Last but not least, we have reached approximately 3,000 individuals through outreach events, educational workshops and social media campaigns for our Tobacco Cessation program. We were able to refer 10 smokers to Asian Smokers' Quitline and New York State Smokers' Quitline. Through these programs, we helped increase our community members' knowledge of high-risk health behaviors and diseases that they are more susceptible to, and encouraged them to make the best use of early detection and counseling services that correlate with improved treatment outcomes.

Increased interest in health, heightened concerns about institutional discrimination, and exacerbated financial hardships following the outbreak of COVID-19 have led to greater demand for culturally and linguistically sensitive healthcare services across AAPI and other underserved communities. To meet this increased demand, KCS PHRC has been working to expand the scope of our programs to address the health needs of more AAPI and other underserved populations.

Challenges exist in this process, however, due to limited funding that reduces our capacity to hire and retain bilingual and culturally competent workers and effectively provide our diverse range of intended deliverables. KCS is just one out of many organizations that experience these challenges in serving our vulnerable communities, as AAPI led and serving organizations received less than 5% of the City Council discretionary dollars in FY22.

Therefore, KCS asks that an equitable share of City funding be allocated towards our PHRC programs, while standing in support of requests from similar programs committed to reducing ethnic and income-based health disparities. Please take our request into consideration such that every AAPI New Yorker will be able to lead healthier lives with accessible healthcare. Thank you.



April 25, 2023

### Testimony of Jane Kim, Project Coordinator

#### Korean Community Services of Metropolitan New York, Inc.

Good afternoon, my name is Jane Kim and I am a Project Coordinator at the Public Health Research Center of the Korean Community Services of Metropolitan NY, also known as KCS. I want to first thank you all for taking the time to listen to our story today and providing the space for us to speak.

KCS was founded in 1973, and it has been a resourceful community-based organization to serve primarily Korean immigrants. Our organization has six departments which are the department of aging, department of adult and youth education, department of immigration and legal services, a mental health clinic, a public health research center, and a workforce development team. We are providing a vast range of services across these several departments, and our reach is continuously expanding beyond the Korean demographic, currently to other AAPI and Hispanic/ Latino/Latina communities. We are also physically expanding, with our newest satellite office being established in New Jersey.

During my time at KCS, I have assisted numerous community members in gaining access to services related to health such as, but not limited to, SNAP, Medicaid, and Medicare. One of the projects I am involved in focuses primarily on comprehensive case management services related to healthcare options and enrollment, service navigation and other public benefit assistance related to health. For the Fiscal Year 2023, we had initially set our deliverable goal to assist 220 to 240 individuals; however, we have assisted 300 unique individuals, and counting, with applications and inquiries related to healthcare, thus demonstrating the great need of our services.

I interact with a predominantly low income, Asian immigrant demographic in Queens, and each personal encounter I had with my clients reaffirmed the absolute importance of community based organizations, such as KCS, in connecting community members to better health. One of the greatest barriers for my clients in accessing affordable health care, or related services, is the language barrier. A common sentiment among the people I work with is fear and anxiety that they would do or say something wrong if they attempted to apply for health care or food benefits on their own. Also, many of them do not know where to even begin because of their limited English proficiency. When clients hear about our organization through

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<p><b>KCS Main Office</b> Adult Daycare   Afterschool   Immigration   ESOL   203-05 32<sup>nd</sup> Avenue Bayside, NY 11361 Tel: (718) 939-6137 Fax: (718) 886-6126</p>	<p><b>Corona Senior Center</b> Korean Mutual Aid Society 37-06 111<sup>th</sup> Street Corona, NY 11368 Tel: (718) 651-9220 Fax: (718) 478-6055</p>	<p><b>Flushing Senior Center</b> 42-15 166<sup>th</sup> Street Flushing, NY 11358 Tel: (718) 886-8203 Fax: (718) 886-8205</p>	<p><b>Public Health and Research Center   Workforce Development</b> 2 W 32<sup>nd</sup> Street, Ste. 604 New York, NY 10001 Tel: (212) 463-9685 Fax: (212) 463-8347</p>	<p><b>Brooklyn Project</b> 8710 5<sup>th</sup> Ave. 1FL Bay Ridge, NY 11209 Tel: (718) 630-0001 Fax: (718) 630-0002</p>	<p><b>Mental Health Clinic</b> 42-16 162<sup>nd</sup> Street, 2FL Flushing, NY 11358 Tel: (718) 366-9540 Fax: (718) 534-4149</p>
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**KCS**  
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THE KOREAN COMMUNITY  
SERVICES OF METROPOLITAN  
NEW YORK, INC.

뉴욕한인봉사센터  
*Since 1973*

word of mouth or community outreach, they express relief for having found out about our organization because there was no one available to help them navigate the healthcare sector or provide them with the information they needed.

Good health is essential to one's quality of life, and the undeniable factors to accessing good health are culturally sensitive services and language access. We urge you to continue supporting and funding our organization to provide these essential services to your constituents.

Thank you for taking the time to listen to our story today.

**KCS Main Office**  
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Committee on Health  
Testimony of Soonil Na, ACA Navigator  
Public Health and Research Center, KCS

April 25, 2023

My name is Soonil Na , and I am working as an Affordable Care Act navigator at the Public Health and Research Center in the Korean Community Services of Metropolitan New York (KCS). I help individuals and families enroll in health insurance as well as provide guidance on how to utilize health insurance benefits.

First of all, I'd like to thank the members of the Committee on Health for holding a budget hearing today. KCS has been serving immigrant populations of NYC, especially the Asian Pacific American community, for 50 years. More recently, KCS has been expanding its engagement to more diverse groups, particularly those that are vulnerable, in multiple languages and aims to enhance accessibility to the health care system through appropriate in-person outreaches, virtual workshops, media outreaches and partnered events with religious organizations with the aid of Council funding. Its activities were able to provide critical information about direct access to enrollment services and the latest health information including healthcare terminology, structure and policies related to the US healthcare system.

However, despite successful engagement with a great number of community members and stakeholders, KCS plans to continue reaching new enrollments and providing updated health insurance benefits for those already enrolled because many New York residents encounter language barriers, lack of education on the health care system, and financial difficulties to purchase or maintain their health insurance.

Low-income people whose incomes fall below 200% of the Federal Poverty Level can benefit from health insurance for free or at low costs. Individuals whose incomes are above 200% of the FPL need to purchase a Qualified Health Plan (QHP) through the health plan marketplace. However, despite government-subsidized discounts to lower monthly premiums, many QHP enrollees still have trouble paying monthly premiums and out-of-pocket costs. Recently, one of my consumers whose income is slightly over 200% of the FPL enrolled in QHP. At the time, the consumer did not have effective knowledge of healthcare terminology such as deductibles and copays that she had to pay from her pocket. Although an interpreter from the marketplace assisted her due to a language barrier, she was not able to access enough information about her plan. When the client reached out to me, I provided appropriate assistance and she was able to understand her plan. However, since the plan was not affordable for her due to financial difficulties, she canceled her health insurance even though she was at potential risk for hypertension. If the client needed immediate medical assistance, she would suffer great medical expenses in addition to endangerment of her health. In that event, she may need to stop working or lower her hours of work to get low-cost health insurance plans such as Medicaid.

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Unfortunately, many immigrant communities in NYC have faced the same challenge that they cannot afford monthly premiums, and yet are not entitled for free health insurance. Although New Yorkers can receive enhanced health-related financial assistance for an additional three years as part of the Inflation Reduction Act (IRA) of 2022, an increase in the cost of living as a result of inflation prevents community members from accessing public health services.

It is KCS' goal to reach out to as many communities as possible to enroll vulnerable people into benefits in ways that overcome linguistic, cultural, and financial barriers. The City Council's support for this population is imperative and would greatly benefit the health of NYC. KCS would like to extend the sincerest gratitude in making this possible.

Thank you for your time.

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**Testimony for joint hearing at Housing and Building Committee Hearing and Health Committee  
Legislation Addressing Lead Dust Hazards  
Respectfully submitted by Anne Hayes, April 2023**

My name is Anne Hayes and I am submitting testimony today, as part of Lead Dust Free NYC, in support of Intro 5, Intro 6, Intro 193, Intro 200, and Intro 750. I have personally been affected by lead during my experience as an in-place tenant during building wide construction and support legislation to protect tenants from exposure to lead. We need stronger laws about lead exposure.

I am a longtime resident of a three-building property located on Third Street in the East Village. These tenement structures are six story walk-ups built in the 1920's. While these buildings having stood the test of housing many families over the years and seeing few upgrades until the 2000's, they appear to be stable. What were the homes of families, artists and locals for nearly a century have been transitioned to market rate apartments over the past decade through gut renovations and buy-outs.

One of the great threats to the health and safety of tenants has been the behavior of recent owners who have undertaken gut renovations with minimal protections for in-place tenants. Needlessly exposing tenants to toxins during renovations while engineering the loss of affordable units even as the need for affordable housing units increases. This has had a negative affect on the lives of so many low and moderate income dwellers. In my building where there were once twenty-four rent regulated apartments there now are four. Two of the original twenty-four units have been 'Frankensteined' into a single six bedroom space.

The gut renovations took place over the course of two years encompassing the vacated apartments, many being renovated simultaneously, along with the common areas – all the hallways, stairwells, stairway treads, and landings. During the two-year reconstruction period few measures were adopted to protect tenants from the copious amounts of dust, excessive noise, and roving crews of questionable demolition and construction workers, who themselves were poorly protected.

Walls were pulled down to uncover the underlying support surfaces and exterior brick disturbing 100 years of history and layers of paint and plaster. Tenants were concerned since buildings built before 1960 have a high likelihood of containing lead paint. Other acknowledged concerns were over the possibility of asbestos in older layers of floor coverings. Though the daily focus of our survival was directed at our most immediate issues of building security, structural integrity and remaining in our rent regulated apartments.

During the course of construction tenants occupied six apartments scattered throughout the building, in a dust filled environment compounded by excessive noise and pressure by landlords to give up our rent stabilized apartments.

None of the tenant occupied units were part of the renovation project. However, all of us experienced service interruptions and other issues inside our apartments due to the construction. I was directly exposed to toxins when the tin ceiling of my bathroom collapsed twice during construction in the unit located directly above. Each time a massive amount of dust and debris fell from the active workspace above into my unit.

No hepa filtered air purifying units nor vacuums were ever employed in the building. Plastic barriers were hung up early in the process but were never replaced as they became dirty, tattered and useless. Little sweeping or mopping occurred to mitigate the accumulation and free distribution of construction dust.

Tenants contacted NYC Housing, Preservation and Development (HPD), NYC Department of Buildings (DOB) and New York State Division of Homes and Community Renewal (DHCR) on issues of work permits, pressure on rent stabilized tenants and the disturbing and excessive amount of dust. There were several stop work orders issued along the way but work would eventually proceed as usual. DHCR send an inspector who was sufficiently satisfied with the obvious accumulation of dust and lack of mitigation on behalf of the owners that the agency issued a ruling and ordered a modest rent roll back for the in-place tenants.

During the construction period most tenants were feeling anxiety and suffering different ailments.

I had pneumonia twice and suffered dry eye for the first time in my life. My optometrist took a photo in which the image showed a layer of dust floating on my eyes and prescribed drops to help alleviate the condition in the short term. In the long term I had to have tubes inserted in my tear ducts to address the chronic dry eye. My medical conditions meant I was likely breathing in a lot of dust, dust was settling on my body, and the anxiety and general stress of living for an extended period of time in a virtually uncontrolled construction site had resulted in a compromised immune system.

Unfortunately, concerns did not vanish when clatter of hammers and saws turned to fresh coats of paint and new renters. I have to wonder if breathing in that dust which likely contained remnants of lead paint will threaten my health in years to come. That possibility did not register then as solidly as it does now with the immediacy of the construction behind us and after learning more about health issues attributed to lead exposure.

We need to pass these bills. It is urgent that strong measures be adopted to ensure that tenants and their children live in a lead dust free environment. Individuals must be able to live without being exposed to toxins.

