NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
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Acting Commissioner

Testimony

of

Michelle Morse, MD, MPH
Acting Commissioner
New York City Department of Health and Mental Hygiene

before the

New York City Council
Committee on Health

on

Legionnaires' Disease, Cooling Tower Inspections, and Keeping New Yorkers Safe

September 19, 2025
City Hall
New York, NY

Good morning, Chair Schulman and members of the Committee. I am Dr. Michelle Morse, Acting Commissioner and Chief Medical Officer of the New York City Department of Health and Mental Hygiene (the Health Department). I am joined today by our Deputy Commissioner for Environmental Health, Corinne Schiff. Thank you for the opportunity to testify today on the Department's response to a Legionnaires' disease cluster in Central Harlem this summer.

As the city's doctor, let me explain what Legionnaires' disease is—and is not. Legionnaires' disease is a serious form of pneumonia caused by *Legionella* bacteria that are ubiquitous in our environment and grow quickly in warm, stagnant water. It does not spread from person to person. It is contracted by inhaling 'mist' or 'water vapor' that contains *Legionella* bacteria, which can move invisibly through the air. People who are over the age of 50, smoke, and have chronic diseases or compromised immune systems are at greater risk. Legionnaires' disease is very effectively treated with antibiotics when it is diagnosed early.

Especially in the summer months, when we experience higher temperatures, *Legionella* bacteria can grow easily in cooling towers often located on top of buildings. Cooling towers are separate from indoor plumbing and potable water. Cooling towers are mostly used to remove heat from buildings and equipment. While they operate, they release mist into the open air outside. If the cooling tower is contaminated, that mist may carry *Legionella* bacteria. That is what happened this summer.

As part of the Central Harlem cluster, 114 people were diagnosed with Legionnaires' disease; 90 people were hospitalized; and tragically, seven people died. Any loss of life is too much. I offer my deepest condolences to the families and loved ones of the deceased.

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

The second lane of work is that the Health Department conducts inspections of registered cooling towers to promote compliance with City law. We also provide cooling tower owners and operators with technical assistance and information on how to comply with the law. The third lane of work is our infectious disease surveillance system. Our team of epidemiologists monitors nearly 100 different diseases across New York City; data come in 24 hours a day, seven days a week. We are always monitoring for infectious diseases that could become major threats to the health of New Yorkers if not caught early. This surveillance system is the foundation of our disease control work. It is what allows us to quickly identify and respond to emerging threats in real time, as we did in

Central Harlem. Without this robust system, the Central Harlem cluster that we managed this summer could have been far, far worse.

Most cases of Legionnaires' disease are not related to a cluster like this one in Central Harlem. But our team of epidemiologists follows up on and investigates every case of Legionnaires' disease reported to us by laboratories and healthcare providers. Those case reports populate in our routine data surveillance system in real time. Our epidemiologists look for trends in that data that might indicate a cluster of cases, or an unusual number of cases in a particular area over a short period of time. That is how our team first became aware of a Legionnaires' disease cluster in Central Harlem on Friday, July 25th.

That same day that the cluster was identified, we alerted New Yorkers in a broad area of upper Manhattan to watch for flu-like symptoms. Our team of water ecologists began sampling cooling towers that Friday and worked during the weekend. By the end of the day on Monday, July 28th, all necessary water samples from more than 40 cooling tower locations had been collected and delivered to the Public Health Lab for analysis.

At the lab, all samples were tested with both preliminary PCR rapid tests and confirmatory culture tests. PCR rapid tests identify traces of *Legionella* bacteria. PCR testing is the 'first step' so we can quickly order the treatment of towers in an attempt to stop any potential spread of bacteria. PCR screening tests assess whether *Legionella* bacteria are present. They cannot distinguish whether the bacteria are dead or alive. Dead bacteria cannot make people sick. Culture testing is the gold standard, which is why it is an integral part of our process. It more precisely detects the presence of the strain of living *Legionella* bacteria, which can cause illness. However, culture testing takes up to two weeks to produce results—and getting actionable information quickly was very important. At every stage in our investigation, we take timely action with the available information to decrease risks.

In Central Harlem, eleven cooling towers had a positive result on the preliminary PCR tests. Buildings with initial positive results were directed to remediate their cooling tower by boosting or changing the biocide—the chemical used to kill the bacteria—or to do a full cleaning and disinfection. That work had to be initiated within 24 hours. All buildings completed that work by August 1st. About two weeks later, the confirmatory culture test results became available from our Public Health Lab. Those confirmatory results revealed 12 cooling towers with live *Legionella* bacteria. The Department required those 12 cooling towers to be fully cleaned and disinfected. All buildings implemented the requirements of our directive.

On August 14th, we released a list of 10 buildings with the 12 cooling towers that were 'positive' using the culture tests. Up until that point, we had not publicized which cooling towers were being treated. This was because, at this time, all individuals who had spent time in the affected ZIP codes were at risk for contracting Legionnaires' disease and we needed the public and providers to remain vigilant and monitor for symptoms. When the culture test results came back, we released the list of buildings with positive tests. We did that in the interest of full transparency.

Four of the buildings on that list are owned and operated by the City of New York. One of the cooling towers with live *Legionella* was at the Health Department's Central Harlem Sexual Health Clinic. That tower was newly installed in June of 2025. It was negative for *Legionella* bacteria upon installation, and yet the water sample taken as part of the Legionnaires' disease investigation was positive in July of 2025. As soon as we received the initial test results, we immediately cleaned and disinfected the tower. We are taking steps to mitigate the risk of undetected *Legionella* growth happening in our cooling towers again. New York City should be a model for the rest of the country and demonstrate the highest level of compliance with requirements designed to protect New Yorkers.We are in conversation with City Hall about how to promote compliance at all City-owned buildings.

By August 15th, all cooling towers that tested culture positive for *Legionella* had been treated. Harlem residents were no longer at heightened risk of Legionnaires' disease. We continued with genetic analysis to match the cooling tower samples with the samples from patients who might have inhaled the bacteria growing there.

To do that, our Public Health Lab experts compared the DNA in *Legionella* cultures grown from the cooling towers to the DNA in *Legionella* cultures grown from patient samples collected by doctors. That analysis revealed genetic matches. One of the locations is Health and Hospital's Harlem Hospital. The second is the construction site overseen by Skanska USA, contracted by the New York City Economic Development Corporation (EDC). Both buildings followed our direction to clean and disinfect their cooling towers. We are now requiring both locations to conduct further analysis and update their maintenance programs. There were no violations of the local law and regulation requirements at Harlem Hospital. At the construction site, the cooling tower was not registered as required and there were lapses in required maintenance, monitoring, and testing.

Pinpointing the two matched cooling towers and containing the exposure required following a rigorous scientific process. In total, our Public Health Lab performed more than 500 tests on patient and water samples related to this cluster. After we completed all testing and steps in the investigation, we can now confidently say that residents and visitors to Central Harlem are no longer at increased risk of contracting Legionnaires' disease. The last day anyone who visited, lives, or works in the area began experiencing symptoms was August 9th. Our epidemiologic evidence indicated that the cooling tower treatment was effective. On Friday, August 29th, we announced the end of the Central Harlem cluster investigation.

At every step along the way, we kept the public informed. Starting on July 25th—when we first learned about the cluster—until the closure of our investigation on August 29th, we 'sounded the alarm.' We urged all New Yorkers who live or work in the identified ZIP codes and who had flu-like symptoms to contact a healthcare provider immediately. On July 25th, we called local elected officials and community boards directly, published a press release, issued a Health Advisory to over 48,000 providers and public health practitioners making them aware of the cluster in Central Harlem, and shared information on social media.

Over the entirety of the investigation, our team ran ads on 140 Link NYC boards in Central Harlem and on eight popular NYC radio stations in English and Spanish. We created materials in multiple languages and handed out flyers in the neighborhood at fifteen different events—including one where I handed out fliers myself. Our East Harlem Neighborhood Health Action Center served as a critical community resource and a hub of information throughout the cluster. We made appearances in the press that yielded over 500 million impressions, more than 300 press hits, and at least 25 expert interviews. We provided updates at 12 elected briefings and five town halls or community meetings. We shared information in detailed social media graphics and answered New Yorkers' questions in videos on Instagram. We updated our website with new case, death, and hospitalization numbers daily. We sent e-blasts with critical information and updates to 18,000 partners in the impacted ZIP codes. And we coordinated with seven sister agencies to expand our reach. We leveraged every communication strategy at our disposal—in real time and across all platforms.

Our response evolved from simply getting the word out to combatting misinformation. There was misleading information that over-emphasized the risk of contracting Legionnaires' disease from inside a building with a contaminated cooling tower. We set the record straight: the risk during this cluster came from bacteria in cooling tower mist that is released from rooftops and moves like smoke from a fire through outside air.

We are living through a period of heightened distrust in public health. When competing narratives from outside voices are introduced to the public, it complicates our approach to sharing clear and consistent information. It also makes that work all the more important.

During the cluster, responding to Legionnaires' disease was my top priority. It has been an extraordinary effort across the agency, and I am proud of how our team met this moment. We were able to do that because we had the resources to support a multi-pronged approach. Without the existing investments in epidemiologists, analysts, laboratory experts, water ecologists, and community health workers, we would not have been able to respond as quickly or effectively and the impacts of this cluster could have been far worse. In the absence of adequate public health infrastructure, the exposures could have extended for days or even weeks before the problem was identified and addressed. A majority of our disease control funding is dependent on federal grants. If large-scale federal changes are enacted, we risk living through that reality in the next health emergency. We cannot always prevent crises from happening, but we can identify and respond to emerging threats to minimize their impact. New York City's existing investments in public health undoubtedly averted what could have been a far more devastating cluster.

Thanks to the Council's quick actions in 2015 during the South Bronx cluster as well as updates in 2019, New York City already has the most rigorous and protective laws surrounding *Legionella* testing in the country. The Health Department's capacity for Legionnaires' disease surveillance, epidemiologic investigation, and cooling tower testing is a model for other cities around the world. Other jurisdictions routinely look to us for our expertise. In fact, health officials in Ontario and Iowa recently reached out to learn more about our process as they also had large clusters this summer and fall.

That said, our preventative measures are designed as accountability checks for building owners' maintenance. The onus is on building owners to register any new cooling tower and be vigilant about conducting routine maintenance, testing, and treatment of their cooling towers.

Per New York City law, owners of buildings with cooling towers are required to conduct routine, ongoing maintenance and monitoring, including registering the cooling tower; monitoring the water quality at least three times a week; conducting a weekly check for overall bacteria levels and taking corrective action as needed; performing a summertime increase of biocide; and conducting a *Legionella* test every 90 days.

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

We can, of course, always improve upon our process. This summer's events only underscore the need to look at how we can further protect New Yorkers and work to ensure all requirements are followed. We recognize, too, that Upper Manhattan and the Bronx have shouldered a disproportionate burden of Legionnaires' disease clusters in New York City history.

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

In public health, we use data, policy, and services to shape society and the environment, maximize health for all, and drive resources according to need. Our work in preventing and responding to Legionnaires' disease is no exception. At the end of August, the Administration proposed a package of resources and policy changes to further reduce the risk of future Legionnaires' clusters. They include: requiring building owners to test for *Legionella* every 30 days instead of 90; increasing fines for buildings that do not comply with regulations; and hiring more water ecologists to conduct inspections and community health workers who can ensure word gets out quickly if residents need to be alerted to public health risks.

In addition, the Health Department will conduct a full review of our existing rules so we can identify places to strengthen the preventative measures owners are mandated to follow. We are also planning a resource fair at the Central Harlem Sexual Health Clinic this Monday, September 22nd. Our intent is to let elected officials and residents know about all the Health Department

resources available in Harlem and that the community in Central Harlem **is** a priority for our city. Our partners will be onsite tabling and sharing materials about the services they offer. We will have information about our sexual health services, the East Harlem Health Action Center, job opportunities, on-site flu shots provided by Walgreens, and more. Our work to protect Harlem residents does not end with this investigation. We look forward to working with the Council to continue to protect the health of New Yorkers in every ZIP code.

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

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

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

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

TIMELINE

- **July 1st:** Health Advisory issued jointly by NYS and NYC Health Departments for healthcare providers, healthcare facilities, clinical laboratories, and local health departments promoting awareness of legionellosis prevalence during the summer season, and symptoms, diagnosis, and treatment.
- **Friday, July 25th:** The cluster is identified, first press release goes out, and social media message posted. Local elected officials and community boards were notified and forwarded the press release
- **July 25th to July 28th:** Environmental Health inspectors conduct water sampling and inspections. NYC Health Department social media post
- **Week of July 28th:** Preliminary test results are returned and building owners with PCR positive cooling towers (11) have 24 hours to begin remediation. All building owners complied.
    - The NYC Health Department Digital Team creates and updates the gray box on the Legionnaires' webpage with daily confirmed cases and total deaths. Updated information daily at 4:30 p.m. through August 29.
    - The NYC Health Department community affairs team began canvassing in Central Harlem to alert the community of the symptoms
    - The NYC Health Department East Harlem Health Action Center tables outside of their office location at 115th Street, distributing flyers.
    - Bi-weekly situational briefing calls scheduled with local elected officials and community boards
    - Sister agencies serving vulnerable populations were forwarded press release and FAQs for distribution in their networks and sites in affected zip codes (DFTA, NYCHA, DSS/DHS, Parks and Rec)
    - DOHMH e-blast to approximately 18,000 partner CBOs in zip codes to widen information distribution
    - Daily social media posts
    - **Tuesday, July 29th: Informed providers of the cluster and provided** guidance on diagnosis, testing, treatment, and reporting
    - **Wednesday, July 30th:** The NYC Health Department sends out its second release on the cluster which alerts New Yorkers of the first death associated with the cluster
    - **Friday, August 1st:** NYC Health Department tabling and flyering at Benefits on Your Block in Central Harlem
    - **Saturday, August 2nd:** NYC Health Department tabling and flyering at Senator Cleare's health fair in district. NYC Health Department tabling and flyering at Harlem Week Senior Day
    - ***Culture testing continues and takes up to 2 weeks.***
- **Week of August 4th:** The NYC Health Department releases its 3rd press release with an update on positive PCR test results.
    - LinkNYC kiosks in affected ZIP codes (10027, 10030, 10035, 10037, 10039) broadcasting Legionnaires' information (run dates ongoing)
    - PSAs airing on radio stations (WINS – 1010 WINS, WXBX – The Block, WLTW – Lite FM, WWPR – Power 105, WSKQ – La Mega (Spanish), WPAT – Amor [Spanish], WXNY – Univision X96.3 [Spanish], and WADO – Univision Que Buena [Spanish]) broadcasting Legionnaires' information in English and Spanish (run dates thru Friday, August 22)
    - Distributed Legionnaires' social kit for elected officials
    - The NYC Health Department team continues to distribute fliers across the neighborhood.
    - Legionnaires' information forwarded to NYCPS for distribution at summer school programs and lunch access services at public schools in affected zip codes

- Legionnaires' information forwarded to DSS for supportive housing and congregate housing clients in affected zip codes
- Flyers shared with NYPD precincts and distributed during National Night Out
- Public Health Lab began DNA sequencing (*Please note: this process takes weeks)*
- **Wednesday, August 6th:** New York City Mayor Adams distributes fliers outside Harlem Hospital with NYC Health Department Deputy Chief Medical Officer Dr. Toni Essyallene and holds press conference to provide an update on the disease cluster
- **Thursday, August 7th:** Acting Commissioner Dr. Michelle Morse attends a press conference in Central Harlem with State Assemblymember Jordan Wright, State Senator Cordell Cleare, and City Councilmember Yusef Salaam
- **Friday, August 8th:** Acting Commissione**r** Dr. Michelle Morse distributes fliers in Central Harlem
- **Sunday August 10th:** Flyering at Senator Cleare's event in Harlem (MTA train station renaming)
- Daily social media posts
- Bi-weekly situational briefing calls continue with local elected officials and community boards.