## **Testimony of Jill Samuels Before the New York City Council April 25, 2023**

My name is Jill Samuels. I am the Program Administrator for the Lead Poisoning Prevention and Treatment Program (LPPTP) at the Children's Hospital at Montefiore Medical Center in the Bronx. We treat children and pregnant persons poisoned with lead. Patients with elevated blood lead levels (EBLLs) are referred to our program for medical management and resource assistance. Currently, the LPPTP clinic averages at least three (3) new lead poisoned children each week and we consult with other healthcare providers in New York City, New York State, and across the United States about additional children with EBLLs. **One lead poisoned child is too many.**

The current reference level for lead in the blood is 3.5 micrograms per deciliter (mcg/dL or ug/dL) recently reduced from 5 ug/dL. At the present time in NYC, the DOHMH receives the results of lead blood tests from labs and initiates public health action for all results at a 3.5 ug/dL level or above. No safe BLL in children has been identified. Lead is a naturally occurring toxic element found in the Earth's crust. Lead is not only **not** required by the body to function, but also a poison for any organism. Lead effects are even more severe in children including developing fetuses who are exposed to lead through the placenta during pregnancy and newborns from breast feeding, whose developing brains and bodies are especially susceptible to this harmful neurotoxicant. It only takes the size of 1 granule of sugar to poison a child. When lead is absorbed into the body, it can result in damage to the brain and nervous system, learning and behavior problems including violent tendencies, slow growth and development, and hearing and speech problems. Lead in the body is distributed to the brain, liver, kidneys, bones, and everywhere else. It is stored in the brain, teeth, and bones. It can harm the production of blood cells and the absorption of calcium needed for strong bones and teeth, muscle movements, and the work of nerves and blood vessels. Even at the lowest level, lead may cause a decrease in IQ, overall intellectual ability, speech and language, hearing, visual-spatial skills, attention, hyperactivity, executive functions, social behavior, hand-eye coordination, and fine motor skills. Higher levels result in a variety of negative health outcomes, such as hypertension, kidney failure, coma, and death. The effect of lead on the body and brain is difficult to restore to previous levels.

**Lead poisoning is preventable.** The key is preventing children from coming in contact with lead. This is called primary prevention which is the removal of the lead source prior to the child having access. At the present time, we are operating on secondary prevention by not reacting until a child is exposed. Lead can be found inside and outside the home. The most common source of exposure is from lead-based paint and dust from that paint, which was used in many homes built before 1978. Lead can also be found in drinking water, soil, toys, furniture, jewelry, health remedies, food (including spices) and candy, cosmetics, powders, or make-up used in religious ceremonies, pottery or porcelain, bullets, fishing weights, exposure in some occupations, and hobbies.

Reports show over half a million U. S. children 1 to 5 years old are lead poisoned. (U.S. Centers for Disease Control and Prevention. 2013, April 5. Blood lead levels in children aged 1-5 years – United States, 1999-2010. *Morbidity and Mortality Weekly Report (MMWR)*, 62(13), 245-248.) 24 million homes in the U.S. have lead-based paint hazards. (Jacobs, D.E., et al. 2002, October. The prevalence of lead-based paint hazards in U.S. housing. *Environmental Health Perspectives*, 110(10), A599-A606.) Educational system costs are estimated at \$38,000 over three years per impacted child with lead poisoning. (Korfmacher, K. S. 2003, July 9. Long-term costs of lead poisoning: How much can New York save by stopping lead? Rochester, NY: University of Rochester.) In 2008, the economic costs to society of lead poisoning alone were estimated at \$50 billion. (Trasande, L & Liu, Y. 2011, May Reducing the staggering costs of environmental disease in children, estimated at 76.6 billion in 2008. *Health Affairs*, 30(5).) For every \$1 spent to reduce lead hazards, there is a benefit of \$17 to \$220 – comparable to the

## Testimony of Jill Samuels Before the New York City Council April 25, 2023

benefits of vaccines. (Gould, E. 2009, July. Childhood lead poisoning: Conservative estimates of the social and economic benefits of lead hazard control. *Environmental Health Perspectives*, 117(7).

In 2021, 2,557 New York City children younger than six years of age were identified with blood lead levels of 5 mcg/dL or greater. (Report to NYC Council on Progress in Preventing Elevated Blood Lead Levels in New York City Submitted by NYC DOHMH September 2022.) The number of children identified with elevated blood lead levels has gone down significantly over the years but there are still too many children being exposed when it is preventable. Now that the reference level has been reduced to 3.5 ug/dL the number of children identified will increase. In addition, the testing rates for the required lead blood tests at the ages of 1 and 2 years old is not at 100% so there is a possibility there are children that have elevated blood lead levels that are not identified.

### Bills we are advocating for:

- **Intro 5 – Automatic Audits of Landlord Self-Inspections Upon Issuance of Peeling Lead Paint Violations.** Although Landlords have been mandated since 2004 to inspect apartments with children under age 6 for peeling paint, random audits by HPD under LL70/19 indicate widespread non-compliance, and HPD continues to issue large numbers of peeling lead paint violations because of landlord's failure to self-inspect. Intro 5 would trigger an automatic audit of landlords' self-inspection records anytime HPD finds peeling lead paint.
- **Intro 6 – Abatement of Lead Paint on Friction Surfaces.** Although LL1/04 required owners to permanently abate lead paint on friction surfaces (door and window frames – one of the major sources of lead dust) at vacancy, random audits by HPD under LL70/19 indicate widespread non-compliance. Moreover, children and grandchildren of long-term tenants have been left without protection. Intro 6 would require the abatement to be completed by July 2023.
- **Intro 193 – Lead-based paint hazards in Common Areas of Dwellings.** This would close a loophole by making peeling lead paint a "C" immediately hazardous violation in public areas of multiple dwellings, such as hallways, and require the same safe work practices as required within dwelling units where children reside. Peeling lead paint and lead dust can just as well poison children whether it's outside the apartment front door as inside.
- **Intro 200 – Reporting on Contestations of DHMH lead abatement orders.** DHMH lead abatement orders – issued after a child is found to be lead poisoned – appear to be routinely contested by landlords, including NYCHA. This bill would require DHMH to report quarterly to the Council the number of such contestations that were granted, and an explanation of the reasons.
- **Intro 750 – Proactive identification and inspection of dwellings where children are at risk of lead poisoning.** A NYC Comptroller audit found that – despite the City having extensive data on the buildings where children are most likely to be poisoned by lead– it continues to rely solely on tenant complaints as the basis for inspections for lead hazards. The bill would mandate HPD and DHMH to develop a program to inspect high-risk buildings even absent tenant complaints

Today, I am sharing my excitement and full support of the Lead Poisoning Prevention Lead Package.

The five bills that we are trying to get passed will help in strengthening the laws already on the books that have been ineffective in eliminating this persistent problem. Lead exposure has been around for thousands of years. Historical writings show symptoms of "plumbism," or lead poisoning were already apparent as early as the first century B.C. It is horrible that we are still dealing with this issue at this time.

We need these bill to become law today, and I urge you to pass them immediately. Thank you for your time.

**TESTIMONY OF MATTHEW J. CHACHERE  
STAFF ATTORNEY  
NORTHERN MANHATTAN IMPROVEMENT CORPORATION  
BEFORE THE NEW YORK CITY COUNCIL  
APRIL 25, 2023**

Thank you for offering me the opportunity to testify at today's hearing.

**INTRODUCTION**

By way of background, I am attorney emeritus at Northern Manhattan Improvement Corporation, a non-profit community based legal services provided in Washington Heights. For 30 years, I have worked in the field of childhood lead poisoning prevention. As counsel to the New York City Coalition to End Lead Poisoning ("NYCCELP"), I have been involved in key state and federal class action cases that have defined the parameters of governmental and real estate responsibilities to prevent lead poisoning, including NYCCELP v. Koch and German v. Federal Home Loan Mortgage Corp. I was also plaintiffs' counsel in NYCCELP v. Vallone, 100 N.Y.2d 337 (2003) which resulted in the 2003 decision from the New York Court of Appeals striking down the weakened New York City lead paint law (Local Law 38 of 1999), and reinstating the prior more stringent law (Local Law 1 of 1982), and counsel for numerous organizations who intervened to successfully defend New York City's then- new lead paint law in 2004 against challenges from the real estate lobby (Community Preservation Corp. v. Miller and Rent Stabilization Assoc. v. Miller 15 A.D.3d 194 (1st Dep't 2005)). I was also counsel in a successful environmental challenge in the 1990s to the unsafe removal of lead paint from New York City's bridges (Williamsburg Around the Bridge Block Ass'n v. Giuliani, 223 A.D.2d 64 (1st Dep't 1996)). I was counsel for various friends of the court briefs several of the major lead

poisoning cases heard by the New York Court of Appeals: Juarez v. Wavecrest Management Corp., 88 N.Y.2d 828 (1996) (which held that landlords of multiple dwellings in New York City were, by operation of New York City's local laws, on notice of lead hazards in buildings where young children reside), Chapman v. Silber, 97 N.Y.2d 9, 19-20 (2001) (which declared that owners of properties not covered by New York City's lead laws may none-the-less be charged with constructive notice of lead hazards in older dwellings rented to families with young children), and Palaez v. Seide, 2 N.Y.3d 186 (2004) (concerning proper response of local health departments to childhood lead poisoning). In 2009, in NYCCELP v. Environmental Protection Agency, I obtained a settlement in which the federal EPA committed to revising its regulations concerning lead paint to make them more protective of children.

I was closely involved in the drafting of New York's current lead poisoning prevention law, Local Law 1 of 2004, and a number of the amendments to that law enacted by the prior Council in the years 2019 through 2021. Since 2009, I also have served on the New York State Advisory Council on Lead Poisoning Prevention.

## **I. WHY NEW YORK CITY HAS FAILED TO END LEAD POISONING**

“Childhood lead poisoning ... is a totally preventable disease – remove the lead from the child's environment and the disease will disappear.”<sup>1</sup>

New York City has long been a leader in enacting progressive measures intended to respond to, and end, childhood lead poisoning. Over six decades ago, the Board of Health amended the Health Code to impose a total ban on the sale and use of lead-based paint on the interior surfaces of dwellings, day care centers, and schools in New York in 1960 – 10 years

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<sup>1</sup> Childhood Lead Poisoning - United States: Report to the Congress by the Agency of Toxic Substances and Disease Registry, 260 Journal of the American Medical Association 1533 (9/16/88)

ahead of the rest of New York State and 18 years before the federal ban.<sup>2</sup> And 41 years ago, the City Council established perhaps the first lead poisoning primary prevention law in the nation by enacting Local Law 1 of 1982, chiefly sponsored by then-Councilmembers Stanley Michels and Tom Manton, which mandated that in child-occupied rental dwellings lead abatement take place before children become irreparable injured from lead-based paint hazards.<sup>3</sup>

Notwithstanding this, however, attaining the goal of an end to childhood lead poisoning – perhaps the most preventable widespread environmental diseases – has unfortunately continued to prove elusive. Over 60 years after the enactment of New York City’s ban on lead paint, there remain at any given moment hundreds of thousands of private rental dwellings in New York City with young children in residence and lead-based paint on at least some surfaces, thus posing a risk of permanent, irreparable neuro- cognitive and other injuries.

As someone who was deeply involved in the litigation over the lack of enforcement and compliance with former Local Law 1 of 1982, and with the formulation and drafting of the legislation that became Local Law 1 of 2004, I want to share a bit of that history, because I think it may help inform the analysis of what is—and isn’t – being done by the City and the real estate

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<sup>2</sup> Unfortunately, the Board of Education continued to use lead-based paint in school facilities – in violation of the City’s own Health Code – until nearly 1980, according to a report issued by the School Chancellor’s Task Force on Lead Hazard Reduction (August 4, 1993), Report on Lead-Based Paint Policy Recommendations, and for this reason, the NYC Board of Education (now Department of Education) generally assumed that all schools constructed before 1980 potentially have some lead-based paint. Id. at 1

<sup>3</sup> While the Health Department has long had the obligation (currently codified under the Health Code at § 173.13) to respond to a report of childhood lead poisoning, such responses are known as “secondary prevention” since they take place after the fact. Given that the damage to young children from lead ingestion is generally irreparable, it has long been accepted in the public health field that “Primary prevention” – i.e., environmental intervention measures taken before a child is exposed to lead hazards – is essential:

The data do not indicate that lead-induced cognitive defects are reversible. Primary prevention and preventing additional increases in blood lead levels among children whose blood lead levels are high remain the only effective means of dealing with lead poisoning.

Liu, Dietrich, Radcliff, Regan, Rhoads, Rogan, Do Children with Falling Blood Lead Levels Have Improved Cognition? 110 *Pediatrics* (4) 787-791, at 791 (Oct. 2002)



industry, and the investigations that need to take place in order to remedy this in any new legislation.

Former Local Law 1 of 1982 was interpreted early on by the courts to require that all lead-based paint in child-occupied dwelling – in any condition, intact or peeling – be permanently abated, and that the City must inspect and enforce this provision.<sup>4</sup> In addition, the courts also declared that LL1/1982's mandates applied regardless of whether a landlord was cited for a lead violation — the very existence of lead paint hazards was a violation that landlords had a duty to inspect for and safely abate, whether or not cited by a City agency.<sup>5</sup>

After many years of litigation and controversy concerning these issues arising from Local Law 1 of 1982 (and its temporary successor, Local Law 38 of 1999, which was subsequently struck down in 2003 by the New York Court of Appeals in NYCCELP v. Vallone, 100 N.Y.2d 337 (2003), the City Council passed a major reform package, the New York City Childhood Lead Poisoning Prevention Act (chiefly sponsored by then-Councilmember Bill Perkins), which was enacted over then-Mayor Bloomberg's veto as Local Law 1 of 2004 ("LL1/04").

LL1/04 represented a major compromise between the "absolutist" view incorporated in the 1982 law and the "minimalist" view of the 1999 law. In part, the 2004 law accepted the real

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<sup>4</sup> Specifically, in NYCCELP v. Koch, N.Y.L.J., July 21, 1989, at 18 (Sup. Ct. N.Y. Co.), aff'd, 170 A.D.2d 419 (1st Dep't 1991), the court found the City's interpretation of LL1/1982's statutory presumption — as limiting its inspection and enforcement duties regarding lead paint solely to peeling painted surfaces and solely to pre-1960 buildings — contrary to the law's plain meaning. Instead, the court declared that LL1/1982 required the abatement (i.e., the removal or covering) of lead paint regardless of whether the paint is peeling or intact.

<sup>5</sup> Juarez v. Wavecrest Mgt., 212 A.D.2d 34, 47(1st Dep't 1995). As the First Department subsequently noted, The plain effect of [§27-2013(h)] ... and the entire remedial scheme would be meaningless if a landlord could suffer a lead condition in its building until given "notice" of the condition as the result of a test performed by others.

Valdez v. Sherman Estates, Inc., 224 A.D.2d 240, 241 (1st Dep't 1996). See also Lane v. Ruiz, N.Y.L.J., May 29, 1996, p. 29 col. 3 (Sup. Ct. Queens Co.) ("A landlord is required to take action to remedy a lead condition prior to receiving any 'notice' of the condition as a result of a confirmed test performed by others.")

estate industry’s argument that it wasn’t necessary to abate all lead paint in the City – that responsible landlords could manage it in place. But in order to protect children from the potential life-time irreparable injury from exposure to this neurotoxic substance, landlords affirmative obligation to inspect their dwellings and control it – already enunciated by the courts – would be codified into the law, and the City would be given the mandate to enforce it. In addition, the most risky surfaces would be targeted for permanent abatement at vacancy. Lastly, the mandate that safe work practices be utilized whenever lead –based paint – or paint of unknown lead content – is being disturbed, which was specifically mandated by the courts in the NYCCELP v. Koch/Giuliani litigation, was also codified into the law with particularity.

This philosophy is clearly stated both in the “Statement of Findings and Purposes” at the beginning of LL1/04 and in the actual structure of the substantive provisions of this law. In enacting LL1/04, the City Council decreed that lead poisoning was both “a preventable childhood diseases and a public health crisis” and “established as its goal the elimination of childhood lead poisoning by the year 2010.” Former Admin. Code § 27-2056.1.<sup>6</sup> The Act declared that in order to accomplish this goal, the “City government must focus on primary prevention as the essential tool....” Id.

Key to this effort was the need to assure that owners take preventative action:

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<sup>6</sup> Unfortunately, as we know, this goal was not achieved. City health data indicates that between January 2010 and December 2021 the Department of Health and Mental Hygiene (“DHMH”) reported some 59,815 of children under age 6 with blood lead levels of  $\geq 5$  micrograms per deciliter (“ $\mu\text{g}/\text{dL}$ ”) the level of concern in effect through most of that period (it was recently reduced to  $\geq 3.5$   $\mu\text{g}/\text{dL}$  by operation of Administrative Code § 17-912, enacted as part of Local Law 66 of 2019, and as a result of a petition to the Board of Health brought by NYCCELP and others). See, DHMH, Report to the New York City Council on Progress in Preventing Elevated Blood Lead Levels in New York City, (Sept. 2022), at 5. Moreover, nearly all of these children resided in private rental dwellings, which was the key focus of LL1/04. Id.

Moreover, while the incidence of elevated blood lead levels  $\geq 5$   $\mu\text{g}/\text{dL}$  declined continuously from 120.4 per thousand children tested in 2005 (the first full year of Local Law 1 of 2004 was in effect) to just 10.7 per thousand children tested in 2019, it has plateaued since then, id. at 3 – an unprecedented trend since NYC began tracking such data.

[T]he council by enacting this article makes it the responsibility of every owner of a multiple dwelling to investigate dwelling units for lead-based paint hazards and to address such hazards on a case-by-case basis as the conditions may warrant, taking such actions as are necessary to prevent a child from becoming lead poisoned.

Id. (emphasis added).

This approach was entirely sensible. While the law mandated that “that resources must be directed to primary prevention,” id., it was well understood that in no conceivable manner could the City undertake the vast task of regularly inspecting all of the hundreds of thousands of pre-1960 dwelling units where vulnerable children reside to make certain there were no lead hazards. Therefore, LL1/04 imposed specific primary prevention mandates on landlords of rental housing. Key among these were the following three:

#### **Owner Self-Inspections**

First, LL1/04 imposed on owners the fundamental responsibility to prevent and promptly remediate lead-based paint hazards, including underlying defects (such as water leaks or loose plaster) that can cause those hazards, using specified safe work practices. Admin Code § 27-2056.3. In so doing, the Council defined lead hazards very broadly – to include “any condition .... that causes exposure to lead from lead-contaminated surface dust, from lead-based paint that is peeling, or from lead-based paint that is present on chewable surfaces, deteriorated subsurfaces, friction surfaces, or impact surfaces that would result in adverse human health impacts.”

In order to effectuate this responsibility, the law set forth in § 27-2056.4 specific mandates that owners, among other thing, must:

- affirmatively ascertain whether young children are present in the dwelling

- inspect such child-occupied dwellings at least annually, and more often as needed, for lead-based paint hazards
- document in writing the results of each such inspection, and provide the written results to the tenant (and retain that report for 10 years, to be made available to the Department of Housing Preservation and Development (“HPD”) on request and to succeeding owners).

These provisions made noncompliance a misdemeanor, punishable by up to 6 months imprisonment and fines.

Unfortunately, the data (which I will elaborate on further below) indicated that New York City took no any enforcement action against any landlords in the first 15 years after Local Law 1 of 2004 went into effect – except in the two instances where I myself took the landlords and HPD to court.<sup>7</sup> Obviously, without enforcement, negligent landlords would continue to violate this essential primary prevention obligation with complete impunity, resulting in the continued exposure of vulnerable children to lead-based paint hazards.

### **Lead Abatement at Vacancy**

Second, the 2004 law required that measures be taken to permanently remove what was – and still is – considered to be the one of the most significant mechanisms for exposure to, and ingestion of, lead from lead-based paint: namely, the generation of lead-contaminated dust from

<sup>7</sup> As reported in November 2018, by Reuters, a review of “the past 12 years of HPD violation records and found the agency hasn’t cited a single landlord for failure to conduct the annual inspections.” Lead poisoning lurks in scores of New York neighborhoods, (11/14/17), available at [www.reuters.com/investigates/special-report/usa-lead-newyork/](http://www.reuters.com/investigates/special-report/usa-lead-newyork/)

An audit report by the New York City Comptroller found that the “data HPD provided for this investigation shows that in the five-plus-year period between January 1, 2013 and September 12, 2018, HPD issued no violations for a landlord’s failure to make the required annual notifications and inspections.” New York City Comptroller Scott Stringer’s Investigation into Child Lead Exposure (Sept. 2019) at 22 (herein “Comptroller’s Investigation”) (available at <https://comptroller.nyc.gov/wp-content/uploads/documents/Lead-Investigation.pdf>)

the abrasion of lead-based paint on door and window frames (i.e., “friction surfaces”). Although earlier drafts of the 2004 law (as Intro 101 of 2002) would have required those measures to be undertaken by no later than July 1, 2007, in all child-occupied housing, the final version of the law as enacted required this work to be done a “turnover” (i.e., vacancy). The asserted rationale for this, from the Bloomberg administration and the real estate industry, was that such work could be done most easily and safely when apartments were unoccupied, and that over time the turnover of housing units would result in the gradual elimination of these high-risk hazards.

The law made non-compliance with this mandate an immediately hazardous “C” violation, and HPD’s implementing regulations mandate that documentation concerning this work, including a certification of compliance, be provided to the incoming tenant. The law also required that such work be performed using specified safe work practices, including lead dust clearance tests at the end of the job to assure that the apartment had been properly cleaned.

Unfortunately, the data showed again that HPD had performed essentially no enforcement of this provision – just 2 violations in the first 15 years after Local Law 1 of 2004 came into effect, again only in instances where I personally took the landlords and the City to court.<sup>8</sup>

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<sup>8</sup> When I last testified to the Council on this subject in 2019, I discuss the particulars of one of these. Our client, Blanca Quiridumbay, moved into her apartment in Northern Manhattan in 2005 with a young child. Since Local Law 1 of 2004 was already in effect, the lead paint on the door and window frames should have been abated before she moved in. We now know – in hindsight -- that didn’t happen. In June of 2016, her son Axel was born, and within 4 months he was lead poisoned. The Health Department inspected and found lead paint in numerous locations – including the door frames – and ordered the landlord to make repairs. But the City did NOT order the landlord to abate all the lead paint on all the door frames, even though that should have occurred before the family moved in, and even though it was now obviously apparent that the landlord had not done so. The family temporarily relocated while the work was done, and in January 2017 resumed occupancy after the Health Department declared the apartment was safe.

But it wasn’t safe: in June of 2018, Axel was tested and again found to be lead poisoned. This time both the Health Department and HPD inspected the apartment, and again found lead, including on other door frames. The family again temporarily relocated. It was only after we filed a case in Housing Court against the landlord and

### **Safe Work Practices**

Third, the 2004 law mandated the use of specified safe work practices under all circumstances where lead-based paint – or paint of unknown lead content – was being disturbed in dwellings with young children. These mandates had originated in the context of a class action against the City, NYCCELP v. Koch, and were specifically codified in at Admin. Code § 27-2056.11. In particular, the law required that the work be done by properly trained and credentialed individuals and firms, with specific measures to control the dispersal of lead dust during the work so as to protect the tenants and their possessions from contamination, particularized cleaning procedures, and in virtually all circumstances the use of lead dust clearance tests with the results reported in writing to the tenants. (As mentioned earlier, it is well understood that uncontrolled lead dust is one of the most effective mechanisms for causing the poisoning of young children.)

It is critical to understand that these mandates apply whatever the intent of the work is. While they certainly apply to work being done to abate or remediate lead-based paint, they also apply when the work is being done for entirely different reasons - such as a renovation or an ordinary repair. From the perspective of a child's health, lead-contaminated dust from unsafe work is just as effective at causing irreparable harm no matter whether the work is deliberately being performed to remove lead hazards or is simply incidental to other construction.

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HPD for Ms. Quiridumbay that the City issued – for the first time ever in the 15 years since the enactment of LL1 – a violation against the landlord for failing to do the required annual inspections.

This was an utterly avoidable tragedy. Had the landlord complied with the law before Ms. Quiridumbay's family had moved in and removed the lead paint on the door frames and regularly inspected the apartment, the poisoning of her child might have been prevented. Had the City taken action against the landlord in 2016, when it became clear that the Landlord had obviously failed to have removed the lead paint from all the door frames at vacancy and had failed to perform regular inspections, the re-poisoning of her child would have been prevented.

In order to effectuate enforcement of these measures in circumstances where the City agencies were not already on notice that such work was to be done (i.e., where the City had not already ordered lead remediation work in response to a violation) – such as ordinary repairs or renovations – the law required that owners must pre-notify the Department of Health and Mental Hygiene (“DHMH”) if any planned work will involve disturbing more than 100 square feet of lead-based paint or paint of unknown lead content (or removing two or more windows). This would enable DHMH to conduct spot checks for compliance.

Unfortunately, it appears that virtually no notifications are filed with DHMH (perhaps under 100 per year), and there are indications that non-compliance with the safe work practice regulations is rampant, resulting in increased exposure to toxic lead dust.

Moreover, as detailed in a report that the Cooper Square Committee (along with my organization and others) issued in 2019, “Collecting Dust: How NYC is Failing to Penalize Landlords for Exposing Tenants to Lead Dust,” the City had collected just \$10,190 in fines over the first 15 years since the enactment of LL1/04. This sent a message that landlords can simply ignore the safe work practice regulations with impunity.

Without effective enforcement of these key provisions, and other aspects of existing law, it should not be surprising that LL1/04 has not achieved its goal of ending lead poisoning by 2010. A careful analysis and understanding of why City agencies are not effectively enforcing these provisions, and why landlords are still not complying with them – even after the various amendments enacted in 2019 through 2021 – is essential.

## **II. THE 2019-2021 AMENDMENTS**

Four and a half years ago, at a Council oversight hearing on September 27, 2018, I and a number of my fellow advocates shared a detailed report on the failures of the Administration to enforce the City's lead poisoning prevention laws. That report, titled "Lead Loopholes," identified numerous areas where the intentions and mandates of Local Law 1 were ignored, and the consequences to the affected families. The conclusions in our report were not seriously contested by anyone; indeed, in response to questions from then- Speaker Johnson and other members of the Council during that oversight hearing, Administration officials essentially admitted that the City had failed to place any violations against landlords for failing to comply with their obligations to permanently abate lead paint on the highest risk areas of apartments at turnover of vacant apartments, and to perform annual inspections of child-occupied apartments for lead hazards.