- **Week of August 11th:** Final culture test results return and building owners with confirmatory positive cooling towers (12) have 48 hours to complete cleaning and disinfection (extensive remediation). All building owners complied.
  - Public Health Lab continued DNA sequencing (*Please note: this process takes weeks*)
  - **Tuesday, August 12th:** Acting Commissioner Dr. Michelle Morse and NYC Health Department leaders join Senator Cordell Cleare for a virtual town hall on Legionnaires'
  - **Thursday, August 14th:** NYC Mayor Eric Adams and Acting Commissioner Dr. Michelle Morse hold a press conference to share the addresses of the 12 cooling towers with positive culture tests. Acting Commissioner Dr. Michelle Morse and NYC Health Department leaders join Public Advocate Jumaane Williams in an in-person town hall
    - The fourth press release by the NYC Health Department is released
  - Bi-weekly situational briefing calls continue with local elected officials and community boards
- **Week of August 18th**
  - **Sunday, August 17th:** Community presentation on Legionnaires' in Central Harlem at the Conversation Room at 653 Lenox Avenue
  - **Monday, August 18th:** Community presentation on Legionnaires' in Central Harlem at NYCHA St. Nicholas Houses standing meeting
  - **Wednesday, August 20th:** Senator Cleare's Senior Day event. NYC Health Department tabling including Legionnaires' flyers. Flyers and palm card drop off at Council Member's Salaam district office for a Thursday event at Touro College
  - Daily social media posts
  - Bi-weekly situational briefing calls continue with local elected officials and community boards

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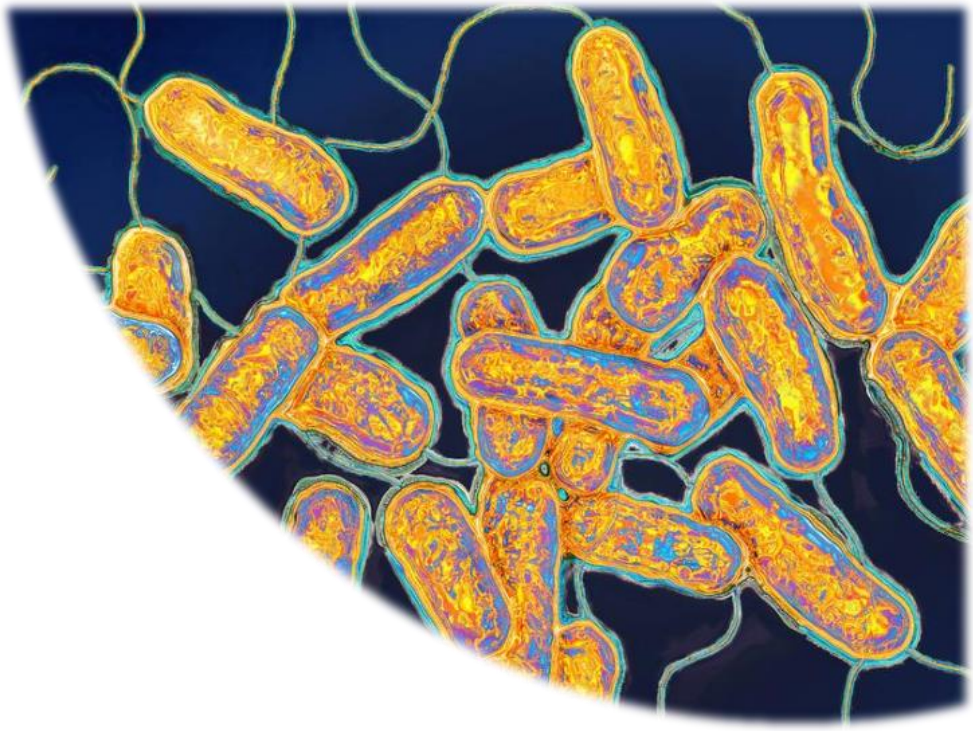
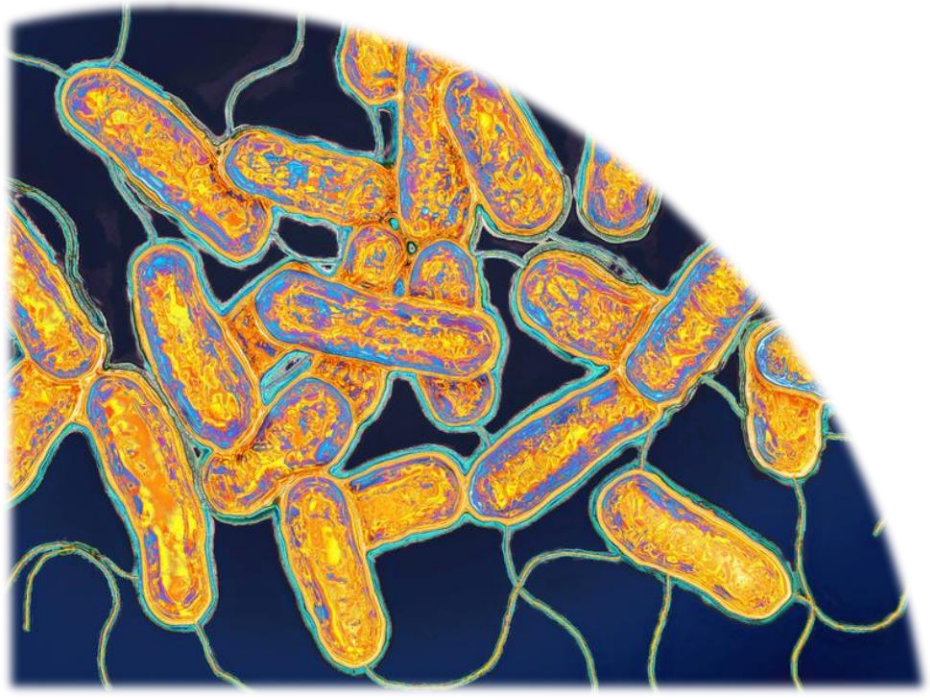


Legionnaires' Disease in New York City: 2019-2022 Surveillance Report



Summary and Frequently Asked Questions

What is Legionnaires' disease?

- Legionnaires' disease is a form of pneumonia caused by *Legionella* bacteria, with symptoms that typically include cough, shortness of breath, fever, muscle aches and headaches.
- People can contract Legionnaires' disease by inhaling droplets of water (mist) contaminated with *Legionella* bacteria into their lungs.
- People cannot contract Legionnaires' disease by drinking water contaminated with *Legionella* bacteria.
- People generally develop symptoms of Legionnaires' disease between 2 and 14 days after they inhale *Legionella* bacteria.
- *Legionella* bacteria are very common in the natural environment. Most people who are exposed to the bacteria do not develop Legionnaires' disease.

How does Legionnaires' disease spread and infect people?

- *Legionella* bacteria can grow in building water systems, including in health care facilities, hotels and residential buildings, and can spread in showerheads, sink faucets, cooling towers, hot water tanks and heaters, and large complex plumbing systems.
- Legionnaires' disease is not typically spread from person to person, but people who live or work together may have similar exposures to *Legionella* bacteria.

Who gets Legionnaires' disease?

- Most healthy people do not develop Legionnaires' disease even if they are exposed to *Legionella* bacteria. People at higher risk for Legionnaires' disease include those who are age 50 or older, people with chronic lung disease or other chronic conditions, and people taking immunosuppressive medications.
- Over half of people diagnosed with Legionnaires' disease in 2019-2022 reported a history of smoking.
- Men were nearly twice as likely as women to be diagnosed with Legionnaires' disease.
- Among all racial and ethnic groups, non-Latino Black New Yorkers had the highest rate of disease.
- In 2019-2022, most people diagnosed with Legionnaires' disease resided in the Bronx.

How common is Legionnaires' disease in NYC?

- Legionnaires' disease is not a common disease. Among the 8.5 million people living in NYC, between 200 and 700 people are diagnosed with Legionnaires' disease each year. In 2019, there were 438 people diagnosed with Legionnaires' disease.

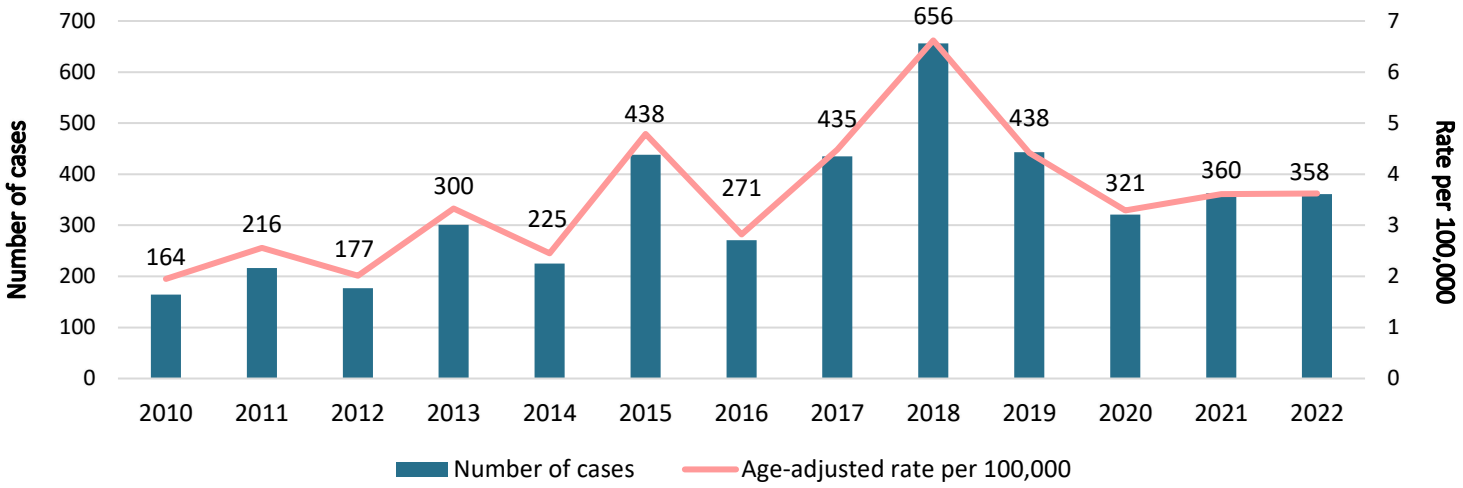
Is the rate of Legionnaires' disease increasing in NYC and across the United States?

- The rate of Legionnaires' disease has stabilized in recent years. The reasons for this plateau are unknown but might include:
    1. Fewer people with *Legionella* pneumonia getting diagnosed and reported to the NYC Health Department due to health care system capacity issues caused by COVID-19
    2. More people staying indoors and wearing masks
    3. A combination of these factors

Contents

1. Legionnaires' Disease Rates in NYC Over Time

Figure 1.1 Number and Age-Adjusted Rate of Reported Legionnaires' Disease Cases, NYC, 2010-2022[1]



- The rate of Legionnaires' disease in NYC increased from 2010 to 2018, with a peak in 2018. Since 2018, rates have decreased and stabilized.
- In 2020, the COVID-19 pandemic caused many New Yorkers to stay indoors, wear masks and limit their access to health care services, which likely contributed to the reduction in people diagnosed with Legionnaires' disease in 2020.

Table 1.1 Trends in Legionnaires' Disease Age-Adjusted Rates by Demographic Groups, NYC, 2019-2022[2]

Group	2019	2020	2021	2022	Average annual rate per 100,000 people
Total	**3.9**	**3.0**	**3.2**	**3.3**	3.3
Sex					
Male	6.1	4.9	4.6	5.4	5.3
Female	3.0	1.8	2.7	2.2	2.4
Race and ethnicity					
Black (non-Latino)	7.5	5.7	7.2	6.6	6.7
Latino	4.5	3.2	3.0	3.7	3.6
White (non-Latino)	2.5	2.3	2.1	2.0	2.2
Asian (non-Latino)	1.4	0.8	1.2	1.0	1.1
Age group (crude rate)					
< 35 years	0.5	0.4	0.3	0.5	0.4
35-49 years	3.2	2.9	1.9	2.6	2.6
50-64 years	10.6	6.5	8.2	8.0	8.3
65-74 years	13.4	9.4	11.3	10.9	11.2
75-84 years	12.6	12.3	14.3	13.8	13.3
≥ 85 years	19.5	16.0	21.0	15.9	18.1

Table 1.1 Trends in Legionnaires' Disease Age-Adjusted Rates by Demographic Groups, NYC, 2019-2022[2] (Continued)

Group	2019	2020	2021	2022	Average annual rate per 100,000 people
Borough of residence					
Bronx	9.7	8.3	7.2	8.1	8.3
Brooklyn	2.3	1.9	2.2	2.2	2.2
Manhattan	4.5	2.7	4.0	4.3	3.9
Queens	3.7	2.7	2.6	2.1	2.8
Staten Island	3.0	1.6	3.5	1.8	2.5
Neighborhood federal poverty level (FPL)					
Low (< 10% below FPL)	3.5	2.6	2.7	3.0	3.0
Medium (10% to < 20% below FPL)	3.6	2.7	2.7	2.4	2.9
High (20% to < 30% below FPL)	5.7	3.5	5.2	3.8	4.5
Very high (≥ 30% below FPL)	6.8	6.6	6.2	9.9	7.4

- Neighborhoods with the highest rates of disease have older populations and higher rates of poverty.
- Neighborhoods with primarily Black and Latino residents are disproportionately affected, likely due to the impacts of long-term structural racism.
- Potential sources of *Legionella* bacteria in the built environment may vary widely by neighborhood and affect exposure risk for Legionnaires' disease. Contributing factors may include density and elevation of buildings, distance of source from public areas, infrastructure design and age, and quality of building maintenance.
- Rate of testing may not be uniform across the city due to variation in testing protocols across different health care systems.

Figure 1.2 Average Legionnaires' Disease Rate by Neighborhood Tabulation Area, 2019-2022[3]

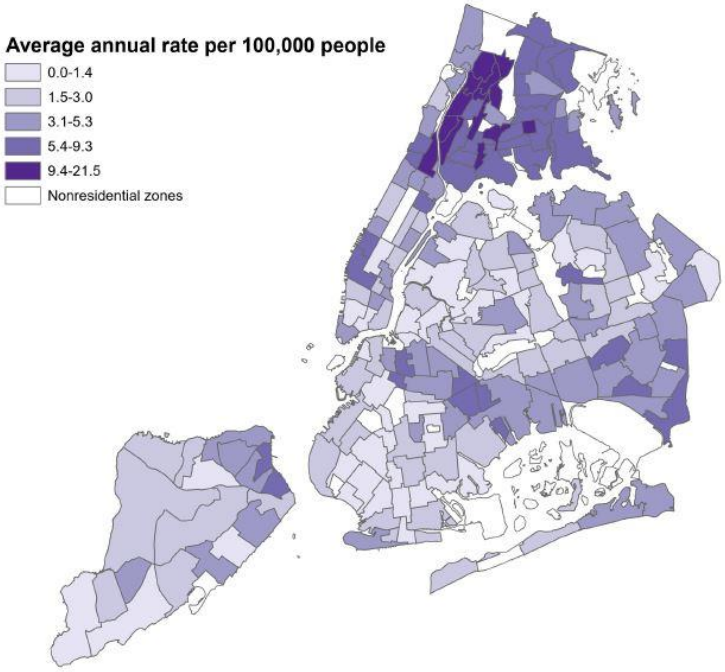
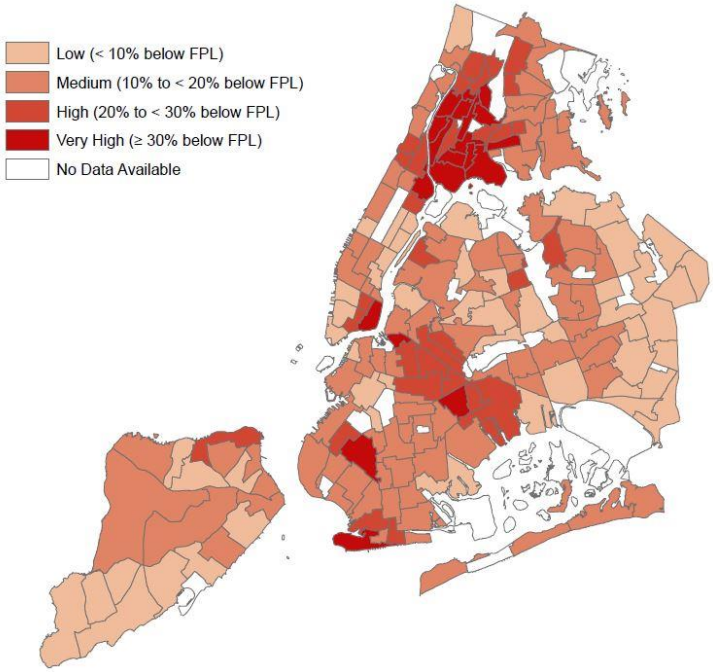


Figure 1.3 Neighborhood Poverty by Neighborhood Tabulation Area, 2019-2022[4]



2. Sources of Exposure and Clinical Outcomes in People Diagnosed With Legionnaires' Disease

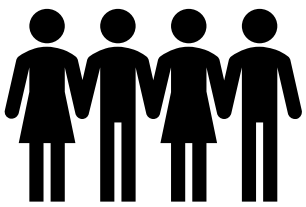
Table 2.1 Sources of Exposure in People Diagnosed With Legionnaires' Disease, NYC, 2019-2022

Year	2019	2020	2021	2022
Confirmed cases	**438**	**321**	**360**	**358**
	n (%)	n (%)	n (%)	n (%)
Source of exposure[5]				
Neither health care nor travel exposure	214 (48.8)	176 (54.8)	200 (55.6)	204 (57.0)
Presumptive health care-associated	27 (6.2)	32 (10.0)	25 (6.9)	22 (6.1)
Possible health care-associated	89 (20.3)	75 (23.4)	96 (26.7)	68 (19.0)
Travel exposure	31 (7.1)	9 (2.8)	19 (5.3)	24 (6.7)
Unknown	77 (17.6)	29 (9.0)	20 (5.5)	40 (11.2)

Table 2.2 Diagnostic Methods and Clinical Outcomes in People With Legionnaires' Disease, NYC, 2019-2022

Year	2019	2020	2021	2022
Confirmed cases	**438**	**321**	**360**	**358**
	n (%)	n (%)	n (%)	n (%)
Method of diagnosis (not mutually exclusive)				
Urine antigen test	434 (99.1)	315 (98.1)	353 (98.1)	337 (94.1)
Bacterial culture	25 (5.7)	25 (7.8)	22 (6.1)	32 (8.9)
Polymerase chain reaction (PCR) or nucleic acid amplification test (NAAT)	11 (2.5)	7 (2.2)	8 (2.2)	34 (9.5)
Hospitalized due to Legionnaires' disease				
Yes	422 (96.4)	311 (96.9)	352 (97.8)	344 (96.1)
No	16 (3.6)	10 (3.1)	8 (2.2)	14 (3.9)
Death caused by Legionnaires' disease[6]				
Yes	14 (3.2)	14 (4.4)	12 (3.3)	15 (4.2)
No	424 (96.8)	307 (95.6)	348 (96.7)	343 (95.8)

- Most people diagnosed with Legionnaires' disease did not have health care-associated or travel exposure and likely acquired it in their community from sources such as cooling towers, grocery store misters, decorative fountains or other sources of aerosolized water.
- There was an increase in positive PCR and NAAT tests in 2022. This is likely due to the use of a PCR panel that tests for multiple causes of pneumonia that started being used more frequently in 2022.