In the ensuing three years, I along with other advocates worked closely with Council staff to help refine some of the many pending legislative proposals to cure some of the problems identified in our report. Some of these proposals became law in the various tranches of bills enacted in 2019 (Local Laws 64 through 73), 2020 (Local Laws 27-31) and 2021 (Local Laws 39 and 40). Some of the key provisions included the following:

- A requirement that HPD audit a minimum of 200 buildings a year for compliance with the obligation of landlords to maintain records of inspecting dwelling units where children under age 6 reside for lead-based paint hazards and as well to maintain records of the required abatement of lead hazards (including permanent abatement of lead paint on friction surfaces at vacancy turnover. LL 70/2019,



effective October 11, 2019, and LL 28/2020, effective Feb. 11, 2021, codified at Admin. Code § 27-2056.17(b-d).

- A requirement that HPD, when performing a lead paint inspection in a dwelling, attempt to ascertain (from the tenant or other sources) whether there has been a vacancy since August 2, 2004 (when LL1/2004 went into effect), and if so, inspect for compliance with the mandatory permanent abatement of lead-based paint on friction surfaces (which should have been performed at the time of the turnover of that apartment. LL 28/2020, effective Feb. 11, 2021, codified at Admin. Code § 27-2056.8(d-1)
- Effective August 9, 2020, a requirement that within 1 year of a child under age 6 becoming a resident of a rental unit built before 1960, or within five years for all rental units built before 1960 (i.e., regardless of whether a child under age 6 resides there), the landlord have all surfaces of the unit tested – one time only --- by an independent and properly credentialed person for the presence of lead-based paint, and document such tests in writing (and provide such documentation to the tenant). - LL 31/2020, codified at Admin. Code § 27-2056.4(a-1).

### **III. THE DATA THUS FAR**

#### **Owner Self-Inspections**

Over the past several years, I have periodically conducted an analysis of all HPD lead violations issued since 1982, using the City’s “Open Data” database, a tabulation of which appears at the end of my testimony (after page 22). as Table 1. The good news is that the data indicates the City at long last – in part because of the various mandates imposed by the Council

as a result of the 2019-2021 amendments – has begun to enforce some of the critical aspects of LL1/2004. The bad news, however, is that we now have a much better sense of how widespread landlord non-compliance has remained – and the damage this has caused as a result, in the form of continued (and entirely preventable) childhood lead poisoning.

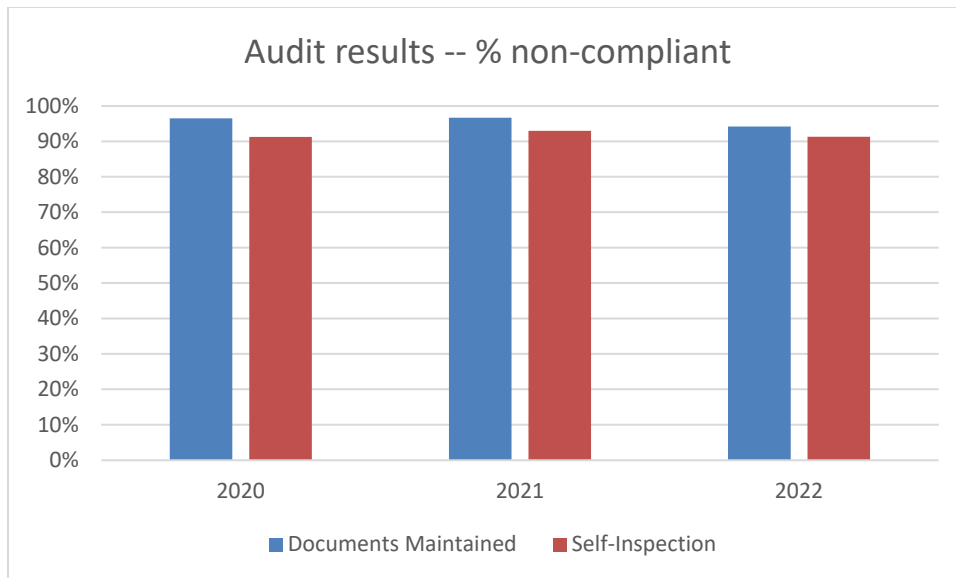
For example, as indicated in Table 1, while as of November 12, 2019 – 15 years since LL1/2004 came into effect – HPD had issued just 2 violations for failure to self-inspect for lead hazards and 3 violations for failure to maintain records thereof. By March 21, 2023 – as a result of the mandatory random audits required by LL 70/2019 – HPD had issued 2,404 violations for failure to self-inspect and 871 violations for failure to maintain records thereof, across some 2,135 buildings.

What should be particularly concerning, however, is that the failure rate – among those buildings selected by HPD for audits – was extremely high. The data reported by HPD<sup>9</sup> indicates that over the past 3 years an average of 92% of the 790 buildings audited as required by LL 70/2019 resulted in violations for failing to perform annual self-inspections, and an average of 96% of buildings audited failed to provide records of annual self-inspections, as summarized in the graph below:

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<sup>9</sup> Report to the City Council: The Department of Housing Preservation and Development’s Implementation of Local Law #1 of 2004 in FY 2022 (July 1, 2021 – June 30, 2022), at 11.

Although HPD found 758 buildings per its audits over last 3 years where records not maintained, HPD brought only 118 enforcement cases. What happened to the rest of the buildings? Did HPD merely issue violations but take no further action to secure compliance?



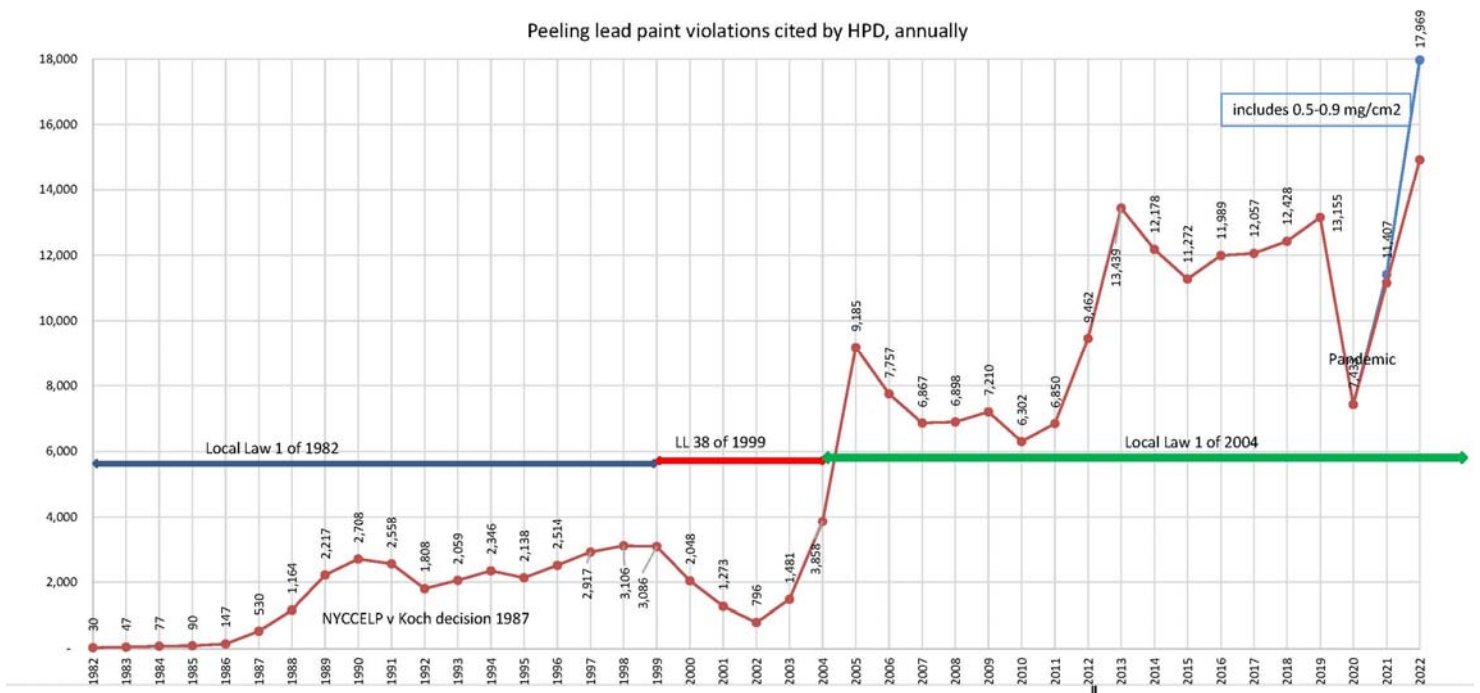
Clearly, if these random audits of 790 buildings are indicating such dismal compliance, we can expect that the failure by landlords to inspect for and eliminate lead-based paint hazards is widespread. Remember, a key provision of LL1/2004 (as indicated in its statement of purpose) was the requirement that owners take preventative action:

[T]he council by enacting this article makes it the responsibility of every owner of a multiple dwelling to investigate dwelling units for lead-based paint hazards and to address such hazards on a case-by-case basis as the conditions may warrant....

In other words, in a city with hundreds of thousands of older dwelling units with lead-based paint house young vulnerable children, landlords – rather than HPD – should be the ones inspecting for and correcting lead-based paint hazards, as HPD cannot possibly inspect them all regularly.

Yet the data indicates that HPD’s failure to get landlords to do so over the years has resulted in a concomitant failure to reduce the incidence of HPD finding peeling lead-based paint in children’s homes. The data I’ve compiled below indicates that in the 16 years that former Local Law 1 of 1982 was in effect, HPD issued approximately 30,000 violations for peeling lead paint. Meanwhile, in the 19 years since Local Law 1 of 2004 went into effect, HPD has issued

over 190,000 violations for peeling lead paint – i.e. over six times as many. In part, this reflects the fact that Local Law 1 of 2004 requires HPD to inspect for lead paint anytime it is in the home of a child under 6, so to that extent one could say it has been a runaway success. But it is also a mark of failure: the whole point of the mandate in § 27-2056.4 of LL1/04 that landlords regularly inspect their own dwellings for lead hazards was to prevent the necessity of HPD having to do so. One should have expected – had LL1/2004 worked as intended – that the incidence of HPD citing peeling lead-based paint would have gone down over time, once landlords began to self-inspect as mandated by law. Instead, such violations have just continued to increase over time, as illustrated by the graph below:<sup>10</sup>



Thus, while HPD will no doubt assert at this hearing that its citing of ever increasing numbers of peeling lead paint violations is a testimonial to its vigorous enforcement, the Council really should be asking why it is that HPD keeps finding so much peeling lead paint – two decades

<sup>10</sup> Data obtained from New York City’s “OpenData” database, as of March 21, 2023.

after LL1/2004.<sup>11</sup> For if landlords were complying with their obligation to self-inspect and correct lead-based paint hazards, HPD wouldn't be finding so many anymore.

The data, thus, strongly points for the need for the Council to enact Intro 5. This bill, sponsored by Councilmember Diana Ayala and 30 additional councilmembers, would trigger an automatic HPD audit for compliance with the annual self-inspection requirement (Admin Code § 27-2056.4(a)) whenever HPD issues a peeling lead paint violation. In other words, if HPD finds peeling lead paint – a violation that should have been found and corrected by the landlord had it been on top of its obligation to inspect at least annually and more often as required – it's a pretty good bet that the landlord has been asleep at the switch, even though this has been a requirement of the law for 19 years. While HPD may complain that these audits will be an additional burden, in the long run it can only serve to reduce HPD's burden by shifting it back to the landlords; i.e., to make it clear that landlords need to find these lead-based paint hazards before HPD does. Given that there are an estimated 300,000 units of pre-1960 housing with children under age 6 at any given time in this City, there is simply no way that HPD can possible inspect even a significant fraction of those dwellings for lead hazards – nor should the costs of this be borne by the City and its taxpayers. Thus, one would think that HPD would be aggressively seeking compliance with the self-inspection requirements of LL1/04; this is not only a key provision of the entire law, but indeed the one that provides for misdemeanor penalties with up to 6 months in jail. HPD's failure to enforce this portion of the law is self-defeating.

Another aspect of the owner's obligation to self-inspect should also be of concern to the

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<sup>11</sup> Some of the most recent increase in violations no doubt results from two recent changes in the law: first, the expansion of LL1/04's coverage to one- and two- family rental units under Local Law 29 of 2020, effective February 11, 2021, and the reduction of the permissible levels of lead in painted surfaces from 1.0 micrograms per square centimeter ("mg/cm<sup>2</sup>") to 0.5 mg/cm<sup>2</sup> as of December 1, 2021 by operation of Local Law 66 of 2019.