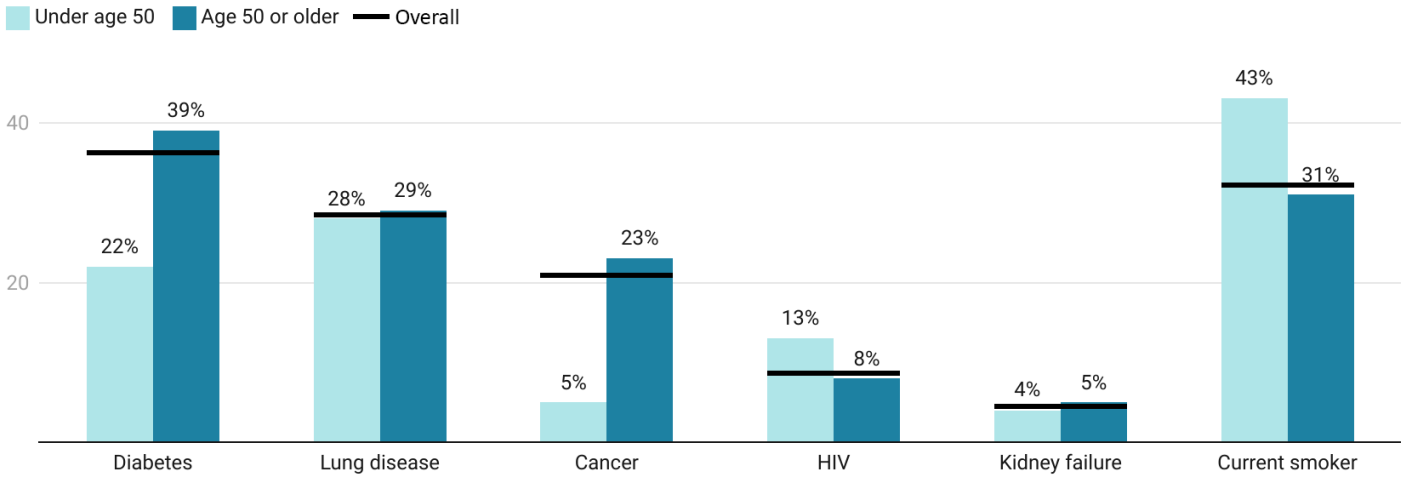
3. Risk Factors and Health Conditions of People Diagnosed With Legionnaires' Disease

Table 3.1 Risk Factors and Health Conditions of People Diagnosed With Legionnaires' Disease, NYC, 2019-2022

Year	2019	2020	2021	2022
Confirmed cases	**443**	**321**	**363**	**361**
	n (%)	n (%)	n (%)	n (%)
Underlying medical conditions				
Yes	402 (90.8)	297 (92.5)	328 (90.3)	342 (94.7)
No	24 (5.4)	23 (7.2)	34 (9.4)	19 (5.3)
Unknown or missing	17 (3.8)	1 (0.3)	1 (0.3)	0 (0)
Common conditions (not mutually exclusive)				
Diabetes	149 (33.6)	101 (31.5)	121 (33.3)	118 (32.7)
Lung disease	106 (23.9)	98 (30.5)	83 (22.9)	95 (26.3)
Cancer	69 (15.6)	64 (20.0)	71 (19.6)	71 (19.7)
HIV/AIDS	32 (7.3)	28 (8.8)	46 (12.7)	30 (8.3)
Kidney failure	19 (4.3)	13 (4.1)	11 (3.0)	22 (6.1)
Other chronic condition	344 (77.7)	235 (73.2)	251 (69.2)	286 (79.2)
Smoking status				
Any history of smoking	248 (56.0)	184 (56.7)	215 (59.2)	214 (59.3)
Current smoker	124 (28.0)	109 (34.0)	125 (34.4)	99 (27.4)
No history of smoking	133 (30.0)	113 (35.2)	127 (35.0)	127 (35.2)
Unknown or missing	62 (14.0)	24 (7.5)	21 (5.8)	20 (5.5)

- Among people with Legionnaires' disease in 2019-2022, more than 90% had at least one chronic medical condition and more than 50% were previous or current smokers.
- The single most commonly reported underlying medical condition was diabetes (31%), followed by lung disease (28.5%).
- People who were under 50 at the time they were diagnosed with Legionnaires' disease were more likely to report being current smokers or to have been diagnosed with HIV.

Figure 3.1 Health Conditions of People Diagnosed With Legionnaires' Disease, NYC, 2019-2022



4. Cluster Detection Methods and Investigation Summary

Building water system evaluation:
The NYC Health Department initiates a building evaluation when (1) two or more people in a building are diagnosed with Legionnaires' disease within 12 months of each other or (2) a single person diagnosed with Legionnaires' disease spends the entirety of their disease incubation period in a higher-risk setting, such as a shelter or assisted living facility. A building evaluation requires the owner to hire a water management team to perform a site-specific analysis of the building's water system. This includes reviewing the building's plumbing and mechanical systems and testing the water for the presence of *Legionella*.

Community cluster investigation:
The NYC Health Department investigates community sources of exposure, such as cooling towers, when several people who live near one another but in different buildings are diagnosed with Legionnaires' disease within a short period of time.

Table 4.1 NYC Health Department Response Summary, 2019-2022[7]

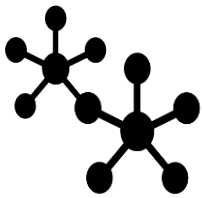
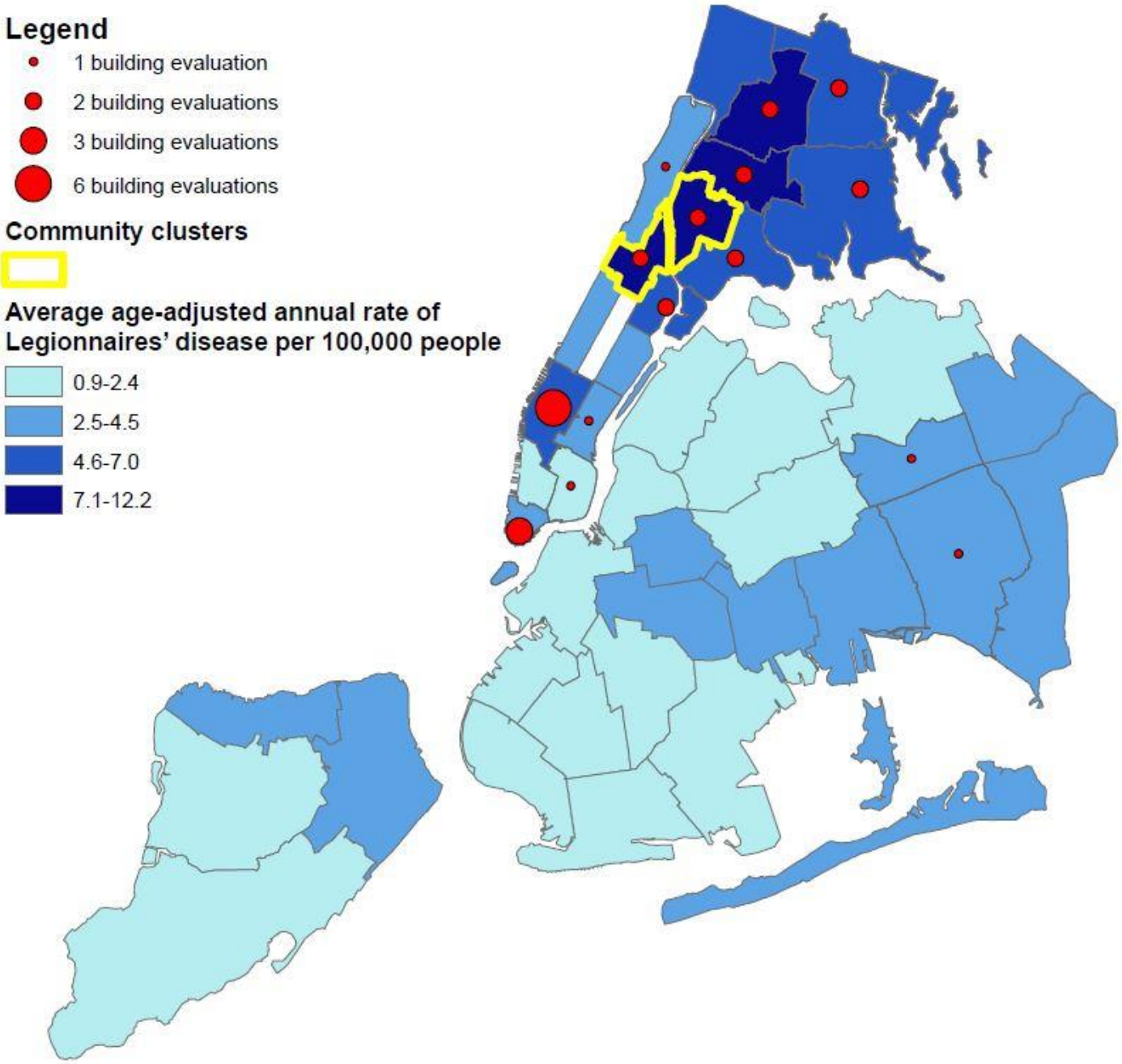
				
2019	**13**	Thirteen building water system evaluations were initiated. Each evaluation had a range of one to four people diagnosed with Legionnaires' disease. Ten out of 14 buildings required remediation.	**0**	There were no community clusters identified in 2019.
2020	**7**	Seven building water system evaluations were initiated. Each evaluation had a range of two to four people diagnosed with Legionnaires' disease. Two out of six buildings required remediation.	**0**	There were no community clusters identified in 2020.
2021	**3**	Three building water system evaluations were initiated. Each evaluation had a range of two to five people diagnosed with Legionnaires' disease. Three out of three buildings required remediation.	**1**	One community cluster was identified in the Central Harlem neighborhood in Manhattan. Eighteen people were diagnosed with Legionnaires' disease. Nineteen environmental samples were collected from 24 cooling tower systems. One clinical isolate from one patient was highly related to two environmental isolates from a single cooling tower system, as identified by whole genome sequencing.
2022	**8**	Eight building water system evaluations were initiated. Each evaluation had a range of two to four people diagnosed with Legionnaires' disease. Seven out of eight buildings required remediation.	**1**	One community cluster was identified in the Highbridge neighborhood in the Bronx. Thirty people were diagnosed with Legionnaires' disease. Nine environmental samples were collected from 11 cooling tower systems. Two clinical isolates were indistinguishable from two environmental isolates from the same cooling tower system.

Figure 4.1 Building Water System Evaluations and Community Cluster Investigations by United Hospital Fund, 2019-2022



- Community clusters were identified in Upper Manhattan and the Bronx in 2021 and 2022, respectively.
- Most building evaluations occurred in Manhattan and the Bronx.
- There were no building evaluations in Brooklyn or Staten Island.

5. Endnotes

1. Numbers represent all confirmed cases of legionellosis, which includes Legionnaires' disease and a flu-like illness called Pontiac fever. Pontiac fever makes up less than 2% of reported legionellosis cases each year. Case counts are subject to change.
2. Race and ethnicity rate calculations do not include the following categories: Non-Latino Other; Non-Latino Multiracial; Non-Latino Does not identify; Decline; Missing or unknown. Neighborhood poverty rates (based on ZIP code) are defined as a percent of residents with incomes below 100% of the federal poverty level, per the American Community Survey 2017-2021. Cases involving an incomplete address were not included in the neighborhood poverty analysis (n = 6).
3. Population data are from NYC Health Department population estimates, modified from U.S. Census Bureau interpolated intercensal population estimates, 2000-2021. Updated September 2022. See Appendix A (on Page 11) for rate values by neighborhood tabulation area.
4. Neighborhood poverty rates (based on ZIP code) are defined as a percent of residents with incomes below 100% of the federal poverty level, per the American Community Survey (ACS) 2017-2021. No ACS poverty data were available for BX-13: Co-op City; BX98: Rikers Island; or QN98: Airport. Park-cemetery neighborhood tabulation areas were excluded (MN99, BK99, BX99, QN99, SI99).
5. **Possible health care-associated:** A person spent a portion of the 14 days before onset of symptoms in one or more health care facilities but does not meet criteria for presumptive health care-associated.

   Presumptive health care-associated: A person had ≥ 10 days of continuous stay at a health care facility during the 14 days before onset of symptoms.

   The definition for health care-associated cases changed in 2019. For more information on case definitions and classifications see: Council of State and Territorial Epidemiologists (CSTE). Revision to the case definition for national *Legionellosis* surveillance. CSTE position statement 19-ID-04. 2019. https://www.cste.org/resource/resmgr/2019ps/final/19-ID-04_Legionellosis_final.pdf
6. Mortality data was provided by the NYC Health Department's Office of Vital Statistics, where *Legionella* or Legionnaires' disease is reported as a cause of death on patient death certificates.
7. Remediation is defined as methods and practices that aim to eradicate and control *Legionella* in a building's water system. Remediation may include strategies such as chemical disinfection (for example, chlorination or copper-silver ionization), flushing regimens or thermal disinfection.

6. Appendix: Average Age-Adjusted Legionnaires' Disease Rates by Neighborhood Tabulation Area (NTA), 2019-2022

NTA code	NTA name	Average annual rate of Legionnaires' disease per 100,000 people
	Brooklyn	
BK25	Homecrest	0.00
BK46	Ocean Parkway South	0.00
BK29	Bensonhurst East	0.27
BK44	Madison	0.36
BK19	Brighton Beach	0.50
BK73	North Side-South Side	0.51
BK91	East Flatbush-Farragut	0.64
BK72	Williamsburg	0.66
BK41	Kensington-Ocean Parkway	0.67
BK37	Park Slope-Gowanus	0.70
BK90	East Williamsburg	0.78
BK27	Bath Beach	0.80
BK40	Windsor Terrace	0.83
BK09	Brooklyn Heights-Cobble Hill	0.97
BK30	Dyker Heights	0.98
BK88	Borough Park	1.04
BK45	Georgetown-Marine Park-Bergen Beach-Mill Basin	1.07
BK60	Prospect Lefferts Gardens-Wingate	1.11
BK28	Bensonhurst West	1.17
BK43	Midwood	1.39
BK50	Canarsie	1.43
BK42	Flatbush	1.44
BK34	Sunset Park East	1.63
BK33	Carroll Gardens-Columbia Street-Red Hook	1.78
BK32	Sunset Park West	1.82
BK17	Sheepshead Bay-Gerritsen Beach-Manhattan Beach	1.88
BK83	Cypress Hills-City Line	1.96
BK76	Greenpoint	2.21
BK23	West Brighton	2.22
BK77	Bushwick North	2.27
BK31	Bay Ridge	2.32
BK58	Flatlands	2.40
BK78	Bushwick South	2.65
BK26	Gravesend	2.99
BK75	Bedford	2.99
BK38	DUMBO-Vinegar Hill-Downtown Brooklyn-Boerum Hill	3.02
BK63	Crown Heights South	3.16
BK96	Rugby-Remsen Village	3.57

BK61	Crown Heights North	3.64
BK82	East New York	3.70
BK68	Fort Greene	4.11
BK35	Stuyvesant Heights	4.43
BK95	Erasmus	4.77
BK21	Seagate-Coney Island	5.46
BK79	Ocean Hill	6.19
BK69	Clinton Hill	6.53
BK85	East New York (Pennsylvania Ave)	6.58
BK93	Starrett City	6.68
BK64	Prospect Heights	6.71
BK81	Brownsville	6.91
	Bronx	
BX98	Rikers Island	0.00
BX17	East Tremont	3.56
BX10	Pelham Bay-Country Club-City Island	4.27
BX31	Allerton-Pelham Gardens	4.57
BX22	North Riverdale-FIeldston-Riverdale	5.11
BX29	Spuyten Duyvil-Kingsbridge	5.22
BX13	Co-op City	5.36
BX52	Schuylerville-Throgs Neck-Edgewater Park	5.55
BX44	Williamsbridge-Olinville	6.14
BX49	Pelham Parkway	6.25
BX03	Eastchester-Edenwald-Baychester	6.45
BX37	Van Nest-Morris Park-Westchester Square	6.50
BX09	Soundview-Castle Hill-Clason Point-Harding Park	6.55
BX39	Mott Haven-Port Morris	6.70
BX62	Woodlawn-Wakefield	6.79
BX59	Westchester-Unionport	6.82
BX35	Morrisania-Melrose	7.29
BX41	Mount Hope	7.58
BX34	Melrose South-Mott Haven North	7.74
BX55	Soundview-Bruckner	7.75
BX07	Bronxdale	8.31
BX14	East Concourse-Concourse Village	8.57
BX27	Hunts Point	8.77
BX08	West Farms-Bronx River	9.10
BX36	University Heights-Morris Heights	9.76
BX06	Belmont	10.49
BX33	Longwood	10.56
BX75	Crotona Park East	10.72
BX30	Kingsbridge Heights	10.81
BX46	Parkchester	10.84
BX01	Claremont-Bathgate	10.85
BX43	Norwood	10.97

BX05	Bedford Park-Fordham North	11.00
BX63	West Concourse	13.06
BX40	Fordham South	13.60
BX28	Van Cortlandt Village	13.84
BX26	Highbridge	20.50
	Manhattan	
MN24	SoHo-TriBeCa-Civic Center-Little Italy	0.48
MN27	Chinatown	0.78
MN17	Midtown-Midtown South	0.84
MN12	Upper West Side	1.39
MN21	Gramercy	1.72
MN19	Turtle Bay-East Midtown	1.73
MN23	West Village	1.77
MN35	Washington Heights North	2.03
MN40	Upper East Side-Carnegie Hill	2.12
MN32	Yorkville	2.57
MN50	Stuyvesant Town-Cooper Village	2.57
MN28	Lower East Side	2.88
MN31	Lenox Hill-Roosevelt Island	3.41
MN14	Lincoln Square	3.42
MN36	Washington Heights South	3.48
MN22	East Village	3.76
MN25	Battery Park City-Lower Manhattan	4.27
MN01	Marble Hill-Inwood	4.27
MN11	Central Harlem South	4.36
MN20	Murray Hill-Kips Bay	4.79
MN09	Morningside Heights	4.87
MN34	East Harlem North	5.24
MN33	East Harlem South	6.11
MN15	Clinton	6.78
MN06	Manhattanville	7.11
MN04	Hamilton Heights	7.22
MN13	Hudson Yards-Chelsea-Flatiron-Union Square	7.53
MN03	Central Harlem North-Polo Grounds	12.21
	Queens	
QN44	Glen Oaks-Floral Park-New Hyde Park	0.00
QN30	Maspeth	0.58
QN70	Astoria	0.99
QN29	Elmhurst	1.03
QN18	Rego Park	1.09
QN22	Flushing	1.17
QN52	East Flushing	1.19
QN42	Oakland Gardens	1.22
QN19	Glendale	1.26

QN31	Hunters Point-Sunnyside-West Maspeth	1.42
QN54	Richmond Hill	1.46
QN48	Auburndale	1.50
QN61	Jamaica	1.50
QN41	Fresh Meadows-Utopia	1.70
QN50	Elmhurst-Maspeth	1.71
QN06	Jamaica Estates-Holliswood	1.78
QN20	Ridgewood	1.91
QN63	Woodside	1.92
QN53	Woodhaven	1.96
QN28	Jackson Heights	1.99
QN72	Steinway	2.08
QN60	Kew Gardens	2.15
QN51	Murray Hill	2.28
QN26	North Corona	2.33
QN25	Corona	2.48
QN38	Pomonok-Flushing Heights-Hillcrest	2.51
QN17	Forest Hills	2.57
QN10	Breezy Point-Belle Harbor-Rockaway Park-Broad Channel	2.71
QN08	St. Albans	3.01
QN35	Briarwood-Jamaica Hills	3.08
QN37	Kew Gardens Hills	3.14
QN45	Douglas Manor-Douglaston-Little Neck	3.21
QN23	College Point	3.33
QN56	Ozone Park	3.42
QN43	Bellerose	3.42
QN34	Queens Village	3.42
QN68	Queensbridge-Ravenswood-Long Island City	3.42
QN66	Laurelton	3.57
QN21	Middle Village	3.69
QN27	East Elmhurst	3.74
QN49	Whitestone	3.87
QN71	Old Astoria	3.90
QN07	Hollis	3.91
QN57	Lindenwood-Howard Beach	3.96
QN46	Bayside-Bayside Hills	3.98
QN76	Baisley Park	4.11
QN55	South Ozone Park	4.15
QN47	Ft. Totten-Bay Terrace-Clearview	4.27
QN12	Hammels-Arverne-Edgemere	4.34
QN15	Far Rockaway-Bayswater	5.05
QN01	South Jamaica	5.24
QN03	Springfield Gardens South-Brookville	5.36
QN33	Cambria Heights	5.47
QN62	Queensboro Hill	5.81
QN05	Rosedale	5.94

QN02	Springfield Gardens North	9.53
	Staten Island	
SI07	Westerleigh	0.70
SI45	New Dorp-Midland Beach	0.74
SI01	Annadale-Huguenot-Prince's Bay-Eltingville	0.77
SI11	Charleston-Richmond Valley-Tottenville	0.84
SI24	Todt Hill-Emerson Hill-Heartland Village-Lighthouse Hill	1.63
SI14	Grasmere-Arrochar-Ft. Wadsworth	1.84
SI12	Mariner's Harbor-Arlington-Port Ivory-Graniteville	2.01
SI05	New Springville-Bloomfield-Travis	2.22
SI54	Great Kills	2.28
SI08	Grymes Hill-Clifton-Fox Hills	2.61
SI28	Port Richmond	2.86
SI32	Rossville-Woodrow	2.90
SI22	West New Brighton-New Brighton-St. George	3.63
SI35	New Brighton-Silver Lake	3.71
SI36	Old Town-Dongan Hills-South Beach	3.81
SI48	Arden Heights	4.35
SI25	Oakwood-Oakwood Beach	4.36
SI37	Stapleton-Rosebank	5.30

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JUMAANE D. WILLIAMS

STATEMENT OF PUBLIC ADVOCATE JUMAANE D. WILLIAMS TO THE NEW YORK CITY COUNCIL COMMITTEE ON HEALTH SEPTEMBER 19, 2025

Good morning,

My name is Jumaane D. Williams, Public Advocate for the City of New York. I want to thank Chair Schulman and the members of the Committee on Health for holding this important hearing today and allowing me the opportunity to testify. I'd also like to thank my staff, especially my Infrastructure and Environmental Justice team as well as the Policy Team and our Community Advocates for all their hard work in bringing together the town hall my office hosted last month on this topic. It was a truly collaborative effort and a way to speak directly to the concerns of the community, answer their questions and share information. I thank all my colleagues in government who were there. Finally, I'd like to thank DOHMH and Commissioner Morse for sending representatives to the event. Their expertise is deeply valued and appreciated.

While the Legionnaires' outbreak has been declared over, I am concerned that the current enforcement around inspections for city cooling towers is not enough. Under the 2015 law, which was implemented after an outbreak that killed 15 individuals, all building owners must register their water cooling towers with the city and propose a maintenance plan to the city every three months to prevent and control the growth of Legionella.[1] In 2017, the first year of inspections, the Department of Health and Mental Hygiene (DOHMH) inspected 5,200 cooling towers, issuing over 48,000 violations. In 2022, 4,400 inspections were conducted and this year, as of June, the department is on track to complete fewer than half that number.[2] Like many other city agencies, DOHMH faces staffing shortages that drastically impacts its ability to carry out the full breadth of its responsibilities, but a shortage of inspectors is only one side of the issue.

I believe the current level of fines —$1,000 for a first offense, $2,000 for each additional offense— is not enough. Stricter enforcement calls for higher fines and with increased agency capacity to inspect cooling towers and more regular inspections, future outbreaks like this could be prevented. With temperatures rising in the summer, we cannot afford to be complacent on this matter, and I want to be clear, I believe complacency was part of the issue. Whether on inspectors, the number of inspections,

[1] https://www.nyc.gov/site/doh/business/permits-and-licenses/cooling-towers.page
[2] data.cityofnewyork.us/Health/NYC-Cooling-Tower-System-Inspection-Results/f9wb-g8mb/about_data

the way it was communicated, or other parts, and we have to find where complacency was, so we can try to fix it.

Forty percent of all city cooling towers — including those within the five affected ZIP codes in Harlem — have not been inspected since 2023.[3] This administration has spent the past four years cutting funding for agencies and in addition to a pandemic-era hiring freeze that left many city agencies understaffed as workers retired early and many left the workforce due to rushed "return to work" orders, DOHMH has also been subject to a '2 for 1' hiring policy which requires two resignations for every one hire. Our city's public health cannot be gambled on, especially at a time when the federal government is cutting necessary research and promoting dangerous ideologies out of step with proven scientific data.

I call on the City Council to not only push forward with Int. 434, which would further strengthen our city's water maintenance systems in large buildings and our enforcement of testing and inspection, but also on the administration to lift the agency's current hiring policy which forces it to choose between inspectors and other crucial public health personnel. We need more inspectors and better enforcement of our laws. As such, my office has submitted a bill that would raise the level of fines, but while that legislation makes its way through bill drafting, we must take proactive steps to ensure that outbreaks like this one do not happen again and I believe the policy changes proposed by the Commissioner are a good first step.

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

Thank you.

[3] gothamist.com/news/heres-what-we-know-about-the-5-zip-codes-affected-by-nycs-legionnaires-outbreak

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Mark Levine, Borough President

September 19, 2025

Testimony of Manhattan Borough President Mark Levine
NYC Council Committee on Health – Oversight Hearing
Legionnaires' Disease, Cooling Tower Inspections, and Keeping New Yorkers Safe

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Thank you, Chair Schulman and members of the City Council Committee on Health for holding this important hearing and for the opportunity to testify.

The Central Harlem Legionnaires' cluster that took place in July and August, was nothing short of a tragedy for our City. It was the second largest Legionnaires' outbreak in City history, infecting 114 people, requiring 90 hospitalizations, and taking the lives of 7 members of our community. My thoughts remain with the victims and their families.

This outbreak was also the largest outbreak since the City Council passed first-of-its-kind cooling tower regulations in response to the city's largest ever outbreak in the Bronx in 2015. These regulations were an essential step to helping the city track cooling towers and hold building owners accountable. I want to commend DOHMH for taking swift action to test all cooling towers in Harlem as soon as there were signs of a community cluster and ensuring that towers with a preliminary positive test were remediated within 24 hours of those results. It is undoubtedly thanks to regulations requiring registration of all active cooling towers and the immediate work of environmental investigators that the cluster was not much larger.

This summer's outbreak in Central Harlem also shows that we must thoroughly review our Legionnaires' and cooling tower regulations and redouble our efforts and investments in protecting the health of New Yorkers.

Protecting New Yorkers from Legionnaires' begins with rigorous testing, inspection, and maintenance standards for cooling towers and a fully staffed DOHMH to implement and enforce them. I am encouraged by the Health Department's recent proposals to expand the city's capacity to inspect cooling towers, increase Legionella testing requirements from every 90 days to every 30 days, expand the Department's capacity to conduct proactive sampling of tower systems, and increase fines for violations. I also support Int 1390 to increase testing frequency during cooling tower operation and heat emergencies. I urge the Administration and City Council to work together to begin implementing these changes as soon as possible so that the Department can be ready for next year's peak season.

Furthermore, I urge the Health Department to swiftly complete and publish its review of city cooling tower regulations for any additional updates that are necessary to prevent future outbreaks.

In addition, it is essential for DOHMH to build trust with impacted communities by increasing transparency and improving public engagement both during emergencies and year-round. Throughout the Central Harlem outbreak, I heard from constituents who were fearful of what they were seeing on the news and were confused by the messaging coming from DOHMH. For example, DOHMH did not share the exact locations of positive cooling towers until culture results were available. While this was intended to prevent residents who had not been near those buildings from falsely assuming their own safety, it had the unintended effect of creating more confusion and distrust by delaying access to potentially critical information.

DOHMH's proposal to create a community engagement team that will provide information and education to the public during emergencies and year-round is a welcome step toward improving public trust and information sharing. As DOHMH establishes this team, the agency should consider lessons learned from the experience of Central Harlem residents and solicit feedback directly from them about what messaging and guidance would have been most helpful to them during the outbreak.

Additionally, Legionnaires' has historically had disparate impacts on low-income Black and brown communities – the result of decades of underinvestment. As part of DOHMH's review of existing regulations and protocols, I urge the Department to analyze testing, inspection, and infection data to understand the reasons for this disparate impact and propose specific solutions to protect these communities. I also recommend that the public engagement team conduct outreach to determine how to improve communication and prevent future disease outbreaks among higher risk neighborhoods and populations.

Finally, it is troubling that one of the sources of this cluster was a City-owned building. New Yorkers must be able to trust that the City is acting as a good steward of its own property and providing safe, healthy living environments for the community. As new regulations are being considered and implemented, I urge DOHMH to ensure that City-owned buildings are modeling best practices and following all necessary measures to prevent Legionnaires' disease.

I appreciate the work that the City Council and DOHMH are doing to examine and implement updated Legionnaires' prevention and mitigation strategies. I look forward to continuing to work together to prevent future tragedies and keep New Yorkers safe and healthy. Thank you for the opportunity to testify.

The New York City Council
Committee on Health
Lynn C. Schulman, Chair

Members: Joann Ariola, Carmen N. De La Rosa, Oswald Feliz, James F. Gennaro, Kristy Marmorato, Julie Menin, Mercedes Narcisse and Susan Zhuang

Oversight - Legionnaires' Disease, Cooling Tower Inspections, and Keeping New Yorkers Safe

Testimony of Patricia O. Loftman, CNM, LM, MS, FACNM
September 19, 2025

Greetings Chairperson Schulman. Thank you for this opportunity to provide testimony on Oversight - Legionnaires' Disease, Cooling Tower Inspections, and Keeping New Yorkers Safe

My name is Patricia Loftman. I am a Certified Nurse Midwife and a Fellow of the American College of Nurse Midwives. Today, I speak as the former Director of Midwifery Service at Harlem Hospital in New York City where I practiced full scope midwifery for thirty years caring for women whose pregnancies were complicated by substance use and HIV and I where I attended over 2500 births. I also speak as a resident of zip code 10025 which borders the affected Legionnaire outbreak zip codes. There is a NIH study that demonstrates that the Legionnella bacteria can be detected over 4 miles from the source depending on the wind and humidity level. There is an international study that detected the Legionnella bacteria more than 6 miles from the source. Yet, the public was led to believe that only residents of the affected zip codes were at risk of contracting the Legionnella Disease.

Legionnaires Disease is a preventable public health failure that infected over 100 people, caused 90 hospitalizations and resulted in the loss of life of 7 Black and Brown people.

Following a Legionnaires' outbreak in the South Bronx in 2015 that infected over 130 people and killed 16, a city law was enacted mandating building owners to register **AND** test for Legionella bacteria every three months. While the law did not indicate how often the city must carry out its own inspections, NYCDOHMH has the responsibility to monitor compliance by building owners by testing the waters in the cooling towers and issuing violations to owners who fail to comply with prevention measures by inspecting the towers for the Legionnella bacteria.

As of June 2025, there were only 1167 NYCDOHMH inspections and 269 violations issued. This was compared to 5200 inspections and 48,000 violations issued in 2017, the first year of inspections. A review of cooling tower registration and inspection data demonstrates year after year of declining **NYCDOHMH monitoring and enforcement** with about 1900 of the 4928 registered towers in the city not being inspected by the NYCDOHMH since 2023 and 85 have no record of inspection by the city. The reason proffered by the Acting Commissioner of the NYCDOHMH, NYC's doctor, for the decrease in inspections made and violations issued was due to a shortage of inspectors at the agency. A staffing shortage! I characterize this justification as unacceptable as it would not be tolerated on the Upper East Side or on Sutton Place, affluent areas of the city where buildings are better maintained. Central Harlem and the Bronx have the highest rates of Legionnaires in the city, reflecting poor building infrastructure resulting from years of disinvestment. The explanation of staffing shortages as justification for tragedies that result in the death of Black and Brown people has become normalized with the expectation that it will be

accepted without any challenge. **Staffing shortages in critical areas that should protect the health and safety of the public is a policy choice that is only expressed in Black and Brown communities.**

A Health + Hospitals representative stated that, " NYC Health + Hospitals has one of the most rigorous cooling tower safety and inspection programs, and it follows all Health Department regulations with regards to inspections and maintenance. Our towers are regularly tested and cleaned with Legionella-killing biocide. Yet, Harlem Hospital was involved in both the 2021 outbreak that infected more than a dozen people and the 2025 Legionella Disease Outbreak."

NYCDOHMH is recommending regulatory reforms to improve monitoring and accountability with the city law. Proposed changes include requiring cooling tower testing every 30 days instead of every 90, increasing fines for non-compliance, the penalty currently for non-compliance is just $2,000 for the first violation followed by up to $10K for subsequent violations. hiring more inspectors and engineers, expanding proactive sampling capacity and creating neighborhood health teams to provide information during emergencies.

In closing, I propose the following recommendations:

Cooling tower inspections, according to city experts, are a critical defense against outbreaks of the deadly disease. Among the 10 buildings identified by NYCDOHMH, all but one had cooling towers that were either behind on required Legionella testing or had not been inspected by the city in the past year. NO NEW REGULATIONS ARE REQUIRED. WHAT IS REQUIRED IS MONITORING AND ENFCORCEMENT OF EXISTING LAWS. It is ludicrous to expect that requiring testing every 30 days instead of every 90 days, in the absence of inspector staffing numbers necessary to accomplish inspections and enforcement, will achieve a different outcome than what currently exists. Fines cannot be imposed in the absence of inspections that are staffing dependent. The Acting NYCDOHMH Commissioner must be held accountable for this preventable public health outbreak. If not the Acting Commissioner, then who is ultimately accountable for this? I suspect that the response will be the building owner. However, in two sites the owners are the City of New York, Health & Hospitals.

It was negligent to continue to house the hospitalized patients in the very site that was the source of the Legionella bacteria. They should have been transferred to another hospital once the initial screening testing demonstrated that Harlem Hospital was a potential vector.

Thank You.

TESTIMONY TO THE NEW YORK CITY COUNCIL HEALTH COMMITTEE

Oversight Hearing on "Legionnaires' Disease, Cooling Tower Inspections, and Keeping New Yorkers Safe"

September 19, 2025

The Building Owners and Managers Association of New York (BOMA NY) represents the commercial real estate industry across the five boroughs of New York City – the largest industry in the market area, contributing approximately $27 billion to the New York economy annually. BOMA members are responsible for the ownership and management of approximately 529 million square feet of office space, including some of the world's most prestigious properties. Members include building owners, professional property management firms, professional service providers contract services providers in construction, elevator maintenance, cleaning services, and others.

BOMA is pleased to submit testimony to today's Oversight Hearing on "Legionnaires' Disease, Cooling Tower Inspections, and Keeping New Yorkers Safe" and to share some thoughts both on this larger issue and generally on two of the pieces of legislation you are hearing today. And noted, we represent thousands of commercial buildings across the City, serving literally millions of New Yorkers. The safety of our tenants is paramount to us and the fact that we interact with so many New Yorkers each and every day when they come to work underscores why we, as an organization, prioritize systems, operations and compliance that protects every person coming into our buildings.

Since the establishment of Local Law 77, we have worked hard – as a trade organization – to continually educate and inform our industry on best practices and compliance. We are proud that our commercial building industry has a proven safety record specifically on the issue of legionnaire's disease and it is important to note that none of the recent tragic incidents over the past several years have involved privately owned, commercial office buildings. Therefore, while we must remain vigilant and committed to compliance across our industry with Local Law 77, we would urge the City Council to consider several points about these proposed pieces of legislation within this important overall context:

- We would suggest that any new legislation be based on the proven science behind the transmission of Legionnaire's disease (i.e., its transmittal through vaporized water sources such as shower heads).
- We would also propose that the focus of any new legislative efforts target the proven causes of the issue, which has shown time and again to be related to cooling towers and not internal plumbing systems.
- We would urge that rather than develop new, potentially impactful laws on this issue, that the City should first focus on adequately enforcing the existing laws and regulation already on the books (i.e., LL77).
- And finally, any new legislative proposal must balance potential anticipated positive impacts with concurrent potential negative impacts (from operations and logistics to costs). Again, our commercial office building industry has been in compliance and has

- seen no serious cases of Legionnaire's disease, and so expensive new mandates that seek to address a problem that hasn't objectively proven to be an issue for us is, obviously, a very serious concern.

We would like to conclude by offering to come to the table and work with the New York City Council to address, in a thoughtful and achievable manner, any water-safety issues that may be relevant to our commercial building industry. And we would also like to please ask you to consider that any decisions you make will impact an industry that is still struggling in many parts of the City. Return-to-work efforts have, as you may be aware, been mixed across different neighborhoods, different building classes and even different industries, and so we ask you to keep the long-term well-being of this essential industry in mind as you move forward. We remain ready to work with you and thank you for this opportunity.