Council. As indicated earlier, effective August 9, 2020, LL 31/2020 requires landlords of pre-1960 dwellings to have a one-time test performed by an independent, credentialed inspector, of all painted surfaces for the presence of lead, using an X-Ray Fluorescence (“XRF”) device, within 1 year of a child under age 6 becoming a resident, and within five years for all such rental units. The goal of this law is to end— at long last – the mystery of where the lead paint is (and is not) in NYC’s housing stock, so that landlords, tenants, and the City will know and act accordingly. While I cannot cite to empirical data on the extent of compliance, for several reasons I have grave doubts that there is much compliance with this provision.

First: LL 31/2020 will require the one-time XRF testing of well more than two million units of housing by August 2025, and we are already, as of this writing, more than halfway through the 5 year period for this to be accomplished, to say nothing of the 1 year period that expired in August 2021 for such testing to be completed in the hundreds of thousands of rental units with children under age 6 in residence.<sup>12</sup> Yet in my conversations with persons in private environmental testing businesses, they related that they have not seen the expecting significantly increased demand for their services.

Secondly, in interactions with client tenants of my agency, almost none report such testing having been done or a report thereof being received. Not only does Admin. Code § 27-2056.4(f)<sup>13</sup> mandate that landlord provide tenants with the written results of such tests; but

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<sup>12</sup> In 1998 the City estimated that 78% of New York City's 2,980,762 housing units were pre-1960, and that 2,000,000 housing units contained lead paint; children under 6 years of age resided in an estimated 323,000 of these units. NYC Department of Health (“DoH”), A Non-Competitive Continuation Application for NYC DoH Provision of 1997-1998 State and Community-Based Childhood Lead Poisoning Prevention Program & Surveillance of Blood Levels in Children - #H64/CCH205097-08 (Grant application to CDC) 3/24/97, at 32; NYC HPD and DoH, Request for Grant Assistance Lead-Based Paint Hazard Control (to HUD), July 31, 1997, at 18.

<sup>13</sup> “The owner shall inform the occupant in writing of the results of an investigation undertaken pursuant to this section and shall provide a copy of any such report received or generated by an investigation. The owner shall retain

federal law as well requires that any documentations concerning lead paint be provided to tenants (and future owners) in any real estate transactions, including lease renewals.<sup>14</sup>

Notwithstanding this, HPD’s own data indicate that the agency has issued just 18 violations in 12 buildings throughout the City as of March 21, 2023. Given the extent of landlord non-compliance with other aspects of the City’s lead poisoning prevention laws, there is hardly a basis to accept this as evidence of widespread compliance of this one provision. The Council, having enacted this statute only 3 years ago, should be demanding data from HPD as to its efforts to ascertain and enforce compliance with LL31/2020. And perhaps additional remedial measures need be taken, such as requiring all such tests to be filed with HPD along with the annual Multiple Dwelling Registrations, or requiring HPD to set up a publicly accessible database of rental units where testing has been completed and property has been found to be either lead-free or not lead-free.<sup>15</sup>

### **Lead Abatement at Vacancy**

The data in Table 1 also indicates that while as of November 12, 2019 – 15 years since LL1/2004 came into effect -- HPD had issued just 2 violations for failure to perform the required permanent abatement of lead-based paint on door and window friction surfaces at vacancy (i.e., “turnover”), by March 21, 2023 – as a result of the mandatory random audits required by LL 70/2019, as well as the investigations mandated by LL 28/2020, HPD had issued some 18,158

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a copy of each investigation report, for ten years from the date of such report and such report shall be made available to the department on request and shall be transferred by the owner to the owner's successor in title.”

<sup>14</sup> 42 USC § 4852d; federal HUD regulations 24 C.F.R. §§ 35.80 through 35.98; federal EPA regulations 40 C.F.R. §§ 745.100 through 745.119.

<sup>15</sup> For example, Ohio maintains a state-wide public database both of housing that has been certified as “lead-safe” - <https://www.ohiohousinglocator.org/> - and housing that has been found to have lead-based paint hazard <https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/LeadHazardousProperties>

violations for failure to perform the turnover work and/or to maintain records thereof, across some 3,811 buildings. Unfortunately, while HPD's most recent report indicated that its random audits during 2020, 2021, and 2022 resulted in citations for turnover failure violations in some 4,666 units, it fails to indicate how many of the 790 buildings it audited were in non-compliance; thus, the failure rate is not readily ascertainable (as compared to the self-inspection violations).<sup>16</sup>

Of additional concern is the status of turnover violations that HPD has now placed. As indicated in Table 1 (following page 22), as of March 21, 2023, HPD's database indicated that of 18,158 violations issued for turnover failure, 12,771 – i.e., over 70% – remain open. What measures is HPD taking to actually secure correction of these failures, rather than leave children at risk?

None-the-less, it is now readily apparent that non-compliance with the required turnover abatements has been widespread; essentially, the compromise in the enactment of Local Law 1 of 2004 – that rather than set a target date for the abatement of these high-risk surfaces (as in LL1/04's precursor, Intro 101) we could await their gradual elimination by the turnover of vacant apartment – has turned out to be a failure. The data, thus, strongly points for the need for the Council to enact Intro 6. This bill, sponsored by Councilmember Diana Ayala and 41 additional councilmembers, would set a date by which the permanent abatement of all lead-based paint on friction surfaces of doors and windows in dwellings with children under age 6 would be required. We've lost 20 years of potential progress due to landlord non-compliance and HPD

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<sup>16</sup> Report to the City Council: The Department of Housing Preservation and Development's Implementation of Local Law #1 of 2004 in FY 2022 (July 1, 2021 – June 30, 2022), at 11.



diffidence;<sup>17</sup> we cannot afford to continue and condemn more children to needless exposure.

Moreover, where young children reside in dwellings with long-term occupants – i.e., where the apartments have not turned over since August 2004 nor are likely to in the near future – such children get no protection under the current regime.

### **Safe Work Practices**

The prior Council passed Local Law 40 of 2021 in an attempt to break down some of the silos hindering effective enforcement of the safe work practices mandated by the original Local Law 1 of 2004. These included provisions that required work permit applications filed with the Department of Buildings (“DoB”) (the “PW1” form) to require the applicant to indicate compliance with the pre-notification to DHMH of larger jobs involving the disturbance of lead-based paint or paint of unknown content and the qualifications of the contractor to engage in such work (Admin. Code § 28-105.12.12); the maintenance by DoB of a database pertaining to § 28-105.12.12 work and the sharing of such data with DHMH (Admin. Code § 28-105.12.12); the certification in tenant protection plans that the firm holds the requisite credentials and disclosure of any open lead violations (Admin. Code § 28-120.1(3.1)); and the authority of DoB to issue stop work orders for non-compliance with the lead-safe work requirements (Admin. Code § 28-207.2, Building Code §§ § 3303.10.2 and 3303.10.3).

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<sup>17</sup> The 2019 audit report by the New York City Comptroller found that [I]t appears that HPD has not been enforcing LL1’s turnover requirements or its own related regulations. Our analysis of violation data provided by HPD found that no violations requiring owners to “certify compliance with lead-based paint hazard control requirements during period of unit vacancy” (turnover) were issued between January 1, 2013 and September 12, 2018.<sup>35</sup> Not only were no violations issued for failure to certify, HPD did not issue any violations to property owners for failure to perform required turnover work, nor did HPD compel a property owner to do such work. As a result, the decision was largely left to landlords to follow the City’s turnover rules or not, as they faced no direct consequence in the form of HPD enforcement for failing to do so. but HPD did little if anything Comptroller’s Investigation at 23 (emphasis added).

Although these new requirements came into effect only a year ago on April 18, 2022, the Council should require that data on the compliance with these provisions, and the enforcement thereof, be regularly reported, as well as statistics on the number of pre-notifications filed with DHMH.

#### **IV. MAKING PRIMARY PREVENTION OF LEAD POISONING STRONGER**

As noted earlier, not only has New York City failed to achieve the stated goal of Local Law 1 of 2004 to end childhood lead poisoning by 2010, but the steady decline in the rates of childhood lead poisoning has stagnated in the past few years, while at the same time the blood lead levels that are “of concern” have become more stringent. Thus, more primary prevention efforts are needed; several other bills pending before the Council would help advance this goal.

Two of these relate to measures that were originally part of the precursor to Local Law 1 of 2004 (Intro 101), but were subsequently jettisoned in a fruitless attempt to persuade then-Mayor Michael Bloomberg not to veto the bill. The first – Intro 193 of 2022, sponsored by Councilmember Carlina Rivera and 41 additional councilmembers – would treat peeling lead paint in the common areas of residential buildings the same as peeling lead-based paint in child-occupied apartments, and also required it be tested. There is no data showing that exposure to lead paint and lead dust in common areas is less hazardous to young children, and thus such hazards should be treated with requisite concern.

The other is Intro 750, sponsored by Councilmember Diana Ayala and 20 other councilmembers. At present, NYC’s lead poisoning prevention laws rely primarily on tenant complaints to trigger inspections; yet many tenants, for a variety of reasons

(lack of information, fear of retaliation, etc.), fail to call 911 for an inspection, nor do their landlords comply with the mandated annual self-inspections. The 2019 audit report by then-City Comptroller Scott Stringer concluded that while the City has plenty of data indicating which buildings have been responsible for repeat lead poisonings of children or other indicia of hazards, it failed to use it effectively:

At its core, the investigation exposes a clear failure by the City to leverage its own data related to lead exposure and utilize that data to precisely and methodically inspect buildings and areas most likely to pose a threat to children.

Specifically, the Comptroller's Office found that for years, the City allowed crucial data—namely thousands of children's blood lead test results collected by the Department of Health and Mental Hygiene (DOHMH)—to remain siloed within DOHMH, rather than using the data to proactively pinpoint lead exposure hotspots for inspection by the Department of Housing Preservation and Development (HPD). Instead, the City allowed HPD to rely almost exclusively on a reactive, complaint-driven inspection protocol, all but ignoring the hard, actionable data in possession of a sister agency. In retrospect, the absence of a coordinated, interagency strategy between DOHMH and HPD to eliminate lead paint hazards constitutes a missed opportunity to protect children and create a safer, healthier city.

Comptroller's Investigation at 4. In response to this, Intro 750 would require HPD, in consultation with DHMH, to develop a program to identify and proactively inspect at least 200 of the buildings at highest risk for causing childhood lead poisoning.

*(Table 1 follows on next page)*

HPD Lead Paint Notice of Violations ("NoV") issued since 1982 (source: NYC Open Data)		Issued as of Nov 12, 2019			Issued as of March 14, 2022				Issued as of March 21, 2023				Applicable City Law		
		Order Code	NOVs	STATUS		NOVs	Buildings	STATUS		NOVs	Buildings	STATUS			
				Open	Closed			Open	Closed			Open		Closed	
Peeling lead paint (pre-1999) (former §27-2013(h))		555	29,728	15,655	14,073	29,728	6,568	14,644	15,084	29,728	6,568	14,269	15,459	Local Law 1 of 1982 (repealed)	
Peeling lead paint (1999-2003 law) (former §27-2056.5)		610	4,852	2,427	2,425	4,852	1,654	2,292	2,560	4,852	1,654	2,225	2,627	Local Law 38 of 1999 (repealed)	
Peeling lead paint on wood trim, doors or windows (1999-2003 law)(former §27-2056.5)		611	1,279	609	670	1,279	634	587	692	1,279	634	551	728		
Lead paint on deteriorated subsurface (1999-2003 law) (former §27-2056.5)		612	719	325	394	719	377	305	414	719	377	288	431		
<b>Subtotal - LL38/99</b>			6,850	3,361	3,489	6,850	1,907	3,184	3,666	6,850	1,907	3,064	3,786		
Lead paint -- peeling or on deteriorated subsurface - § 27-2056.6		Presumed	616	60,481	13,337	47,144	68,409	19,631	13,611	54,798	73,166	21,333	14,670	58,496	Local Law 1 of 2004 (with subsequent amendments)
		Positive-tested	617	87,678	28,777	58,901	103,113		33,513	69,600	113,630		38,017	75,613	
		inconclusive	624	See Note 1									4,063	2,275	
Failure to provide records per mandated audit after EBLL child reported - §27-2056.7		618	2,040	1,739	301	3,141	2,874	2,708	433	3,691	3,329	3,166	525		
Failure to investigate for lead hazards - §27-2056.4(g) (HPD audit)		619	2	2	0	1,687	1,535	1,435	252	2,404	2,135	2,079	325		
Failure to provide records of annual inspections - §27-2056.4(h) (HPD audit)		620	3	2	1	635		593	60	871		787	84		
Failure to perform full XRF inspection of all surfaces, per § 27-2056.4(a-1)		626	See Note 2									18	12	7	
Failure to document compliance with turnover abatement - §27-2056.8 (HPD audit) (Note: none issued after 6/16/21)		614	2	1	1	7,682	2,300	5,386	2,303	7,682	3,811	4,763	2,919		
Failure to provide records of turnover abatement § 27-2056.8, per mandated audit (§27-2056.7) after EBLL child reported.		623	See Note 3			3,697						7,832	5,700	2,132	
Failure to comply with turnover abatement (HPD inspection per §27-2056.9(d-1))		Presumed	621	See Note 4				230	185	45		443	337	106	
		Positive-tested	622				950	922	28	2,079	1,875	204			
		inconclusive	625							122	96	26			
<b>Subtotal - LL1/04</b>			150,206	43,858	106,348	189,544	21,513	58,353	127,519	216,001	22,730	73,772	142,229		
subtotal - peeling paint LL1/04			148,159				171,522				190,859				
subtotal - failure to self-inspect paint LL1/04			3				2,322				3,293				
subtotal - failure to perform turnover LL1/04			2				12,559				18,158				
<b>TOTAL -- All Laws</b>			186,784	62,874	123,910	226,122	25,155	76,181	146,269	252,579	26,292	91,105	161,474		

Note 1: HPD began to issue 624 violations in December 2021

Note 2: HPD began to issue 626 violations in January 2022, after LL 31/20 came into effect on 8/9/20

Note 3: HPD began to issue 623 violations in June of 2021, after LL 28/20 came into effect on 2/11/21

Note 4: HPD began to issue 621, 622, and 625 violations in April 2021, after LL 28/20 came into effect on 2/11/21



**Testimony of Alia Soomro, Deputy Director for New York City Policy  
New York League of Conservation Voters  
City Council Committee Housing & Buildings, Jointly with the Committee on Health  
Oversight Hearing on Lead-Based Paint Hazards  
April 25, 2023**

Good afternoon, my name is Alia Soomro and I am the Deputy Director for New York City Policy at the New York League of Conservation Voters (NYLCV). NYLCV represents over 30,000 members in New York City. Thank you, Chairs Sanchez and Schulman and members of the Committees on Housing & Buildings and Health for the opportunity to testify today.

As a member of the New York City Coalition to End Lead Poisoning (NYCCELP), NYLCV stands with advocates calling for the elimination of lead poisoning in New York City. The City must do more to eliminate all sources of lead exposure because no level of lead exposure is safe, as even small amounts can cause neurological damage and other health problems. Lead is highly toxic and can [encroach](#) into our bones, blood, and tissues, causing a plethora of illnesses in our blood, brain, heart, kidneys, and reproductive system. Lead exposure is particularly [damaging](#) for children under the age of six, as their bodies are still developing. Young children are also more likely to put their hands or other objects contaminated by lead into their mouths, increasing their risk of exposure. Since the passage of Local Law 1 of 2004, [nearly 170,000 children](#) in NYC under age six have had a blood test level of 5 mcg/dL or greater. To put that into perspective, the number of *confirmed* lead poisoned children in NYC alone symbolically represents the fifth largest city in the state of New York, larger than the city of Syracuse. I emphasize the word confirmed as many cases go undetected due to gaps in the health care system and lapses in routine testing.

Sadly, lead exposure continues to disproportionately affect children in low-income and communities of color. Nearly 70% of lead-poisoned children come from underserved neighborhoods. Additionally, Black, Latino, and Asian children account for more than 80% of newly identified cases of lead poisoning in children under six years old. This is an environmental injustice and we must do more to protect our most vulnerable children.

Despite the enactment of Local Law 1 of 2004—the most ambitious lead poisoning prevention law in the country with the stated goal of ending childhood lead poisoning by 2010—lead poisoning is still a major concern because City agencies have consistently failed to enforce this law. The fact that lead poisoning continues to exist in New York City, eighteen years after the enactment of LL 1 of 2004, exemplifies the need for action.

We appreciate that the City Council is holding a multi-agency oversight hearing on lead-based paint hazards; however, we must continue pushing to pass legislation that would boost prevention, enhance early identification of lead exposure, and create better enforcement of existing laws meant to eliminate lead exposure. The bills being considered today were identified as priorities in [NYCCELP's 2022 Lead Agenda](#) and will help our City follow through in its commitment to ending lead poisoning.

Intro 5 of 2022: Records of lead-based paint investigations

This bill would tighten enforcement of landlord self-inspections by requiring property owners to produce records of self-inspections and records of any measures taken to abate lead-based paint hazards whenever a violation has been issued by the City. This bill would address the failure of many landlords performing the mandated inspections of their own properties for lead hazards. As noted in a [2019 NYC Comptroller Report](#), although landlords have been mandated since the enactment of the LL 1 of 2004 to inspect apartments with children under age 6 for peeling paint, audits by the NYC Department of Housing Preservation and Development (HPD) as required under LL 70 of 2019 indicate widespread non-compliance. Peeling lead paint violations, in theory, should be a rare event if owners are properly performing the mandated self-inspection; however, the very existence of such violations is a significant indication that the owner has not been inspecting as required.

Intro 6 of 2022: Permanent removal of lead-based paint on friction surfaces in child-occupied dwellings

This bill would require the lead-based paint abatement activities currently required upon turnover, including the removal of lead-based paint on friction surfaces on doors and windows, to be completed in all applicable dwelling units where a child under the age of six resides by July 1, 2023. Currently, LL 1 of 2004 only requires lead-based paint abatement upon turnover of vacant apartments, which has left gaps in protecting children and grandchildren of long-term tenants. By requiring abatement of lead-based paint on friction surfaces by July 2023, this bill would help New York City move towards ending lead poisoning.

Intro 193 of 2022: Lead-based paint hazards in common areas of dwellings

This bill would make the existence of peeling lead-based paint in any common area of a multiple dwelling where a child under the age of six resides a class C hazardous violation. The bill would also include common areas as part of the current inspections for lead-based paint hazards in dwellings required under the City's lead laws. This bill would take us one step closer to comprehensive solutions since peeling lead paint and lead dust can poison children whether it's inside or outside an apartment, such as a hallway, lobby, or front door.

Intro 200 of 2022: Quarterly reporting on objections to orders for the abatement or remediation of lead conditions.

This bill would require the Department of Health and Mental Hygiene (DOHMH) to submit to the Mayor and the Speaker a quarterly report of the number of objections filed by multiple dwelling owners to DOHMH lead abatement orders. DOHMH lead abatement orders – issued after a child is found to be lead poisoned – are routinely contested by landlords, including NYCHA. By

requiring DOHMH to report on these objections and why any objections are found to have merit will improve transparency and accountability when it comes to lead abatement.

Intro 750 of 2022: Proactive identification and inspection of dwellings where children are at risk of lead poisoning

This bill would create an inspection program requiring HPD and DOHMH to annually identify at least 200 residential buildings that may pose lead exposure risks to children who reside in such buildings. Inspectors would then inspect such buildings for any lead-based paint hazards and proceed to order that any such hazards be abated. Even though the City has extensive data on the buildings where children are exposed to lead poisoning, they continue to rely solely on tenant complaints to conduct inspections. By mandating HPD and DOHMH to develop a program to inspect high-risk buildings, it would help abate lead hazards and reduce the burden on families to make their homes safer.

Lastly, we would be remiss if we did not mention the importance of investing and funding City programs and interventions that protect children from lead poisoning through their drinking water. While the state has implemented a program to reduce lead in school drinking water, the City must enact its own program to replace service lines made of lead. There are various sources of funding that the City should leverage, such as the New York State Environmental Bond Act, which has at least [\\$650 million](#) dedicated towards water quality improvement and resilient infrastructure, which includes lead service line replacements. Additionally, New York State also received over [\\$500 million](#) in grants and loans from the federal Bipartisan Infrastructure Law to replace lead pipes over the next five years.

With the FY24 budget process upon us, we urge the City to fund agencies in order to conduct inspections, test dust and paint for lead, remove lead service lines that deliver water, and other necessary functions that address lead concerns of New York City's families. The City's budget must reflect the needs of this unnecessary and long-standing crisis. This includes measures funding proactive inspections and notification for tenants exposed to lead hazards. The City must ensure sufficient funding goes towards DOB's code enforcement and Office of Tenant Advocate and HPD's Lead Hazard Reduction and Healthy Homes Program. Both HPD and DOB, which have vacancy rates of 18.2% and 22.7% as of December 2022, respectively, need robust funding to prioritize hiring and staffing for these programs.

No person should fall victim to lead poisoning, and it's up to the City to ensure that it doesn't happen. As a member of NYCCELP, NYLCV looks forward to working with the City Council, Mayoral Administration, and fellow advocates to end lead poisoning.

Thank you for the opportunity to speak.



April 25, 2023

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**Testimony of WE ACT for Environmental Justice**

**To the New York City Council Committee on Housing and Buildings and Committee on Health**

**Regarding Lead-Based Paint Hazards**

Dear Committee Chair Pierina Ana Sanchez and Chair Lynn Schulman  
Committee on Housing and Buildings and Committee on Health:

Thank you for holding this timely hearing. This morning Mayor Adams [announced](#) the appointment of a Citywide Lead Compliance Officer and released “Taking the Lead on Lead” – a report highlighting the city’s efforts in the fight against lead exposure. WE ACT is glad to see the administration has reignited the City’s commitment to end lead poisoning. As Mayor Adams said, “Keeping New Yorkers and their families safe is the most important work we do as a city, and that work includes protecting our children from the dangers of lead exposure and lead poisoning.”

**We hope this administration plans to strengthen enforcement and compliance of existing lead laws; continue to fully fund all lead poisoning prevention programs at all relevant city agencies; and prioritize the health and safety of children over the economic interests of landlords and building owners.**

To put this issue into perspective: Between January 2005 and December 2022, there were 169,556 children under the age of 6 who had a blood lead level of 5 mcg/dL or greater. Symbolically that would represent a population of poisoned children larger than the city of Syracuse, NY or Springfield, MA, or Alexandria VA, Savannah, GA or Charleston, SC.<sup>1</sup> The number of children impacted in New York City is larger than populations of entire cities. The City cannot be complacent with the progress that has been made over the years when there is so much more work to be done to end lead poisoning and exposure.

Lead poisoning is an entirely preventable problem that has long-term [effects](#) on children’s health and well-being. With the causes and prevention methods being so well-established, New York City must take urgent steps to completely eliminate childhood lead poisoning as well as adult lead exposure. The Department of Health and Mental Hygiene (DOHMH) [reported](#) that 67% of children under six years of age with elevated blood levels are from high poverty

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<sup>1</sup> 2022 Report to the New York City Council on Progress in Preventing Elevated Blood Lead Levels in New York City  
<https://www.nyc.gov/assets/doh/downloads/pdf/lead/lead-rep-cc-annual-22.pdf>





neighborhoods. Furthermore, Black, Latino, and Asian children represent 82% of all newly identified cases of elevated blood levels in children under age six.

WE ACT led advocacy to pass Local Law 1 (LL1) of 2004 – aimed to eradicate childhood lead poisoning by 2010. Also, alongside New York City Coalition to End Lead Poisoning (NYCCELP), we have passed several new lead bills into law to close loopholes left in LL1. However, there has been a lack of enforcement for this law for over a decade, as found by the Comptroller in a 2019 report. Over the past three years the steady decline in the rates of childhood lead poisoning has plateaued; simultaneously, the blood lead levels that are “of concern” have become more stringent. To be clear, there is no “safe” level of lead that should be present in the body. This is why more primary prevention efforts are needed.

**WE ACT is testifying in support of all of the bills being heard today: Intro 5, 6, 193, 200, 750.** And we are thrilled to see the introduction of a bill that would require the Department of Housing Preservation and Development to declare a lead hazard a public nuisance where the Department of Health and Mental Hygiene issues a commissioner’s order to correct or remediate a condition related to lead hazards. As well as a bill that would require the Department of Health and Mental Hygiene to provide a referral for any child determined to have elevated blood lead levels to the Committee on Special Education of the Department of Education for a neuropsychological or neurodevelopmental evaluation. These bills are necessary to close even more loopholes in lead laws, putting us one step closer to eliminating lead poisoning and exposure.

**Intro 5 – Automatic Audits of Landlord Self-Inspections Upon Issuance of Peeling Lead Paint Violations.** Although Landlords have been mandated since 2004 to inspect apartments with children under age 6 for peeling paint, random audits by HPD under LL70/19 indicate widespread non-compliance, and HPD continues to issue large numbers of peeling lead paint violations because of landlord’s failure to self-inspect. Intro 5 would trigger an automatic audit of landlords’ self-inspection records anytime HPD finds peeling lead paint.

**Intro 6 – Abatement of Lead Paint on Friction Surfaces.** Although LL1/04 required owners to permanently abate lead paint on friction surfaces (door and window frames – one of the major sources of lead dust) at vacancy, random audits by HPD under LL70/19 indicate widespread non-compliance. Moreover, children and grandchildren of long-term tenants have been left without protection. Intro 6 would require the abatement to be completed by July 2023.