Lori Raphael
Executive Director

One Penn Plaza, Ste 2205, New York, NY 10119
Phone: (212) 239-3662, [redacted]
Email: Lori@bomany.com *Website:* www.bomany.org

Testimony of Deborah Williams
Director, Safety and Health, DC 37
Before the City Council Committee on Health
September 19. 2025

Good morning, Chair Schulman and members of the Health Committee. My name is Deborah Williams, and I am the Director of Safety and Health at District Council 37 (DC 37). Thank you for holding this oversight hearing on Legionnaires Disease, cooling tower inspections, and keeping New Yorkers safe.

Legionnaires Disease is an issue that impacts several locals within DC 37. We have members who work in H&H, FDNY, DOHMH NYCHA, NYC Libraries, as well as those who are responsible for inspecting the cooling towers. We have members who reside in these areas, work in these areas, and receive services from Agencies in the targeted areas.

This is not the first time New York City has seen a Legionnaires Disease outbreak. There have been numerous Legionnaires Disease outbreaks in the Bronx and Harlem, with one of the largest number of cases occurring in 2015 and additional high number of cases in 2018, 2019, 2022 and the most recent in 2025. In response to the first outbreak, Mayor Bill de Blasio established the civil service title of Scientist Water Ecologist to address testing the cooling towers. As a result, 40 staff were initially hired to do the work. To date, there are only 20 staffers who are members of Local 3005 in DC 37 doing the inspection work. The City has not attempted to hire or backfill any of these inspector positions. These vacancies have hurt the City, which is evident in the most recent outbreak of Legionnaires.

DC 37 members who work and live in these areas have been subjected to a disease that could have been prevented with increased staffing, additional testing, and oversight (see Legionnaires Disease in NYC 2019-2022 Surveillance Report, which I have submitted for the record). The Legionnaires Surveillance Report details the Legionnaires activity by borough from 2019 to 2022. We would like these reports to be updated and made available in a timely manner. Does DOHMH have a Surveillance Report for 2024? Do they plan on doing one in 2026?

Currently, we have been told that building owners hire outside vendors to do Cooling Tower water testing, but what certainty do we have about the test results from vendors hired by building owners? How does the City monitor and verify the work assigned to and completed by building owner vendors?

Furthermore, building owners with Cooling Towers should provide information to their tenants about Legionnaires Disease and the procedures and protocols they use to minimize Legionella Bacteria growth along with the corrective measures.

There were numerous heatwaves in NY this summer that should have triggered an increase in the number of water tests in areas that have been known to experience Legionnaires Disease outbreaks over the years.

In order to combat Legionnaires Disease going forth, we must do better for all underserved communities when it comes to their safety and health by doing all the things we raised in our testimonies.

Thank you again for holding this hearing and I will gladly take any questions you may have.

DRAFT COMMENTS FOR NYC COUNCIL COMMITTEE ON HEALTH
BY JOHN MULLEN, DIRECTOR OF TECHNICAL SERVICES
INTERNATIONAL ASSOCIATION OF PLUMBING AND MECHANICAL OFFICIALS (IAPMO)
MONDAY, SEPTEMBER 28, 2025

Good Morning. My name is John Mullen and I am here today to speak in favor of Local Law Introduction Number 434. I serve as Director of Technical Services for the International Association of Plumbing and Mechanical Officials, also known as IAPMO. IAPMO supports the implementation of stronger laws and regulations to combat the growth and spread of the *Legionella* bacteria which is the cause of Legionnaires' disease. The recent outbreak in Harlem, with over 100 cases and several deaths, clearly demonstrates that the efforts to mitigate the bacteria have not been sufficiently successful. This is likely attributable, in part, to the fact that building water systems can serve as environments for opportunistic pathogens to proliferate — an aspect that has not been sufficiently addressed in current mitigation efforts.

As the city council takes additional steps to alleviate these outbreaks throughout the city, IAPMO encourages the city to use the best practices available for *Legionella* remediation in the full building water systems. This would include full adoption of ANSI/ASHRAE Standard 188, *Legionellosis: Risk Management for Building Water Systems.* Additionally, ASSE/IAPMO/ANSI/CAN Series 12000, particularly Standard 12061 and Standard 12080, establish unique training programs that educate and train pipe trades craftspeople, employers, building water management teams and other construction and maintenance personnel on how to work more safely in environments with potential exposure to disease-causing pathogens. These evidence-based practices have been designated as American National Standards by the American National Standards Institute and Canadian Standard by the Standards Council of Canada (SCC). We strongly encourage passage of Local Law Introduction Number 434 and the complete adoption of the Standards I just outlined.

IAPMO staff will be happy to provide any additional information the Committee and Council might have about this important health issue. Thank you for your time and consideration.

LOCAL 420
DC 37, AFSCME, AFL-CIO

New York City's Public Healthcare Workers Union

Carmen Charles
President

Ursula Joseph
1st Vice President

Angel Benitez
2nd Vice President

Esther Simon
Secretary-Treasurer

Samuel Patrick
Recording Secretary

Testimony of Carmen Charles, President Local 420, DC37, AFSCME

Before the NYC Council Committee on Health September 19, 2025

Good afternoon, Chair Schulman and members of the Health Committee. Thank you for allowing me to testify today.

My name is Carmen Charles, and I am the President of Local 420, DC37, AFSCME, representing more than 9,000 dedicated hospital workers in the New York City Health + Hospitals system.

Our members are the backbone of this city's public healthcare system. They serve in countless vital roles: nurses' aides, respiratory therapy techs, surgical techs, operating room techs, laundry workers, patient care associates, and service aides. In short—we keep New York City's healthcare system running.

Many of our members not only work in our hospitals but live in the very communities they serve. They provide care with compassion, dignity, and respect to everyone who walks through those hospital doors—no matter their circumstances. Local 420 has always been more than a union. We are a community organization, and when our communities are in danger, we have a moral obligation to speak up.

This summer, Harlem suffered a devastating Legionnaires' outbreak.

- 111 New Yorkers were infected.
- Six people died.

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- Twelve buildings were found contaminated, including Harlem Hospital, where our members risk their lives daily to care for this city's most vulnerable.

The fact that hospital workers on the frontlines—were exposed to this deadly disease without warning is outrageous. Even worse, the community was kept in the dark. No clear information was given to the very people who rely on Harlem Hospital as their primary healthcare provider.

And let me be crystal clear: Local 420, their union, was given no notice whatsoever. We were denied the opportunity to warn our members and help protect them. Harlem Hospital itself failed to inform its own workers about the outbreak. That is not only unacceptable, but also unconscionable.

My members are still haunted by the trauma of COVID-19. They watched patients die alone. They buried colleagues who perished while caring for others. And what made that nightmare worse was the lack of transparency when the virus first reached our shores. We cannot—and will not—allow history to repeat itself.

The City has known about the dangers of Legionnaires for years. In 2015, 120 cases and 12 deaths in the Bronx led to legislation requiring regular inspections of cooling towers. Yet here we are again—ten years later—watching lives lost because of the systemic failure of our government to act quickly and transparently.

This latest outbreak is proof that the City failed to protect its residents, its patients, and its workers. The fact that a major public hospital

was contaminated and neither its staff nor their union representatives were notified is beyond unacceptable, it is a betrayal.

That is why Local 420 supports Reverend Al Sharpton and Attorney Ben Crump's calls for legal action against the City of New York and its contractors for negligence in maintaining cooling towers.

We also call upon Governor Kathy Hochul to order an independent state investigation into the City's failures, and we call upon this Council to use its oversight authority to uncover:

- When exactly did the City first learn about Harlem Hospital's contamination?
- Why were our members, their families, and their union left in the dark?

New Yorkers deserve answers. Our members deserve protection. And above all, Harlem deserves justice.

Thank you. I welcome your questions.

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Hon. Marquis A. Harrison
Chairperson

City Council Testimony – Chairperson Marquis A. Harrison, Manhattan Community Board 10

Good morning. My name is Marquis A. Harrison, and I am the Chairperson of Manhattan Community Board 10.

I want to begin by sincerely thanking the City Council for convening this hearing. What has happened in Harlem is both heartbreaking and unacceptable, and it demands our full attention.

We lost seven of our neighbors. More than one hundred Harlem residents became sick. Families are grieving, fear has rippled through our community, and lives have been permanently changed. The Department of Health's investigation has confirmed what our community feared: the source of this outbreak was the cooling tower at Harlem Hospital.

This is painful. And most importantly, it was preventable.

Back in 2021, under the leadership of the late Dr. Hazel N. Dukes, Manhattan Community Board 10 sounded the alarm. Our Health and Human Services Committee urged the Department of Health to take bold, proactive steps to prevent exactly this scenario. We called for increased frequency of cooling tower testing, mandatory deep cleanings, the installation of Legionella filtration systems in high-risk buildings, stronger inspection standards, and the creation of real enforcement mechanisms to ensure compliance.

We made clear that these steps would save lives. But those recommendations were never acted upon, and our community has now paid the price.

We are imploring this Council to ensure these protections are not just discussed but finally implemented and enforced with urgency. While cooling towers exist all across New York City, it is our Black, brown, and economically disadvantaged communities that continue to carry the burden of these failures. Legionella bacteria does not choose it's victims based on race, but systems shaped by structural racism have left our neighborhoods more vulnerable. That reality must be confronted and broken.

And so today, on behalf of Manhattan Community Board 10, I call on this City Council to take the next crucial step: adopt the recommendations we advanced in 2021 into citywide legislation. Protecting Harlem means protecting every community.

Harlem deserves protection. Harlem deserves accountability. And Harlem deserves justice.

Thank you.

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CICELY HARRIS
Chairperson

SHATIC MITCHELL
District Manager

October 6, 2021

Dave A. Chokshi, MD MSc.
Commissioner
NYC Department of Health and Mental Hygiene
530 1st Avenue
New York, NY 10016

Dear Commissioner Chokshi,

I write today as Chair of Manhattan Community Board 10's Health & Human Services Committee to request a full and thorough report on the NYC Department of Health's and NYC Health + Hospitals/ Harlem handling of the Legionnaires' cluster investigation in Central Harlem.

Our community board received notice on August, 18th 2021 regarding the Health Department's investigation of a community cluster of (9) cases of Legionnaires' disease in Central Harlem zip codes 10037, 10039 and bordering communities with (9) people diagnosed since August 9th 2021. We were advised that the health department actively, investigated these cases by sampling and testing water from all cooling tower systems in the area of the cluster.

On August 19th 2021, our District Manager attended a virtual community meeting hosted by the Department of Health. On August 20th 2021 our District Manager followed up via email with a representative from the Department of Health to request the distribution of informational flyers on the Legionnaires' disease throughout the affected neighborhoods.

On August 27th 2021, a representative from the Health Department provided the following update: "*The number of total cases of Legionnaires Disease in the community cluster has risen from 12 to 16. We are continuing with ongoing investigations and are working with building owners to ensure remediation."*

On September 15th 2021, our District Manager requested an update and was advised by a Department of Health representative on September 16th 2021 that there were no new updates.

According to the Department of Health press release on September 22, 2021 "*The Health Department announced that the investigation of the Central Harlem Legionnaires' disease community cluster concluded as no new cases of Legionnaires' disease had been identified in the*

area for four weeks and the cooling towers in the affected areas have completed disinfection as directed by the Health Department. In total, there were 18 cases of Legionnaires' disease associated with this cluster. All 18 people were hospitalized and 16 have been discharged. There have been no deaths."

In 2015 in the South Bronx, at least (7) people died and (79) more were sickened in a 3-week span due to Legionnaires' disease. The death toll topped a 2006 outbreak, also in the Bronx, where (6) people died in Parkchester. These deaths could have been averted if precautionary measures were implemented. Since that time, New York City Local Law 77 of 2015 now requires that the Department of Health specifies the testing of cooling towers "**every three months or 90 days**" and to "**register all existing cooling towers**". These local laws were instituted only ***after*** many had become sick and deaths were reported. Our community cannot afford to lose any more lives to a disease that is preventable and treatable, and due to negligence can become a major health risk to many.

In 2015, both New York City Mayor Bill de Blasio and Bronx Borough President Ruben Diaz had this to say: "Legionnaires' has been a persistent health problem for years and for far too long, the risk of Legionnaires' was underestimated," Bill de Blasio.

Bronx Borough President Ruben Diaz Jr. noted "it took seven dead bodies for officials to address a problem that has grown steadily since 2002 — and most often affects the city's poorest residents." "It is the responsibility of government to protect the health and well-being of the public." Diaz said.

Manhattan Community Board 10's Health & Human Services Committee recommends that instead of testing cooling towers every (**3**) months, that **cooling towers are tested <u>monthly</u>**. Instead of requiring cleaning (**2**) times per year **<u>we recommend cooling towers are cleaned (4) times per year</u>**. **<u>We also recommend all cooling towers are equipped with a Legionnaires' filtration system that can prevent bacteria from escaping into the atmosphere.</u>**

Manhattan Community Board 10's Health and Human Services committee believes that appropriate inspection mechanisms could save lives, and while we do applaud the efforts that the Department of Health has made up until this point we know there is so much more than can be done to ensure the health and safety of our most vulnerable New Yorkers. This is the reason why we are requesting a full and thorough report detailing the ways the Legionnaires Outbreak was handled by the Department of Health and NYC Health +Hospitals/Harlem. If you have any further questions you may contact to our District Manager, Shatic Mitchell at (917) 675- 0946 or via email smitchell@cb.nyc.gov

Sincerely,

Dr. Hazel Dukes
Chairwoman
Manhattan Community Board 10
Health & Human Services Committee

Cicely Harris
Chairwoman
Manhattan Community Board 10

Hon. Marquis A. Harrison
Chairperson

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August 22, 2025

Dear Acting Health Commissioner, Dr. Michelle Morse,

On behalf of Manhattan Community Board 10, we write with deep concern and urgency regarding the most recent outbreak of Legionnaires' disease in Central Harlem. Our community has now seen five tragic deaths and more than one hundred confirmed cases of illness. We are alarmed that we find ourselves here again, just a few years after the 2021 cluster that first raised major red flags for our community.

In 2021, Manhattan Community Board 10's Health and Human Services Committee, under the leadership of Dr. Hazel N. Dukes, our long-term chair and then President of the New York State Conference of the NAACP, requested a thorough review of the City's Legionnaires' response. That letter set forth clear recommendations for stronger oversight, including more frequent cooling tower testing, increased cleanings, and the installation of Legionnaires' filtration systems. At that time, Dr. Dukes and the committee stressed that stronger inspection mechanisms would save lives. Unfortunately, those recommendations were not implemented, and today our community is once again paying the price.

We are deeply concerned that this preventable disease continues to disproportionately impact communities of color and economically disadvantaged neighborhoods such as ours, despite the fact that cooling towers exist in every part of New York City. The slow and incomplete process of disclosing the locations of contaminated towers, coupled with limited transparency regarding mitigation strategies, has left our residents with more questions than answers and with heightened fear for their health and safety.

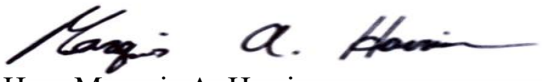
Manhattan Community Board 10 is urgently requesting the following:

1. A full update on the current investigation and remediation efforts, including confirmed tower locations and the immediate strategies being used.
2. An explanation as to why the recommendations made in 2021 under Dr. Dukes' leadership were not advanced or implemented by the Department of Health.
3. A clear plan of action for how the Department intends to ensure that this does not continue to occur in Central Harlem and other similarly impacted communities.
4. An independent investigation into the impacted locations, particularly given that some city-owned buildings have reportedly tested positive, to ensure accountability and transparency.
5. The attendance of Acting Commissioner Morse at our upcoming General Board meeting on September 3 at 6:00 p.m. to provide a briefing directly to our community and to answer questions.

This situation is unacceptable and must be addressed without delay. The lives of our residents, particularly our most vulnerable, depend on immediate and decisive action. We stand ready to work with your department to ensure that Harlem and all New Yorkers are better protected from Legionnaires' disease moving forward.

We look forward to your prompt response, the scheduling of a meeting as soon as possible, and confirmation that Acting Commissioner Morse will attend our September 3 General Board meeting.

Respectfully,



Hon. Marquis A. Harrison
Chairperson, Manhattan Community Board 10

Cc:

Mayor Eric Adams

Public Advocate Jumanne Williams

Manhattan Borough President Mark Levine

City Councilman Yusef Salaam

Assemblymember Jordan Wright

Assemblymember Al Taylor

State Senator Cordell Cleare

To: NYC Council Committee on Health

From: John T. Letson, Vice President Plant Operations, Memorial Sloan Kettering Cancer Center

Date: September 19, 2025

Re: Oversight Hearing - Legionnaires' Disease, Cooling Tower Inspections, and Keeping New Yorkers Safe.

INTRODUCTION

My name is John T. Letson, I am the Vice President Plant Operations at Memorial Sloan Kettering Cancer Center (MSK). My position has responsibility for all infrastructure systems in MSK's six million square feet of clinical, research and business occupancies across New York and New Jersey. I've been at MSK for twenty-six years. Over that period, I have worked to prevent and protect MSK's immune compromised patients from contracting *Legionella* during their stay in the hospital. I am the author of MSK's water management plans; plans that were codified and in effect long before ASHRAE 188 or the inception of NYC's and NYS's progressive legislation for cooling towers. MSK's plans, established in 2000, set thresholds of zero tolerance for *Legionella* in both domestic/potable water and cooling towers. I have consulted for the U.S. Centers for Disease Control and Prevention (CDC), was one of thirteen committee members who wrote National Academies of Sciences, Engineering, and Medicine, *Management of Legionella in Water Systems*, published in August of 2014, the Cooling Tower Institute and the Special Pathogens Lab. More recently I collaborated with the Plumbing Foundation City of New York.

In 2016, following the *Legionella* outbreak in the Bronx, the New York City Council passed one of the most progressive laws in the country requiring maintenance of cooling towers to help prevent the spread of *Legionella*. While this law and ensuing regulations passed by the New York City Department of Health and Mental Hygiene (DOHMH) have been effective in the prevention of Legionnaires' disease, subsequent outbreaks indicate room for improvement and expansion of the law. Of note too, outbreaks only account for about 4% to 6% of Legionella cases annually; indicating the majority of infections are coming from other sources. At present the City's laws do not address domestic/potable water systems, despite scientific evidence that such systems are a major source of *Legionella*. These domestic/potable water systems are what provide make-up water and will seed *Legionella* into cooling towers on a continual basis, where the warm water further enhances development and propagation of the pathogen.

The City Council passed Local Law 86 of 2019, which sets forth qualification requirements for those inspecting and maintaining/cleaning water tanks. Here again this was a great preventative step in the management and control of *Legionella* and other waterborne pathogens. Like cooling towers, domestic/potable water tanks located on rooftops will often escalate in temperature,

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particularly in the summer months, increasing the potential for *Legionella* development and propagation. This condition is exacerbated by the water age, particularly at the bottom of these tanks where the fire reserve for sprinkler systems is retained.

Also in 2019, lawmakers in NYC and NYS passed ambitious climate-friendly laws to push our buildings to become more "green."[1] An unintended consequence of the otherwise well-intentioned policies is that green buildings can, and do, worsen *Legionella* problems due to lengthened water residence, stagnation, lowered hot water temperatures, and low-flow fixtures.[2] According to the National Academies of Sciences, Engineering, and Medicine Report, net-zero buildings pose various health concerns with regards to water; for example, use of heat pumps or solar hot-water heating may result in water temperatures insufficient to prevent *Legionella* growth.[3]

To date the City Council has addressed, as indicated above, some of the areas and reasons *Legionella* has been allowed to develop and propagate in building components that use and store domestic/potable water. It's time to take the final step and address the initial source of *Legionella* that supplies infected water to all building components that use water. The expanded language of the current Int. 434-2024, submitted by the Plumbing Foundation City New York, addresses *Legionella* in the entire building water system, which will include all potable and nonpotable water systems in the building or on the site, including hot and cold plumbing systems, whirlpool spas or pools, ornamental foundations, misters, atomizers, air washers, humidifiers, ice machines, water tanks, pumps, heaters and piping of a redundant water distribution system, and other water systems and devices that release water aerosols.

The NYC Council bill, Int. 434-2024, which defines the existing testing and maintenance requirements of cooling towers, **needs to be expanded** to the building's water system where *Legionella* bacteria frequently grow. Collectively, we need to do better to help protect the health of all our citizens, especially the most vulnerable populations like the elderly and immunocompromised individuals. I **strongly urge and support** the Council to pass Int. 434 **with recommended revisions put forward by the Plumbing Foundation City of New York** by their Executive Director April McIver.

OTHER INTROS

I am also **supportive of the two other pieces of legislation** on the Committee's agenda today with recommended changes:

- Int. 166-2024: This bill would require the Department of Health and Mental Hygiene ("DOHMH") to create and post online informational materials on Legionnaires' disease and to notify owners of residential buildings when a tenant in the building has a confirmed case

[1] 2019 N.Y. Laws 106; N.Y.C. Local Law 97 of 2019.
[2] National Academies of Sciences, Engineering, and Medicine, *supra* note 2, at 7.
[3] *Id.* at 212.

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of Legionnaires' disease. This bill would also require building owners to provide shower hoses and the DOHMH informational materials to building tenants within 24 hours of notice of a tenant in the building having been diagnosed with Legionnaires' disease.

I strongly recommend the Council consider replacing "shower hoses" in Int.166-2024 with "point of use filters" which will be considerably more effective.

- Int. 1390-2025: This bill would amend New York City's cooling tower inspection requirements by requiring building owners to inspect and test cooling towers for the presence of microbes at least as frequently as every 30 days during periods of the year such cooling towers are in use. The bill further requires that, if a heat-related emergency occurs, such cooling towers shall be inspected and tested on the earlier of either 14 days from the date of the most recent inspection and testing, or 14 days from the first day of a heat-related emergency if such day occurs more than 14 days after the date of most recent inspection and testing.

  The *Legionella* prevention standard I have established at MSK requires monthly testing of domestic/potable water and similar testing of cooling towers in all months except February and November. Any positive result is mitigated and retested until non-detect is achieved. I do not agree that 14-day testing is required to maintain levels of control even during times of excessive outdoor temperatures. We have found that maintaining ORP levels during times of high heat is more appropriate as sanitizing agents lose their effectiveness when temperatures exceed 70 degrees Fahrenheit.

Together with an amended Int. 434, these bills are all tools used to help stop the spread of *Legionella* bacteria and proliferation of deadly Legionnaires' Disease. We, as a City, should be doing everything in our power to prevent Legionnaires' and pass and enforce strong laws and policies like Int. 434, Int. 166, and Int. 1390.

CONCLUSION

The Plumbing Foundation City New York, in conjunction with myself and other technical experts and based on the most up to date scientific data and research, has drafted proposed legislation with the most important goal in mind: the health and safety of New York City. We cannot thrive as the greatest city in the world without having our residents healthy and cannot continue being a major tourist destination without ensuring our visitors are safe; now is not the time to put anyone's health and life in additional danger, especially after the most recent and horrific outbreak in Harlem. **I strongly urge the NYC Council to amend and pass 434-2024 to include the language submitted by the Plumbing Foundation City of New York.**

I thank the Chairperson and the Committee for their consideration of my comments. Please do not hesitate to contact me for any reason.

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New York Apartment Association I 123 William Street, New York, NY 10038 I www.housingny.org

Testimony of the New York Apartment Association to the NYC Council Committee on Health on Int. 166, Int. 434 and Int. 1390

This testimony is submitted on behalf of the New York Apartment Association (NYAA), whose members own and operate more than half a million rent-stabilized apartments throughout New York City. NYAA members are long-term owners and operators of multifamily rental housing, most of which was constructed before 1974 and which do not receive any government subsidy in exchange for being subject to rent stabilization. These buildings are maintained without public financing or tax abatements and provide below-market rental housing through private investment and stewardship at no additional cost to the government.

Legionnaries' disease outbreaks are primarily linked to cooling towers, including the most recent outbreak and the 2015 South Bronx cluster that led to the passage of comprehensive cooling tower laws that were expanded and strengthened in 2019.

These stringent laws cover cooling tower registration, certification, maintenance, monitoring, inspection, testing, reporting and cleaning, and are among the most rigorous in the country.

In addition to requiring building owners to manage the systems, the city has dedicated resources to cooling tower oversight and inspections.

The current legislation works.

Legionella occurs only when systems are not properly maintained. It is the failure of compliance, which has often been seen in city buildings or by public entities, that has fueled recent outbreaks and appears responsible for current outbreak. Adding additional mandates on private actors that have largely complied with laws would not have prevented this outbreak. Rather better monitoring, enforcement and inspection would have.

In fact, one of the buildings identified in this outbreak- a city-run hospital - was responsible for an outbreak a few years ago. And it has been noted that Legionella would not have thrived this time if the hospital had been doing everything it should have been doing since the last incident.

As for the bills being considered today, Int. 434 requires a comprehensive undertaking of internal plumbing system maintenance, inspection and testing, cleaning and disinfection, sample monitoring, recordkeeping. There is little nexus identifying internal plumbing as a source of legionella, cooling towers are. Resources would be better directed elsewhere.

A review of current practices to ensure better communication, better outreach, and better compliance are the means to prevent outbreaks and protect New Yorkers. To the extent that Int. 166 and Int. 1390 support those aims, we are not opposed to these measures. We look forward to discussing these bills with the Council on how best to achieve this goal.

PAUL O'CONNOR
JATC Co-Chair - Labor

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PLUMBERS LOCAL UNION No.1 TRADE EDUCATION FUND
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ARTHUR O. KLOCK JR.
Director of Trade Education

September 16, 2025

To: NYC Council Committee on Health - Lynn Schulman, Chair

From: Arthur O. Klock Jr. – Plumbers Local 1 Trade Education Fund

Re: Testimony on Intro. No. 0434-2024

My name is Arthur Klock, and I have worked in the Plumbing Industry in New York City for more than 40 years. I am the Director of Trade Education for the Plumbers Local Union No.1 Trade Education Fund.

I have had the good fortune to get a front row seat for many important legislative items at the City Council over the years. Updates to our NYC Codes are a long and detailed process, but very worthwhile. Sitting on the Committees for Plumbing Code, Administrative Code, Waterfront Code, and Existing Buildings Code has been a great privilege. Working with Licensed Master Plumbers, Licensed Professional Engineers, representatives of FDNY, DEP, SCA, HPD, DOHMH, NYCHA, PANYNJ, Con Edison, National Grid, and of course all the dedicated professionals of the NYC Department of Buildings has been enlightening.

Plumbers also never forget that the original Master Plumber Licenses and Journeyman Licenses were under the auspices of the NYC Department of Health, long before the Department of Buildings. The plumber is pledged to "Protect the Health of the Nation".

All that being said, there are several issues that I feel should be brought to the attention of the Committee on Health today while considering Legionella legislation.

Item 1.
The Misguided Notion that Legionella is Strictly a Cooling Tower Problem.

Building tenants can be exposed to Legionella INDOORS when it grows in the plumbing system. Drinking Legionella is not the problem, but breathing in fine droplets or mist is. Plumbing fixtures like showerheads, faucets, and kitchen sink sprayers can spread fine droplets and mist. When people use or are near these items, they can easily inhale fine droplets or mist into their lungs. If those droplets contain Legionella Bacteria, people can get Legionnaires' disease, which causes severe pneumonia-like symptoms which are often misdiagnosed.

Conditions that help Legionella grow in your building's water piping include:

- Slowly moving or stagnant water. (Exacerbated by upgrades to low flow fixtures)
- Inadequate levels of disinfectant. (e.g., chlorine)
- Domestic hot water in a temperature range inadequate to kill the bacteria.
- The presence of sediment, scale, or biofilm inside water heaters or pipes. Sediment and scale are a build-up of minerals in a water system. Biofilm is made up of germs and the slime they secrete inside pipes and fixtures.

Item 2.
People at Risk

Most healthy people exposed to Legionella don't get sick. However, certain factors can put people at increased risk for getting Legionnaires' disease. If you are very young or an older adult or have a chronic health condition, you may be at higher risk of Legionnaires' disease, which causes severe pneumonia-like symptoms.

- Newborn babies and infants.
- People 50 years of age or older.
- Smokers
- People having a chronic lung disease, such as Chronic Obstructive Pulmonary Disorder (COPD), asthma, or emphysema.
- People who have a weakened immune system from diseases like cancer, diabetes, or kidney failure.
- People using humidifiers, CPAP or BiPAP machines, or a nebulizer.
- People taking medicines that weaken the immune system (such as prescriptions given after a transplant operation or chemotherapy).

Item 3.
Having a Plan with Periodic Sampling and Monitoring is the only real answer.

To prevent Legionnaires Disease, the drinking water supply must be kept free of Legionella Bacteria. The American Society of Heating, Refrigerating and Air Conditioning Engineers (**ASHRAE**) and the Centers for Disease Control and Prevention (**CDC**) have developed a standard for risk management to support proper planning, sampling and monitoring of building drinking water systems. If Legionella is detected at actionable levels, a planned sterilization of the building drinking water system should be performed immediately. Critical to the success of a Legionella prevention plan is periodic SAMPLING. Routine periodic sampling is the only way to detect Legionella early enough to prevent illness. Sampling must be done at particular places in the Plumbing system at particular times and using specific methods. The samples should never be handled by building owners or their staff. Just as in Drug Testing, a third-party professional must take the samples and follow a chain-of-custody procedure to get the samples safely to a certified laboratory. Samplers should only be Licensed Professionals using registered and qualified employees. The only Licensed Professional with the unique set of skills to identify the right locations, timing, and methods for sampling drinking water systems and performing a sterilization of the building's drinking water system, if needed, is a Licensed Master Plumber.

I am in general support of Intro. No. 0434-2024, but I am concerned that the legislation leaves too much discretion to the Department. I am very concerned in light of the poor results of their previous rules. I urge the Council to address these unresolved issues in more detail. The Department has previously dropped the ball on this issue and we have seen the tragic consequences of unnecessary illness and death. Requiring certain classes of buildings to have a plan, requiring periodic sampling and testing, and requiring a Licensed Professional to conduct the sampling and the sterilization when necessary, in accordance with industry standards, is the only way we can prevent this from happening all over again.

In conclusion, I would like to thank the Chair and the Committee for their time today.

Arthur O. Klock Jr.
Director of Trade Education
Plumbers Local Union No.1 Trade Education Fund

SOCIAL SERVICE EMPLOYEES UNION LOCAL 371

AFSCME, AFL-CIO, DC 37

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Legionnaires' Disease in New York City

To Whom It May Concern,

I am writing to share my experience and concerns regarding the outbreak of Legionnaires' disease in New York City. As residents of this vibrant and densely populated city, our members were deeply affected by the recent cases that emerged in the Harlem community.

SSEU LOCAL 371 has discovered we have approximately 23 offices in Harlem and 19 of those offices are within the area code for the current outbreak. The news was both alarming and disheartening, especially given the preventable nature of the illness.

We commend the New York City Department of Health for their swift response, including public alerts, testing of water systems, and enforcement of safety regulations. However, we believe more can be done to prevent this from happening in the future and claiming more lives.

Legionnaires' disease is not just a public health issue—it's a matter of environmental justice and community safety. Our union urges city officials, property managers, and health advocates to continue prioritizing prevention, transparency, and swift action whenever cases arise. For example, maybe testing the water supply every 30 days rather than 90 days and instead of the department of health stepping in after two confirmed cases maybe do so after one.

We urge city officials, property managers, and health advocates to continue prioritizing prevention, transparency, and swift action whenever cases arise.

With unity,

Isaac Harry
Associate Director, Health & Safety
Social Service Employee Union, Local 371

MECHANICAL CONTRACTORS ASSOCIATION OF NEW YORK, INC.

MCA
NEW YORK

T2025-3987 Oversight on Legionnaires' Disease, Cooling Tower Inspections, and Keeping New Yorkers Safe

The Mechanical Contractors Association of New York represents over 300 union mechanical contractors performing heating, air conditioning, ventilation, refrigeration (HVACR) and fire sprinkler installation and service work throughout New York. Our industry work also includes the installation, service, and maintenance of cooling towers. We appreciate the opportunity to offer testimony for this Oversight Hearing on Legionnaires' Disease, Cooling Tower Inspections and Keeping New Yorkers Safe as well as Introductions 166, 434 and 1390.

To prevent serious health risks like Legionella, inspection, testing and maintenance of cooling towers is critical. These steps also ensure peak operational efficiency, reduce energy costs, and extend the lifespan of the cooling system by mitigating scale, corrosion, and mechanical wear. The initial success of Local Law 77/2015's cooling tower registration, maintenance and inspection requirements demonstrated that the program can be effective and work. However, the Committee Report on this package of bills underscores an important issue facing many city agencies, the lack of available staffing to fulfill city mandates. When agencies have limited workforce resources, communities are left at risk. New York City must ensure that agencies providing vital services are able to attract and maintain the staff levels that are required to ensure public safety.

MCA of New York is committed to finding solutions that protect and improve the life and health of New York City residents and visitors. As this package of legislation is considered, we would welcome the opportunity to share our industry knowledge to help the Council develop solutions to increase agency staffing, owner education, registration compliance, proper oversight, and close enforcement gaps.

Thank you.

Melissa Barbour
Assistant Director
[redacted]
melissa@nymca.org

To: NYC Council Committee on Health

From: April McIver, Executive Director, The Plumbing Foundation

Date: September 19, 2025

Re: Oversight Hearing - Legionnaires' Disease, Cooling Tower Inspections, and Keeping New Yorkers Safe.

INTRODUCTION

My name is April McIver, and I am the Executive Director of the Plumbing Foundation City of New York, Inc. The Plumbing Foundation was founded in 1986 and is a non-profit organization of small and large, union and non-union plumbing contractors, engineering associations, supply houses, and manufacturers whose mission is to protect the public health and safety of New York City through the enactment and enforcement of safe plumbing codes.

In light of the recent tragic deaths and numerous infections due to Legionnaire's Disease in Harlem, we urge the NYC Council to act quickly and implement stronger safety measures to prevent the spread of Legionella bacteria throughout our great City. The NYC Council already has a bill, Int. 434-2024, to expand upon the existing testing and maintenance requirements of cooling towers to the building's water system where Legionella bacteria frequently grows. This most recent outbreak in Harlem is a wake up call for New York. We need to do better to help protect the health of our citizens, especially the most vulnerable populations like the elderly and immunocompromised individuals. We strongly urge the Council to pass Int. 434, with recommended revisions below.

INT. 434-2024

The Plumbing Foundation has been pushing for reform in the field of water quality and safety for several years. Due to recurring outbreaks of Legionnaires' Disease in New York City, we worked intensely with industry experts, including but not limited to The International Association of Plumbing and Mechanical Officials (IAPMO), Special Pathogens Laboratory, and John T. Letson, the Vice President Plant Operations at Memorial Sloan Kettering Cancer Center (MSK), on Int. 434-2024 to ensure our City's policymakers have the best resources and information to implement a truly preventative health and safety law. We urge the City Council to move Int. 434, taking into consideration the below comments and amendments to the bill.

According to the U.S. Centers for Disease Control and Prevention (CDC), there has been an increase of more than **550%** of reported cases of Legionnaires' disease between 2000 and 2017,

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with an estimated 8,000–18,000 cases annually.[1] According to the National Academies of Sciences, Engineering, and Medicine as published by the National Academies Press (hereinafter "NAP Report"), there has been an increase of more than **six-fold** from 2000–2018.[2] The NAP Report states that the number of cases is likely unreported and estimates that the actual number of people with Legionnaires' disease ranges from **52,000–70,000 per year** (in the United States alone).[3]

In a 2016 *Morbidity and Mortality Weekly Report* from the CDC, while the most frequent outbreaks of *Legionella* were from hotels, health care facilities, etc., **potable water was the most frequent *source* of the exposure**.[4] A report by the Association of Water Technologies (AWT) states:

> [W]hile building waters and evaporative condensers are also a potential source related to Legionnaires' disease, and long thought to be the major source of Legionella-causing disease, ***current data suggest that domestic (potable) water plumbing systems are responsible for an even larger number of cases of legionellosis***.[5]

AWT further states that people can be exposed to *Legionella* simply by washing their hands and face, showering, or brushing their teeth.[6]

In 2016, the New York City Council passed a law requiring maintenance of cooling towers to help prevent the spread of *Legionella*. While this law and ensuing regulations passed by the New York City Department of Health and Mental Hygiene (DOHMH) have certainly assisted in the prevention of Legionnaires' disease outbreaks that would otherwise stem from poorly maintained cooling towers, the City's laws do not address domestic/potable water systems, despite scientific evidence that such systems are a major source of *Legionella*. We have seen outbreaks almost every year since.