**Intro 193 – Lead-based paint hazards in Common Areas of Dwellings.** This would close a loophole by making peeling lead paint a “C” immediately hazardous violation in public areas of multiple dwellings, such as hallways, and



require the same safe work practices as required within dwelling units where children reside. Peeling lead paint and lead dust can just as well poison children whether it's outside the apartment front door as inside.

**Intro 200 – Reporting on Contestations of DHMH lead abatement orders.**

DHMH lead abatement orders – issued after a child is found to be lead poisoned – appear to be routinely contested by landlords, including NYCHA. This bill would require DHMH to report quarterly to the Council the number of such contestations that were granted, and an explanation of the reasons.

**Intro 750 – Proactive identification and inspection of dwellings where children are at risk of lead poisoning.**

A NYC Comptroller audit found that – despite the City having extensive data on the buildings where children are most likely to be poisoned by lead– it continues to rely solely on tenant complaints as the basis for inspections for lead hazards. The bill would mandate HPD and DHMH to develop a program to inspect high-risk buildings even absent tenant complaints.

It is imperative that this City Council sees this as an environmental health injustice and should make ending lead poisoning and exposure in New York City a top priority. This can be achieved by funding City agencies to administer lead poisoning prevention and intervention programs and lead service line replacement; funding staff to collect data and enforce current lead laws; and supporting legislation that closes the gaps in existing lead laws.

**Lonnie J. Portis**

Environmental Policy and Advocacy Coordinator

**WE ACT for Environmental Justice**

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646-866-8720 | [lonnie@weact.org](mailto:lonnie@weact.org)

CHRISTINE RUCCI

My name is Christine Rucci and I reside in the East Village. In Spring 2017, without my knowledge, lead dust and other toxins were seeping into my apartment. Construction was taking place in the neighboring apartment with the approval of the building's management, it had been taking place without proper permits or proper protection plan in place. They did not cover the walls or safeguard my apartment as according to the standard practices required by the Tenants Protection Plan and Local Law 1. All that separated my apartment from the neighboring apartment was a quarter-inch of wood paneling. Lead dust became trapped in the walls and floors and seeped into all of the cloth furnishings.

In 2017, I reported these issues and had multiple filings with HPD and DOHMH. It took court orders, fines, and major clean ups and repairs to only partially seal up the toxic walls and floors. Only partial repairs were made and I was not made aware of the LEAD results until after the fact and have since learned of the health risks. Even in 2023 I continue to live with these issues under a new owner landlord who refuses to follow the Local Law 1 and Tenants Protection Plan and continues these wreckless construction practices.

I have spent many years constantly sick with unexplained symptoms and I continue to suffer with rashes, severe joint aches, asthma, hypertension and anxiety which studies have shown in woman over age 40 who are exposed to any level of lead. Lead settles inside the bone and is re-released into the body as estrogen levels drop. Each time my body is being re-exposed. Even my pets became ill! Sadly, one died and the veterinarian believes that exposure to toxins released during construction was a contributing factor. I have been to multiple specialists and hospitalized looking for answers to my debilitating health. To date, no organic reason for my health complaints has been elicited and my doctors concluded that there is time coincidence between the construction and my subjective ill health and suspect that exposure to lead & other toxins including arsenic & silica from construction dust are related to these symptoms. It should be noted that the CDC states any level of lead is toxic and lead doesn't stop being toxic after the age of 6, 10, 20 or in my case 60. LEAD IS A POISON and should be treated as such.

In 2020 my building was sold, and again in 2021 without a proper Tenant protection plan or lead abatement the new owners gutted 6 units while we were living there and despite stop work orders and multi-agency task force visits and violations, the construction has continued and on January 30, 2023 without warning and despite HPD violations to seal my unit, full gutting to the subfloor took place above me raining down toxic dust for 35 days. I self-sealed my unit and have been living until a canopy of toxic dust January 30, 2023. The new owners were given the lead tests results and medical letters to stop the construction, but they refused. There have been attempts to evict me, demands of money and to leave, I was even offered money for the inconvenience of the toxic dust and to stop calling 311 and informing other tenant their rights. Sadly, owners can self-certify these issues are cured and oftentimes agencies do not follow up. And despite violating Local Law 1 and the tenant protection plan as required by law, while violations were issued, no fines were ordered to be paid according to public records.

By telling my story for the third time before council, I hope others will be able to know their rights, know how to report these issues, and to strengthen the enforcement of Local Law 1. I ask that you all to support the NYCCELP Lead Agenda and pass Intros 5, 6, 193, 200, and 750 towards ending lead poisoning. It is my hope that Dept. of Health, HPD, and Dept. of Buildings streamline communication & issue stop work orders, follow up to ensure these violations are cured according to Local Law 1 and actually hold these contractors, landlords, and management companies legally accountable so this never happens to anyone.



**Nathanael S Kim, MD**  
**VILLAGE PARK MEDICAL**  
31 WASHINGTON SQUARE WEST 4TH FL  
NEW YORK NY 10011-9126  
Phone: 212-475-8833  
Fax: 212-982-1880

April 21, 2023

To Whom It May Concern:

Christine Rucci (DOB 4/4/1963) is seen in our office. Since 2017, she has reported that she has been having increasing issues in her apartment with construction dust, lead and other substances in the apartment. She has filed multiple grievances with the Department of Health and Hygiene and HPD regarding these conditions with concern for sanitation.

Her current medical conditions include but are not limited to: skin rashes, irritation, joint aches and pains, uncontrolled hypertension, and anxiety.

Her recent heavy metal lab panel is as follows: Lead 1.8, Arsenic 2.0, Mercury <1.0

Additional workup including follow up with specialists has not revealed any alternative etiology to date.

For additional questions and concerns, please contact as above.

Thank you,

A handwritten signature in black ink, appearing to read "Nathanael Kim", written over a horizontal line.

Nathanael Kim, MD

Name: Christine Rucci | DOB: 4/4/1963 |

| PCP: Nathanael S Kim, MD | Legal Name: Christine  
Rucci

## Letter Details



**Nathanael S Kim, MD**  
**VILLAGE PARK MEDICAL**

31 WASHINGTON SQUARE WEST 4TH FL

NEW YORK NY 10011-9126

Phone: 212-475-8833

Fax: 212-982-1880

### To Whom It May Concern:

Christine Rucci (DOB 4/4/1963) is a patient that follows with our office. She reports that she is having increasing issues in her apartment with construction dust and lead in the apartment. She has multiple filings with the department of health and hygiene and HPD about conditions in her apartment. There are reports citing unsanitary conditions.

Ms Rucci has had multiple medical issues including but not limited to asthma, skin rashes, skin irritation, history of breast cancer in remission, joint aches and pains, hypertension and anxiety.

She has been to multiple specialists looking for answers to her sometimes debilitating health issues. To date, no organic reason for her complaints has been elucidated. Due to the concern for environmental exposure, Ms Rucci may benefit from avoiding home construction areas.

Thank you,

Nathanael Kim, MD

RE: Rucci, Christine –

Page 1 of 1

*This letter was initially viewed by Christine Rucci at 2/3/2023 12:10 AM.*

VILLAGE PARK MEDICAL, P.C.

*Internal Medicine and Infectious Diseases*

*William Mandell, M.D.*

*Dennis Karter, M.D.*

*David Bekhor, M.D.*

*Joseph Rahimian, M.D.*

*Abbe Friedberg, N.P.*

July 24, 2019

To whom it may concern:

Ms. Christine Rucci is a patient of Village Park Medical. In 2017 she reported that she was having increasing issues in her apartment with construction dust and lead in the apartment. She has multiple filings with the department of health and hygiene and HPD about conditions in her apartment. There are reports citing unsanitary conditions.

Since 2017, Ms Rucci has had multiple medical issues including but not limited to skin rashes, skin irritation, joint aches and pains, hypertension and anxiety.

She has been to multiple specialists looking for answers to her sometimes debilitating health issues. To date, no organic reason for her complaints has been elucidated. It certainly appears, that there is a time coincidence between the construction and her subjective ill health.

Sincerely,



Abbe Friedberg, NP

My name is Cooper Burkett. I'm 15 years old and I grew up here in Lower Manhattan. I was diagnosed with lead poisoning when I was 9 months old. The construction site below our apartment contaminated our apartment with lead dust and I got sick. My parents were told repeatedly by the contractor that there was nothing in the dust and the building told my parents there was nothing they could do about the dust. But any debris or uncontrolled dust outside of a construction site is illegal.

I have had to live with multiple side effects from my lead exposure as a baby. Shortly after my lead levels shot up to 19, I lost the ability to speak. I have processing issues, short-term memory loss, anemia, and asthma. I also have had the worst case of PICA my pediatrician has seen in her 20-year history. I ate sheetrock off the wall, the wood off my crib, books, clothes, foam, cardboard, you name it. The GERD and pain in my stomach became so bad that I barely ate and became "failure to thrive". I had an ulcer when I was five. And an endoscopy biopsy revealed that I had scarring in the lining of my stomach.

The processing issues, difficulty regulating my emotions, and short-term memory loss still haunt me today. I get my memories confused. Someone can tell me something that happened to them and later, I'll get confused and retell that story as if it happened to me. Because my mind will mix it up and I'll think it actually did happen to me. It is really hard to not be able to trust your own memory.

The fact is lead poisoning is a perfectly preventable disease and no kid should ever suffer the way I did. You have the power to stop this from happening and I hope that by sharing my story, I can help end lead poisoning. Please support the bills being proposed and enforce all the current laws in place. Thank you for your time.

**TESTIMONY OF THEODORE LIDSKY, PhD, BEFORE THE  
COMMITTEE ON HOUSING AND BUILDINGS AND THE COMMITTEE  
ON HEALTH OF THE NEW YORK CITY COUNCIL ON APRIL 25, 2023.**

Thank you for allowing me to provide testimony regarding the Preconsidered Intro, currently known as file number T2023-3348, that was heard at the joint hearing of the Committee on Housing and Buildings and the Committee on Health on April 25, 2023, and is to be introduced by Councilmembers Schulman and Aviles in the Council on April 27, 2023.

**Introduction**

By way of background, I am psychologist duly licensed in the State of New York, and am broadly trained in neuroscience and psychology specializing in behavioral neuroscience and neuropsychology. From 1999 until my retirement in 2008, I was the director of the Center for Trace Element Studies and Environmental Neurotoxicology at the NYS Institute for Basic Research in Developmental Disabilities, Department of Psychobiology. My professional interests include the effects of drugs and metals on the brain and behavior; a major component of which concerns the effects of lead on the developing nervous system. I was previously an adjunct associate professor in the department of Neurology and the department of Pathology, Anatomy and Cell Biology at Thomas Jefferson University School of Medicine where I was co-director of the Neurofunctional Assessment Unit, the purpose of which was to perform neuropsychological and neurofunctional assessments of patients with neurodegenerative disease or those who have sustained brain injury due to trauma or exposure to neurotoxic substances such as lead.

I have authored or co-authored over 60 peer-reviewed journal articles related to neuroscience, neuropsychology, neurotoxicology and behavior as well as several books and



numerous book chapters, and over 60 abstracts, and have published peer-reviewed articles concerning my own lead-related research in such journals as *Brain*, *Environmental Research*, and *Brain Research*, and I have acted as a consultant for the U.S. Environmental Protection Agency concerning the neurotoxicology and neuropsychology of childhood lead poisoning. I am familiar with and have employed neuropsychological neurofunctional testing methods to diagnose brain injury and impairment, and the testing and assessment of neuropsychological, neurofunctional, psychological, motor, physical, behavioral, cognitive and intellectual functioning in infants and adults, including personality assessment and performance profiles.

Childhood lead poisoning has been the focus of my research for decades, and I have conducted neuropsychological evaluations of more than 2,000 lead poisoned children and young adults.

I have previously testified before, and met with, the New York City Council regarding proposed revisions in the laws governing lead hazards in housing, and have addressed representatives of the United States Senate Subcommittee on Children and Families on the topic of lead poisoning. I have worked extensively with the Bridgeport Public Health Department, the Foundation for Educational Advancement, Inc., and the Bridgeport Public Schools in their efforts to launch the first preschool early childhood program for lead poisoned children in the state of Connecticut. In 2007 the Connecticut General Assembly awarded me an official citation “In recognition of ... leadership and work for the health and wellbeing of the children” and a commendation from the Governor of Connecticut stated, in part that “[t]his recognition is a testament to your outstanding service and commitment to excellence in helping people throughout the nation understand the horrendous effects of lead poisoning and to continue to work toward eradicating lead poisoning.”