Several research-based organizations (cited herein) have cried out to policymakers to address domestic/potable water systems in order to control the spread of *Legionella* more

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[1] Association of Water Technologies, *Legionella 2019: A position Statement and Guidance Document* (2019), *available at* https://www.awt.org/pub/?id=035C2942-03BE-3BFF-08C3-4C686FB7395C, at 1 (stating "Surveillance data by the Centers for Disease Control and Prevention (CDC) for the United States shows an increase of more than 550% in the annual incidence of Legionnaires' disease cases reported from 2000-2017").

[2] National Academies of Sciences, Engineering, and Medicine, *Management of Legionella in Water Systems*, The National Academies Press (2020), available at https://www.nap.edu/catalog/25474/management-of-legionella-in-water-systems, at 1.

[3] *Id.* at 5. Part of the reasoning as asserted in the NAP Report is that there is a lack of adequate testing among pneumonia patients in most U.S. hospitals and a virtual absence of diagnosis for outpatients. The NAP report states that it is generally acknowledged that Legionnaires' disease is underreported by 8–10 fold.

[4] Laurel E. Garrison, MPH et al., *Vital Signs: Deficiencies in Environmental Control Identified in Outbreaks of Legionnaires' Disease — North America, 2000–2014*, Morbidity and Mortality Weekly Report (June 10, 2016) *available at* https://www.cdc.gov/mmwr/volumes/65/wr/mm6522e1.htm?s_cid=mm6522e1_w (also acknowledging that there was a large number of cooling tower cases).

[5] Association of Water Technologies, *supra* note 1, at 5 (emphasis added).

[6] *Id.*

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effectively. The Plumbing Foundation City of New York, Inc. has attempted to have such conversations with DOHMH to no avail. While the scientific community does not state there is one single solution, rather sets forth a multitude of preventative actions that can and should be taken, for NYC to decide to take **no action** at this time is not a solution and can and will lead to another dangerous outbreak of Legionnaires' disease.

Further, in 2019, lawmakers in NYS and NYC passed ambitious climate-friendly laws to push our buildings to become more "green."[7] An unintended consequence of the otherwise well-intentioned policies is that green buildings can, and do, worsen *Legionella* problems due to lengthened water residence, stagnation, lowered hot water temperatures, and low-flow fixtures.[8] According to the NAP Report, net-zero buildings pose various health concerns with regards to water; for example, use of heat pumps or solar hot-water heating may result in water temperatures insufficient to prevent *Legionella* growth.[9]

It is for these reasons the Plumbing Foundation strongly advises that the City Council take into consideration the entirety of the legislation submitted below rather than the current version of 434-2024. While we are very supportive of the legislation in theory, we must emphasize that without including a detailed definition section, risk management assessment including of dead legs and stagnant water, process control measures and compliance inspections, references to the NYC Construction Code to make it clear that replacement in-kind must be in compliance with that Code, increasing testing to 90 days, copper ionization as a technique, and revising the law on hot water temperature, it is truly a disservice to the public health. These provisions, as included in the full draft below, are vital to ensuring the public health and safety of NYC. Due to our experiences of trying to work with the DOHMH, we have lost confidence that not providing them with more direction is to both their detriment and the City's. This is one reason the City Council passed Local Law 86 of 2019, which sets forth qualification requirements for those inspecting and maintaining/cleaning water tanks, was passed in response to DOHMH's failure to set any real standards. Because of this lack of oversight, a building superintendent could technically have "completed" a required water tank inspection with absolutely no experience, not to mention which puts them in a dangerous situation climbing up the tower. The City Council had to step in, which is what they should be doing with 434-2024.

Therefore, what the below language does is address *Legionella* in the entire building water system, defined as all potable and nonpotable water systems in the building or on the site, including hot and cold plumbing systems, whirlpool spas or pools, ornamental foundations, misters, atomizers, air washers, humidifiers, ice machines, water tanks, pumps, heaters and piping of a redundant water distribution system, and other water systems and devices that release water aerosols. The proposed language requires NYC building owners to take certain actions, as suggested by **science-backed research**, including: creating a building water system management

[7] 2019 N.Y. Laws 106; N.Y.C. Local Law 97 of 2019.
[8] National Academies of Sciences, Engineering, and Medicine, *supra* note 2, at 7.
[9] *Id.* at 212.

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program and plan, using disinfectants, ensuring water circulation to avoid stagnation, environmental monitoring by use of *Legionella* culture tests, increasing hot water storage temperatures, and monitoring/reporting of building water systems by qualified individuals. The DOHMH will have enforcement authority and will be allowed to inspect building properties at any time and issue penalties for non-compliance. The proposed legislation also increases transparency by requiring DOHMH to publish its procedures for identifying and addressing Legionnaires' disease outbreaks/clusters and requiring all reports to be made publicly available. Building owners will be required to notify residents and visitors of the presence of *Legionella*. Finally, the proposed language requires certain actions by building owners for shutdowns and start-ups of their building water systems.

PROPOSED AMENDMENTS

Section 1. A new section 17-194.2 is added to Chapter 1 of Title 17 of the Administrative Code of New York City to read as follows:

§ 17-194.2 Building water systems; maintenance and inspection.

a. ***Definitions***. For purposes of section 17-194.2, the following terms have the following meanings:

(1) Bacteriological indicator. The term "bacteriological indicator" means a biological process control indicator that estimates microbial content in the building water system, such as heterotrophic plate count (HPC) as measured in a water sample or by a dip slide.

(2) Biocidal indicator. The term "biocidal indicator" means a direct or indirect measure of the effectiveness of biocide, consisting of free halogen residual concentration or oxidation reduction potential (ORP), as specified in the management program and plan.

(3) Building. The term "building" has the same meaning as in section 28-101.5 of this code but shall not include healthcare facilities otherwise governed by the New York State Department of Health for purposes of *Legionella* prevention.

(4) Building water system. The term "building water system" refers to all potable and nonpotable water systems in the building or on the site, including hot and cold plumbing systems, whirlpool spas or pools, ornamental fountains, misters, atomizers, air washers, humidifiers, ice machines, and water tanks, pumps, heaters and piping of a redundant water distribution system, and other water systems and devices that release water aerosols, but does not include open and

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closed-circuit cooling towers as governed by section 17-194.1 of this chapter.

(5) Chain of Custody. The term "chain of custody" means a written record of individuals who had physical possession of the sample. The chain of custody shall be prepared by a "qualified person" or "qualified third-party water sampler" when taking the sample, and shall follow the sample to the lab. The "qualified person" or "qualified third-party water sampler" shall indicate his/her full name, qualifying title with New York State or New York City agency, and number shown on his/her license, registration, or certification, with signature, time and date. Any person/s who subsequently relinquishes the sample, or accepts the sample, must acknowledge doing so with their signature, time, and date.

(6) Cleaning. The term "cleaning" means physical, mechanical or other removal of biofilm, scale, debris, rust, other corrosion products, sludge, algae, and other potential sources of contamination.

(7) Cluster. The term "cluster" shall mean two or more cases of Legionnaires' disease and/or Pontiac fever that appear to be linked by space (for example, area of residence, work, or other setting such as a neighborhood or community) and which have sufficient proximity in dates of onset of illness to warrant further investigation. "Sufficient proximity in dates" shall mean any time within a twelve-month period.

(8) Corrective action(s). Actions to be taken to return control values found to be outside of control limits to within established control limits when monitoring or measurement indicates the control values as defined by Table A and the water management plan are outside the established control limits. Corrective actions may include cleaning, disinfecting, and/or other non-chemical water treatment methods approved by the Department, including but not limited to copper silver ionization.

(9) Compliance inspection. The term "compliance inspection" means the inspection, testing and other activities that are required on a regular basis (at least every 90 days) in accordance with the management program and plan and section 17-194.2, including the completion of a written or electronic checklist, and which must be conducted and certified by a qualified person.

(10) Dead legs. A section of pipe, a component, or a vessel that contains water but has no flow or is infrequently used.

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(11) Department. The term "Department" refers to the New York City Department of Health and Mental Hygiene.

(12) Disinfection. The term "disinfection" means using one or more of the biocides registered with the New York State Department of Environmental Conservation at a defined concentration, under specific conditions and for an established period that will kill or inactivate pathogenic microorganisms.

(13) Hyperhalogenate or hyperhalogenation. The term "hyperhalogenate" or "hyperhalogenation" refers to a one-time dosing of higher than normal levels of chlorine or bromine based biocide to ensure the maintenance of a minimum of 5 parts per million (ppm) free halogen residual in the building water system for at least 6 hours.

(14) Large building. The term "large building" refers to buildings with ten or more floors, are over seventy-five feet in height, or are more than one hundred thousand gross square feet.

(15) Legionella. The term "*Legionella*" refers to the bacteria that can cause Legionnaires' disease.

(16) Legionnaires' disease. The term "Legionnaires' disease" means a serious type of pneumonia caused by *Legionella* bacteria.

(17) Owner. The term "owner" has the same meaning as in section 28-101.5 of this code.

(18) Pontiac fever. The term "Pontiac fever" means a mild, flu-like illness caused by *Legionella* bacteria that usually resolves without treatment.

(19) Process control measures. The term "process control measures" means actions that must be taken to evaluate internal functioning of the building water system, including monitoring conductivity, pH, biological indicators and other parameters, and observing phenomena such as scaling, corrosion, and biofilm.

(20) Qualified person. The term "qualified person" means a New York City licensed master plumber; a New York State licensed and registered professional engineer; an ASSE 12061 certified water quality professional; a certified industrial hygienist; a certified water technologist or New York State certified water technician with training and experience developing management plans and performing inspections in accordance with current standard industry protocols including, but not limited

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to, ANSI/ASHRAE 188-2018, ASSE/IAPMO/ANSI 12080, or subsequent publications; a person holding a New York State Department of Environmental Conversation category 7G pesticide applicator certification; or an environmental consultant who has at least two (2) years of operational experience in water management planning and operation.

(21) Qualified Third-Party Water Sampler. The term "qualified third-party water sampler" means a building water system expert, not directly employed by the owner, who is additionally licensed, registered, or certified with a New York State or New York City agency as follows: a New York State licensed and registered professional engineer; a New York City licensed master plumber; a New York City registered journeyman plumber certified to ASSE 12061 and in the direct employ of a New York City licensed master plumber; or a New York State Department of Health certified water treatment operator or New York State certified water technician. The requirement for a third-party water sampler to not be directly employed by the owner does not apply to healthcare facilities and hospitals as defined under New York State Law.

(22) Responsible person. The term "responsible person" means a person employed or whose services are retained by an owner, who understands and is capable of performing the required water quality measurements, system monitoring and operation and maintenance of a building water system in accordance with the management program and water management plan, and making recommendations for diagnosing anomalous conditions that require corrective actions.

(23) Risk management assessment. The term "risk management assessment" means a process for comprehensively identifying, describing and evaluating in detail all aspects of a building water system that may potentially contribute to the growth and dissemination of *Legionella* bacteria.

(24) Routine monitoring. The term "routine monitoring" means evaluation and other activities that must be completed periodically in accordance with the management program and water management plan and section 17-194.2.

(25) Stagnation. Water which has very little, if any, flow and which enhances the growth of biofilm, allows for a significant shift in water temperature, and reduces the amount of residual disinfectant.

(26) Standard methods. The term "standard methods" means accepted protocols for sampling, recording, laboratory testing,

reporting, and other procedures related to environmental and water quality sampling, including, but not limited to, those set forth in Standard Methods for the Examination of Water and Wastewater 22nd Edition, 2012, a publication issued jointly by the American Public Health Association, the American Water Works Association and the Water Environment Federation and the Standards Microbiological Methods (TC 147/SC4) published by the International Organization for Standardization, or successor editions.

(27) Water Sampling. The term "water sampling" means the process of taking a portion of water for analysis or testing. A qualified third-party water sampler shall perform all water sampling and be the initial party in the chain of custody in accordance with the requirements of this section.

(28) Water quality parameters. The term "water quality parameters" means temperature, pH, conductivity, biocidal indicator, bacteriological indicator, and other chemical and physical indicators of system process control.

b. Building Water System Management; Risk Management Program and Plan.

(1) Management Program and Plan. No later than one year after the effective date of this law building owners shall develop and implement a building water system management program and plan to minimize the growth and transmission of *Legionella* bacteria in the building's water system, consistent with the American Society of Heating, Refrigeration, and Air Conditioning Engineers (ASHRAE) Standard 188-2018 or subsequent publication, or comparable standards adopted by a nationally-recognized, accepted, and appropriate organization, and the requirements of this section. Such program and plan shall be developed by a Program Team. The Program Team shall include the building owner or designee, a qualified person, employees, suppliers, consultants, or other individuals that the building owner recognizes to have authority and responsibility for the actions required by the Program. The plan must be kept current and amended by a responsible person or persons as needed to reflect any changes in the management team, system design, operation or system control requirements for the building water system. The plan must be kept in the building where the building water system is located, and must be made available to the Department for inspection upon and at the time of a request. At a minimum, the plan must include and describe:

i. Management team. Identification, including names and contact information (mail and email addresses and telephone numbers) and description of the function of each person on the building water system management team, including:

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a) The owner of the building where each building water system is located and any manager or other person designated by the owner as responsible for compliance with the requirements of section 17-194.2;

b) Any person designated by the owner as a responsible person; and

c) Every consultant, service company and qualified person who cleans, disinfects, delivers chemicals or services the building water system.

ii. Building water system. Identification, specifications and description of each building water system and all components, including hot and cold plumbing systems,ice machines, whirlpool spas or pools, ornamental foundations, misters, atomizers, air washers, humidifiers, and other water systems and devices that release water aerosols. The plan shall include a process flow diagram to explain the building water system.

iii. Risk management assessment. The assessment must identify risk factors for *Legionella* proliferation and specify risk management procedures for all or parts of the building water system and anticipated conditions including:

a) Any dead legs or stagnation in the system;

b) Operating configurations and conditions that may occur after periods of extended inactivity lasting more than three (3) days, including idling or low circulation while not being fully drained;

c) System parts that require continual operation throughout the year making regular, periodic offline cleaning and disinfection difficult;

d) Any components that may add additional risk factors for organic material buildup and microbial growth such as strainers and filters;

e) Sources of elevated organic contamination, including, but not limited to, pipe corrosion, rust, and dirt;

f) Design configurations that present risk;

g) System components adversely affecting water quality management procedures;

h) Other risk or limiting factors or constraints in the building water system's design and functioning.

iv. Building water operation.

a) Control measures, corrective actions, documentation, including a written checklist for routine monitoring, and reporting to comply with section 17-194.2 and any routine maintenance activities recommended by the manufacturer's instructions, including performance measures, which may sufficiently demonstrate adequate implementation of the operation requirements described in the

management program and plan. Where there is a conflict between the requirements of section 17-194.2, Part 4 of the State Sanitary Code, the manufacturer's instructions, the management program and plan must reflect the most stringent requirement(s).

b) Specific, detailed seasonal and temporary shutdown and start-up procedures as required by paragraph k of section 17-194.2.

c) Notification and communication strategies among management team members regarding the required corrective actions in response to process control activities, monitoring, sampling results and other actions taken to maintain the building water system.

(2) Process Control measures.

i. Routine system monitoring. An owner must designate a qualified person to monitor each building water system at least weekly while such system is in use and to assure compliance with section 17-194.2.

a) The qualified person must enter on a written or electronic checklist provided and maintained by the owner all visual observations of the building water system and associated equipment.

b) The qualified person must possess the skills and have the knowledge necessary to be able to monitor the system under the guidance of a responsible person, in accordance with the management program and plan.

c) The qualified person must observe and note the condition of, where used, chemical dosing and control equipment and the bleed-off system, and determine if there is sufficient storage and delivery of treatment chemicals.

d) Any system anomalies or problems must be recorded on the checklist and reported to the management team for immediate corrective action.

ii. Compliance inspections. An owner must retain a qualified person to conduct a compliance inspection at least once every ninety (90) days while a building water system is in operation. The qualified person must complete and the owner must maintain a written or electronic checklist containing observations and findings as determined by the Department but shall include the following:

a) General condition of the components of the

b) Quality of water connections and control.

c) Proper functioning of all dosing equipment, where used (pumps, strain gauges).

d) Review of routine maintenance records to ensure proper implementation of required activities and corrective actions as needed.

(3) System Maintenance.

i. Routine maintenance. Building water systems must be maintained and operated in accordance with the management program and plan. Routine maintenance must address all components and operations, including, but not limited to, general system cleanliness, overall distribution operation, and flushing dead legs and areas of stagnation.

ii. Replacement in kind. Any replacement part or equipment used in a building water system must comply with the manufacturer's design and performance specifications. As applicable, replacement materials must be corrosion resistant. Any alteration or replacement of a building water system must comply with the New York City Construction Codes, including the requirement for a licensed master plumber to conduct any and all plumbing work as defined by the Building Code.

iii. Cleaning. The building water system must be cleaned, flushed, and purged whenever routine monitoring indicates a need for cleaning in accordance with the management program and plan. Cleaning protocol indicated by the manufacturer's instructions or industry standards, and worker protective measures, as required by applicable law must be specified in the management program and plan.

iv. Aerosol and mist control. The building water system must be operated at all times to minimize the formation and release of aerosols and mist.

v. Maintenance under this section must comply with all requirements of the New York City Construction Code, including but not limited to licensing requirements prescribed in Chapter 4.

(4) Water quality monitoring. Water quality parameters must be measured and recorded as specified in the water management plan and in accordance with this section and Department rules. The water management plan must identify the procedures, responsible parties, required response time(s) and notification protocol for corrective actions and must include, at a minimum, corrective actions that must be implemented according to the result levels in TABLE A. System monitoring must be representative of the entire building water system.