In 2018, I served as an expert for the American Civil Liberties Union and the New Jersey Education Law Center in litigation brought to provide funding for special education services for children adversely affected by lead-contaminated water in Flint, Michigan. I have been qualified as an expert witness in the area of neuropsychology in courts in New York, New Jersey, Pennsylvania, Michigan, Oklahoma, Mississippi, Missouri, Virginia, and Washington, D.C.

### **Childhood Lead Exposure**

It is well established that many children with elevated blood lead levels experience IQ decrements, poor school performance, and problematic behavior (e.g. aggression, poor impulse control). The detrimental effects of childhood lead exposure persist into adulthood. For example, “childhood lead exposure was associated with lower cognitive function and socioeconomic status at age 38 years and with declines in IQ and downward social mobility.” [Ref. 1] The varied adverse effects of lead exposure stem from the fact that lead is a potent neurotoxin; it is a poison that damages the nervous system of humans. The brains of children are particularly vulnerable to the adverse effects of lead poisoning [Refs. 2, 3, 4].

It is now settled science that childhood lead poisoning causes brain damage [Refs.5, 6, 7]. While lead is neurotoxic in any stage of human development, it is especially dangerous for the central nervous system of infants and young children. In particular, children become poisoned with exposures to lower levels of lead than adults, and are more likely to sustain brain damage as a result of poisoning. Lead poisoning in children is particularly insidious because the toxic threshold is so low. Indeed, in 2012 the Centers for Disease Control eliminated the use of the term “level of concern” because there is no known level that is no known safe lead level, and instead adopted a reference level of 5 µg/dL which has since been further lowered to 3.5 µg/dL

[Ref. 6]. The National Toxicology Program has concluded that it has been established that blood lead levels below 5 µg/dL cause cognitive impairments [Ref 4].

It is important to realize that although lead is eliminated relatively quickly from the blood, it remains in the brain far longer. Thus, lead continues to exert its damaging effects on neural development long after blood lead levels have dropped below the CDC reference level.

Lead poisoning-induced brain damage, like all brain damage, is manifest in impairment of neuropsychological functioning (e.g., attention, memory, concept formation). A child's developing nervous system is uniquely vulnerable to the well-established neurotoxic effects of lead. Although the entire brain can be affected by lead, the frontal lobes, hippocampus and cerebellum are particularly sensitive [e.g. Refs. 3, 5, 8, 9]. Since the aforementioned parts of the brain are involved in a variety of neuropsychological processes, including motor control, perception, language, attention, memory and executive functions (e.g., concept formation, planning, cognitive flexibility), damage in these areas is seen behaviorally as impairment of cognitive functioning. Lead, because it injures these brain areas, has been shown to impair the same neuropsychological functions [e.g., Refs. 2, 10].

Lead poisoning often has a "lag effect" in that behavioral impairments due to early poisoning are not observable until the child is older [Ref. 11]. Due to the time lag in the emergence of deficits, assessment of lead-poisoning induced impairments should take place through adolescence. There are 3 points when the effects of early childhood lead poisoning are likely to be observable:

- 1) In 1<sup>st</sup> grade when children begin to acquire basic academic skills;
- 2) In the 4<sup>th</sup> grade when children start to use basic skills to learn new material;
- 3) In 6th or 7th grade when executive functions such as planning and organizational skills are needed.

## The Need for Neuropsychological Testing of Lead-Poisoned Children

### **A. A Standard Psychoeducational Evaluation is Insufficient**

What is the appropriate method for evaluating the effects of a child's exposure to lead? Although intuitively it might seem that a psychoeducational evaluation such as that routinely administered by Special Education committees would be an ideal measure, this assumption would be ill founded. While brain injury can certainly affect IQ, these test batteries were not designed to assess brain dysfunction and are remarkably insensitive to its effects [Ref. 12]. Indeed, some children who have sustained large brain lesions show either no change or, in some cases an increase in IQ [Ref. 13]. Similarly, results from academic achievement tests are not definitive; children without brain injury can do poorly on such tests. In evaluating an individual lead poisoned child, one must be mindful that this metal's neurotoxic effects on the developing brain [Refs. 3, 5, 8, 9, 14, 15] underlie its cognitive and behavioral effects. Thus, techniques must be selected that are designed to detect the manifestations of brain dysfunction. Brain injury, from a variety of causes (e.g. trauma, ischemia/hypoxia, toxic agents), frequently affects functioning in a limited number of neurobehavioral systems. For example, it is not unusual when evaluations of brain injured patients reveal deficits affecting only circumscribed aspects of language (e.g. object naming) or specific memory functions (e.g. working memory only) leaving other aspects of memory (procedural, semantic, episodic) as well as other cognitive functions intact. Tests used in psychoeducational evaluations, because they assess broad functions and reflect summed performance of multiple subtests that tap a vast array of cognitive functions, obscure the telltale focal impairments that are the stigmata of a brain injury.

## **B. Neuropsychological Evaluation of Lead Poisoned Children**

The technique that is used to diagnose functionally significant brain injury, including that caused by lead, is neuropsychological testing. “Neuropsychology is an applied science concerned with the behavioral expression of brain dysfunction.” [Ref.12] Neuropsychology is a distinct scientific discipline that differs in methodology from other branches of psychology (e.g., clinical psychology), as well as other disciplines concerned with behavior, such as epidemiology.

Neuropsychological testing is designed to measure the cognitive/behavioral manifestations of normal and abnormal brain function to allow the diagnosis of brain injury. In contrast, other branches of psychology are concerned with such diverse issues as behavioral adjustment, academic readiness, emotional issues and the like. Neuropsychology is the only psychological discipline that is concerned with the diagnosis of brain injury or dysfunction.

Neuropsychological tests are distinguished from psychological tests, in that the former are very narrowly focused and measure those functions that are accepted by the neuroscientific community as basic cognitive manifestations of brain functioning (e.g., memory, attention, executive functioning). In contrast, psychological tests evaluate a variety of complex behavioral/social variables, such as emotional state, social adjustment and scholastic achievement.

Neuropsychological tests neither depend upon nor evaluate information gained in school and do not require skills such as reading and arithmetic. Rather, neuropsychological tests assess such fundamental neurally-based functions as the ability to pay attention to what is seen and heard, to remember what is heard, and to form concepts and to plan. Thus, these tests evaluate the integrity of those biologically-based symptoms that allow a child to learn in school rather than assessing what information has been learned in school.

A psychoeducational evaluation, as is routinely performed with children struggling in school, usually entails an IQ test, speech/language evaluation, and academic achievement testing. This type of evaluation is the starting point for evaluating a lead poisoned child but is wholly inadequate to provide the information necessary to structure an educational intervention that will address that child's problems. It is imperative that the psychoeducational evaluation be followed up with a comprehensive neuropsychological evaluation.

It is for this reason that it critically important for the Committee on Special Education to administer a comprehensive neuropsychological evaluation of lead poisoned children when assessing whether the child requires interventions. Without the administration of a comprehensive neuropsychological evaluation – such as merely conducting a psychoeducational assessment as is routinely done on such assessments in New York City – it is impossible to conclusively identify what deficits may exist in a given lead poisoned child. And if the problem is not identified, the proper interventions and therapies which the particular child requires will not be provided in his/her Individualize Education Plan (“IEP”).

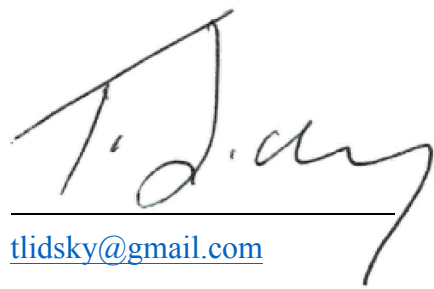
The Preconsidered Intro is therefore a very important step in the correct direction. Scores of lead poisoned children have been deprived of the necessary interventions throughout their schooling because the school system never identified the child's deficits. This has had devastating lifelong ramifications on generations of lead poisoned children, their families, and New York City at large.

Given the above, I wish to raise the need to clarify some language in the present language contained in the Preconsidered Intro. In paragraph 1, the bill states that the evaluation “shall be comprehensive and age appropriate, and shall meet minimum standards *as approved by the committee on special education*” (emphasis added). With due respect to the Committee on

Special Education, such language, as drafted, is insufficient, and I fear that if passed as-is, the intent of this law will not come to fruition. The Committee on Special Education, as a matter of routine, are not qualified to determine what the minimum standards are for a comprehensive age-appropriate comprehensive neuropsychological evaluation. A trained neuropsychologist must make that determination.

I therefore would respectfully urge the Council to pass this bill with amended language that provides that the evaluation “shall be comprehensive and age appropriate, and shall meet minimum standards *as* approved by the committee on special education based upon their consultation with a accredited neuropsychologist”.

I thank the Committees for their consideration of my testimony, and commend you for addressing this longstanding issue of critical importance.



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### **References**

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My name is Shannon Burkett. I'm Cooper's mother.

From December 2006 through May of 2007, lead dust permeated our apartment from construction work occurring in the store below our apartment. The lead dust was never properly cleaned and my son was exposed and tested positive for lead at 9 months old. This neurotoxin was detrimental to his development as well as physical and mental health. As a toddler, his reflux was so intense that he would wake up most mornings crying from the pain in his stomach and he would throw up what looked like yellow battery acid in my hands. I would have to coax him to eat. The reactive asthma sent him to the ER. And during a particularly bad bout of pneumonia, the radiologist said that his lung x-rays looked the same as the kids with cystic fibrosis. And he had major behavioral changes. He became filled with rage. As a toddler, he would have these violent tantrums several times a day. He had no understanding of his safety. He would escape our apartment. Starting at 2 years old, he would push a chair against the door and unlock the multiple old school locks and just leave. My husband and I had to lock him in his room for his own safety. When we went on vacation, my husband would have to sleep with him in a separate room and push furniture against the door so he couldn't escape. At his grandparents' home, he did escape and we found him 7 houses away.

Since he was one year old, he has received multiple services from the city: OT, SI, counseling, speech. He is currently in an ICT class, which has 15 general education students and 10 IEP students. My husband and I have scaffold him with multiple tutors and he is under the care of professionals at NYU Child Study Center to help him regulate his emotions.

No kid should ever suffer the way Cooper has. And we, as a society, as a community, need to commit to doing everything we can to eradicate lead exposure and take care of the kids who have been decimated by this neurotoxin. Please support the proposed bills and enforce the current laws in place; making sure no other child suffers from this perfectly preventable disease.

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Address: Commonwealth Ave

I represent: we act for EJ

Address: 1854 Amsterdam ave.

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Address: Harlem

I represent: New York State Nurses Assoc.

Address: 131 W. 33rd St., 4th Flr

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Name: Jessica Bellinder

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I represent: The Legal Aid Society

Address: 260 E 161st St, 8th Fl Bx, NY

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Name: CHRISTINA FERUGO

Address: 216 EAST 5TH ST NYC 10003

I represent: LDF NYC

Address: N/A - same as above

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Name: COOPER Burkhardt

Address: Broadway

I represent: myself

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Name: Shannon Burlak

Address: \_\_\_\_\_ Broadway \_\_\_\_\_

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Name: Jill Samuels

Address: Montefiore Lead Program

I represent: \_\_\_\_\_

Address: \_\_\_\_\_

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Name: ALTA SOOMRO

Address: \_\_\_\_\_

I represent: NY League of Conservation Voters

Address: \_\_\_\_\_



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Date: April 25, 2023

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Name: Ashley Saunders

Address: [redacted] Amber Street

I represent: Ashley Saunders

Address: [redacted] Amber Street

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Date: \_\_\_\_\_

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Name: Admirable Johnson

Address: Deputy Commissioner for Enforcement

I represent: and Chief of Enforcement Services

Address: and Enforcement (DCHMH)

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Name: Andrew Faciano

Address: Assistant Commissioner for

I represent: Bureau of Environmental Disease

Address: and Injury Protection (DCHMH)

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Name: Frank Ricci (PLEASE PRINT)

Address: \_\_\_\_\_

I represent: Rent Stabilization Assoc.

Address: \_\_\_\_\_

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Name: \_\_\_\_\_ (PLEASE PRINT)

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I represent: \_\_\_\_\_

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Name: \_\_\_\_\_ (PLEASE PRINT)

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I represent: Health Homes, NYCHA

Address: \_\_\_\_\_

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Name: Wendy Kimberly Curiano

Address: 1000 1st Ave (Operating) room

I represent: Protective Officers (PEP)

Address: \_\_\_\_\_

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Name: Wendy Kimberly Curiano

Address: Assistant to the Chief of Police

I represent: Protection (DOB) medical medic

Address: \_\_\_\_\_

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Name: Joseph Condon

Address: 5 Hamover Coy.

I represent: CHIP

Address: \_\_\_\_\_

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I intend to appear and speak on Int. No. 56 Res. No. \_\_\_\_\_

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Name: RIAN MONELL

Address: 570 LEXINGTON AVE

I represent: REAL ESTATE BOARD OF NY (REBNY)

Address: \_\_\_\_\_

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