(5) Inspections. All inspections required by this section shall be performed by a qualified person.

(6) Cleaning, disinfection, and other approved methods. All cleaning, disinfection, and other non-chemical water treatment methods approved by the Department including copper silver ionization, when required by this section and the management plan shall be performed by a New York City Licensed Master Plumber or a qualified person in the direct employ of a New York City Licensed Master Plumber, or a person

holding a New York State Department of Environmental Conservation category 7G pesticide applicator certification, and at a minimum meet the requirements of TABLE A of this section or the requirements for disinfection of potable water systems as prescribed in Chapter 6 of the New York City Plumbing Code. Any action taken under this section must be compliant with the NYC Construction Codes, including but not limited to the licensing requirements as prescribed in Chapter 4 of such Construction Codes.

c. Monitor sampling.

(1) Building owners subject to the provisions of section 17-194.2 shall retain the services of a qualified third-party water sampler to sample the building water at all locations identified in this provision at least once every 90 days. The qualified third-party water sampler shall initiate the chain of custody and independently cause the samples to be delivered to the laboratory of the owner's choice to be tested for the presence of *Legionella* bacteria.

(2) Sampling locations must be representative of the entire building water system and shall include but not be limited to: the inlet cold water supply at the first available tap; the return piping of the circulated potable water heating system(s); tap closest to the first delivery of hot water from the riser, the middle of the system, the last outlet before the water returns to the piping that conveys water back to the heater, if applicable on each floor; and each loop if risers feed multiple circulation loops. Large buildings as defined in section 17-194.2 shall sample every other floor or no less than one sample per every twenty thousand square feet. The system must be operating with water circulating in the system for at least one hour prior to water quality measurements or collection of samples.

(3) Each test and all *Legionella* culture analyses shall be performed by a laboratory that is approved to perform such analysis by the New York State Environmental Laboratory Approval Program (ELAP).

(4) Test results of all *Legionella* species at or above the magnitude of level 4 as indicated in TABLE A must be reported to the Department within 24 hours of receiving the test results. Additional emergency *Legionella* sampling must be conducted if any of the following occur:

i. At the request of the Department upon a determination that one or more cases of legionellosis is or may be associated with the building water, based on epidemiological data or laboratory testing;

ii. Any time two consecutive bacteriological indicator sample results are above Level 4 as indicated in TABLE A; or

iii. Any other conditions specified by the Department.

(5) Building owners are required to take any corrective actions as specified in the management program if the *Legionella* sample yields a positive result as indicated by TABLE A and must notify tenants and visitors immediately if a *Legionella* sample results in level 3 through 4 as described in TABLE A.

TABLE A

Level	***Legionella* Culture Result**	**Process Triggered by *Legionella* Culture Results**
1	<10 CFU/ml	Maintain water chemistry.
2	≥10 CFU/ml to <50 CFU/ml	Monitor conditions for 30 days, retest after 30 days. If CFU/ML increases, complete steps as indicated for level 3 until level 1 is reached.
3	≥ 50 CFU/ml to <100 CFU/ml	Initiate immediate disinfection within 24 hours, reviewing treatment program, performing visual inspection to evaluate need to perform cleaning and further disinfection. Retest water within 3-7 days. Subsequent test results must be interpreted in accordance with this Table until level 1 is reached.
4	≥ 100 CFU/ml	Initiate immediate disinfection within 24 hours. Within 48 hours perform full remediation of the potable water system by hyperhalogenating, draining, cleaning, and flushing. Review treatment program, retest water within 3-7 days. Subsequent test results must be interpreted in accordance with this Table until level 1 is reached. For *Legionella* results at this level, notify Department within 24 hours of receiving test result.

d. *Building Water System Requirements.*

(1) Minimum hot water temperature. All buildings shall maintain a hot water temperature in accordance with section 27-2031 of the Administrative Code of the City of New York.

(2) Flushing requirements. At least annually, building owners shall flush their entire building water systems in accordance with rules promulgated by the Department. The owner is required to notify tenants of the building 72 hours prior to a building water system flush.

e. *Reporting and Recordkeeping.* An owner shall submit a certified report containing all information required by paragraphs b and c of section 17-194.2 in a manner and format determined by the Department on an annual basis which shall be submitted no later than January 31st of the year following the year subject to the report. The Department may require any submission required by section 17-194.2 be submitted electronically. An owner shall keep and maintain records of

all inspections, sampling, and tests performed pursuant to section 17-194.2 for at least three years. An owner shall maintain a copy of the management program and plan required by section 17-194.2 on the premises of such building water system. Such records and plan shall be made available to the Department immediately upon request. An owner shall make available the results of each inspection conducted pursuant to section 17-194.2 to any member of the public within five business days of a request, or within five business days of the receipt of such results by such owner, whichever is later.

f. *Enforcement.*

(1) Department investigation. The Department is authorized to investigate any building subject to section 17-194.2 whether it is based on a complaint and/or through random audit. The Department may enter the premise of such building subject to investigation without prior notice to the building owner to enforce the provisions of section 17-194.2.

(2) Civil penalties. Any owner subject to the provisions of section 17-194.2 found in violation shall be fined in an amount determined by the Department but shall not be less than $500 for the first violation and $1,000 for the second violation and $5,000 for each subsequent violation.

(3) Environmental control board. A notice of violation served for civil penalties pursuant to this section shall be returnable at the environmental control board or any tribunal established within the office of administrative trials and hearings.

g. *Transparency.*

(1) Department transparency. The Department shall post conspicuously on its website in clear, detailed manner the procedure by which the Department follows when investigating a *Legionella* cluster, which shall include but not be limited to the threshold and criteria that triggers such investigation, the steps taken by the Department to investigate and identify the cluster, the public outreach conducted by the Department, the results of such investigation, and the steps taken by the Department to rectify the outbreak. The Department shall post conspicuously on its website the detailed information regarding the cluster identified, including but not limited to the geographical area identified as well as the potential source and potential health effects of Legionnaires' disease and Pontiac Fever to at-risk populations. If a source has been identified, the Department shall post the estimated length of time that the level of *Legionella* bacteria may remain elevated in or could be an infection risk from that source.

(2) Building water system reports. The Department shall create a publicly searchable platform containing all reports required under paragraphs b and c of section 17-194.2.

(3) Dedicated contact number. The Department shall have a dedicated phone number specifically for *Legionella*-related questions and concerns.

h. *New Construction*. For any building subject to the provisions of section 17-194.2 for which construction begins on the effective date of this law or after shall ensure prior to issuance of occupancy certificate that such building water system has been thoroughly cleaned, sanitized, and flushed.

i. *Waiver or Modification*. The Commissioner or designee may grant a waiver or modification when strict application of any provision of section 17-194.2 presents practical difficulties or unusual hardships. The Commissioner in a specific instance may modify the application of such provision consistent with the general purpose of section 17-194.2 and upon such conditions as, in his or her opinion, are necessary to protect the health or safety of the public.

j. *Guidance*. The Department, in consultation with the New York City Department of Buildings, shall hold information sessions, at least twice annually, for interested building owners and other stakeholders, regarding the requirements for maintaining, cleaning, and inspecting building water systems in accordance with section 17-194.2. The information provided in such information sessions shall also be posted on the website of the Department in simple and understandable terms.

k. *Extended building water system shutdown and start-up*. If a building water system has been shut down for an extended period of time not less than 30 days, in order for the building to start-up, the building owner is required to:

1. Either fully clean and disinfect, drain to waste and disinfect, or sufficiently hyperhalogenate or hyperchlorinate, where applicable, the recirculated water before startup; and
2. Collect samples for *Legionella* culture under paragraph c of section 17-194.2 and take any necessary corrective actions as required under section 17-194.2.

l. *Department Report*. The Commissioner, in consultation with the New York City Department of Buildings, shall submit a report to the mayor and the speaker of the city council on or before May 15 each year until May 15, 2031, reporting at minimum on the following information for the prior year:

1. The number of annual certifications that a building water system was inspected, tested, cleaned and disinfected;

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2. The number of reports of tests for the presence of microbes that reveal levels that present a serious health threat received by the Department as indicated by levels 2, 3, or 4 in TABLE A;
3. The number of inspections of building water systems conducted pursuant to this section and the rules of the Department, the number and types of any violations cited during such inspections, and the number of buildings that were not inspected;
4. The number of cleanings, disinfections, or other actions performed by or on behalf of the Department; and
5. The number of persons diagnosed with Legionnaires' disease in the city in each of the previous 10 years, to the extent known or reasonably discoverable by the Department.

§ 2. Section 27-2031 of the Administrative Code of the City of New York is amended to read as follows:

§ 27-2031. Supply of hot water; when required. Except as otherwise provided in this article, every bath, shower, washbasin and sink in any dwelling unit in a multiple dwelling or tenant occupied one-family or two-family dwelling shall be supplied at all times ~~between the hours of six a. m. and midnight~~ with hot water at a constant minimum temperature of one hundred twenty degrees Fahrenheit. ~~from a central source of supply constructed in accordance with the provisions of the building code and the regulations of the department, provided however that baths and showers equipped with balanced pressure mixing valves, thermostatic mixing valves or combination pressure balancing/thermostatic valves may produce a discharge temperature less than one hundred twenty degrees Fahrenheit but in no event less than one hundred ten degrees Fahrenheit.~~

Where storage water heaters are used, the unit must be set to deliver an outlet temperature of no less than 135 degrees Fahrenheit. The storage tank must be listed to ASSE Standard 1082-2018 *Performance Requirements for Water Heaters with Integral Temperature Control Devices for Hot Water Distribution Systems* or be equipped with a temperature actuated mixing valve listed to ASSE 1017-2009 *Performance Requirements for Temperature Actuated Mixing Valves for Hot Water Distribution Systems* at or near the water heater.

Where distribution water delivered to a fixture intended for bathing or washing is supplied with water in excess of 130 degrees Fahrenheit, the distribution water must be regulated at the fixture or fixture group by an ASSE 1070-2020/ASME A112.1070-2020/CSA B125.70:20 Performance Requirements for Water Temperature Limiting Devices, an ASSE 1069 Performance Requirements for Automatic Temperature Control Mixing Valves or an ASSE 1084 Performance Requirements for Water Heaters with Temperature Limiting Capacity.

Distribution water must be regulated at the shower or tub/shower combination by an ASSE 1016-2017/ASME A112.1016-2017/CSA B125.16-17 Performance Requirements for Automatic Compensating Shower Valves for Individual Showers and Tub/Shower Combinations. Distribution water must be regulated at plumbed emergency equipment by an ASSE 1071 Performance Requirements for Temperature Actuated Mixing Valves for Plumbed Emergency Equipment or an ASSE 1085 Performance Requirements for Water Heaters for Emergency Equipment.

Gas or electric water heaters may, if approved by the department, be utilized in lieu of a central source of supply of hot water if such heaters:

(1) are lawfully in use on July fourteenth, nineteen hundred sixty-seven; or

(2) are approved by the appropriate city agencies having jurisdiction and are installed in a structure or building erected, converted, substantially rehabilitated, or completely vacated after July fourteenth, nineteen hundred sixty-seven.

(3) where the gas or electric water heater is a storage type water heater, the unit must be set to deliver an outlet temperature of no less than 135 degrees Fahrenheit. The water heater must be equipped with a temperature actuated mixing valve listed to ASSE 1017-2009 Performance Requirements for Temperature Actuated Mixing Valves for Hot Water Distribution Systems at or near the water heater. The mixing valve must be set to deliver water to all outlets at a temperature no less than 120 degrees fahrenheit.

(4) where the gas or electric water heater is a non-storage (instantaneous type) water heater, the water heater must be listed to ASSE Standard 1082-2018 Performance Requirements for Water Heaters with Integral Temperature Control Devices for Hot Water Distribution Systems or be equipped with an ASSE 1017-2009 Performance Requirements for Temperature Actuated Mixing Valves for Hot Water Distribution Systems at or near the water heater. The ASSE Standard 1082-2018 listed water heater or ASSE 1017-2009 temperature actuated mixing valve shall be set to deliver a temperature of not less than 120 degrees Fahrenheit.

§ 3. Section 202 of Chapter 2 of the Plumbing Code of New York City is amended to read as follows:

…

LEGIONNAIRES' DISEASE. The term "Legionnaires' Disease" means a serious type of pneumonia caused by Legionella bacteria.

…

§ 4. A new section 610.2 is added to Article 6 the Plumbing Code of New York City to read as follows:

610.2 Legionnaires' Disease. Where a confirmed case of Legionnaires' Disease has been traced to a building potable water system, disinfection shall be conducted in accordance with the provisions of Chapter 1 of Title 17 of the Administrative Code.

§ 5. This act shall take effect immediately; however, the provisions requiring the Department to publicly post on its website the Department procedure for investigating Legionnaires' disease clusters and investigation history is effective 30 days from the date of passage.

CONCLUSION

The Plumbing Foundation, in conjunction with technical experts and based on the most up to date scientific data and research, has drafted the above proposed legislation with the most important goal in mind: the health and safety of New York City. We cannot thrive as the greatest city in the world without having our residents healthy and cannot continue being a major tourist destination without ensuring our visitors are safe; especially given the COVID-19 pandemic that has impacted us all so greatly, and of course the most recent outbreak in Harlem, now is the time to act. The Plumbing Foundation strongly urges the NYC Council to amend and pass 434-2024 to include the full legislation above.

We thank the Committee for their consideration of our comments and proposed amendments. Please do not hesitate to contact us for any reason.

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REBNY Testimony | September 19, 2025

The Real Estate Board of New York to
The City Council Committee on Health

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 the Council's attention to this important issue and offers the following comments.

Legionnaires disease, a serious and sometimes fatal form of pneumonia caused by the bacteria Legionella pneumophila, has been proven to be a persistent health hazard related to cooling towers in New York City. In 2015, as part of a response to a major outbreak of the disease that was shown to stem from cooling towers that had not been sufficiently treated for the above-referenced bacteria, the City passed Local Law 77.

LL 77 established a robust cleaning, testing, maintenance, and reporting regime that is required for cooling towers. First, the law requires that all cooling towers and related equipment must be registered with the City. Next, owners submit annual documents confirming that cooling tower systems have been inspected, tested, cleaned, and disinfected by November 1 of each year. Disinfection protocols also require an intense "summer hyper halogenation" treatment between July 31 and August 31. Third, owners must create and implement a water treatment plan to control Legionella pneumophila. To ensure that the bacteria is under control, the law requires routine testing every 90 days while towers are in operation. Most of the work described above is undertaken by an outside environmental consulting and water treatment company that is state certified.

REBNY members take the protection of the health of their tenants, staff, visitors, and the general public with the utmost importance and diligently follow the protocols required by law and related rules. REBNY regularly reminds its members of the requirements of Local Law 77 and routinely shares information provided by the Department of Health and Mental Hygiene about these obligations. In addition, during the height of the COVID-19 pandemic, REBNY worked closely with members, partner organizations, and public health authorities to ensure that building owners maintained robust legionella prevention protocols while buildings were less-heavily occupied.

Int. 0166-2024: Requiring building owners to provide shower hoses and informational materials on Legionnaires' disease to tenants.

Sponsors: Amanda Farías, Pierina Ana Sanchez, Lynn C. Schulman, Erik D. Bottcher, Crystal Hudson, Alexa Avilés, Selvena N. Brooks-Powers, Kamillah Hanks, Rita C. Joseph, Yusef Salaam, Shaun Abreu, Nantasha M. Williams, Chris Banks, Eric Dinowitz, Althea V. Stevens, Oswald Feliz, Sandy Nurse, Frank Morano, Inna Vernikov

This bill would require the Department of Health and Mental Hygiene (DOHMH) to create and post online informational materials on Legionnaires' disease, notify building owners when a tenant has a confirmed case, and require owners to distribute both DOHMH materials and shower hoses to all tenants within 24 hours of such notification.

While REBNY supports the goal of increasing awareness and prevention of Legionnaires' disease, the requirement to procure and distribute shower hoses within 24 hours presents significant logistical challenges for building owners given product availability and supply chain challenges particularly for larger buildings. . To overcome these barriers, the Council and Health Department should collaborate to create a stockpile of shower hoses that can be distributed to building owners when such devices are needed or through coordinated community distribution events.

Int. 0434-2024: Building water system maintenance and inspection.

Sponsors: Pierina Ana Sanchez, Keith Powers , Amanda Farías, Althea V. Stevens, Kevin C. Riley, Rafael Salamanca, Jr., Eric Dinowitz, Diana I. Ayala, Oswald Feliz, Crystal Hudson, Shaun Abreu, Tiffany Cabán, Farah N. Louis, Yusef Salaam, Gale A. Brewer, Lynn C. Schulman, Julie Won, Alexa Avilés, Christopher Marte, Nantasha M. Williams, Chris Banks, Selvena N. Brooks-Powers, Kamillah Hanks, Rita C. Joseph, Sandy Nurse, Public Advocate Jumaane Williams, (in conjunction with the Bronx Borough President)

This bill would require certain buildings—including large buildings, buildings with water devices, those primarily housing individuals over 65, and multi-unit buildings with centralized hot water systems—to implement a comprehensive water system or water device management program to minimize Legionella bacteria. The bill outlines detailed requirements for maintenance, inspection and testing, cleaning, disinfection, monitoring, recordkeeping, and reporting.

REBNY supports the concept of implementing water management programs to mitigate Legionella risk and acknowledges the public health benefits of such measures. Any standards need to be carefully crafted based on the best public health information available and should allow DOHMH to determine the appropriate enforcement mechanisms, given the significant resources required for monitoring, investigation, and administration of civil penalties.

Int.1390-2025: Cooling tower inspections in heat-related emergencies.

Sponsors: Lynn C. Schulman, Tiffany Cabán, Justin L. Brannan

This bill would amend existing cooling tower inspection requirements by mandating that, during a heat-related emergency, inspections and microbial testing occur within 14 days of either the most recent inspection/testing date or the onset of the emergency—whichever comes first. This change would effectively require inspections as frequently as every 30 days while towers are in use.

REBNY recognizes the public health rationale for more frequent inspections during periods of elevated risk. At the same time, we remain concerned about the feasibility of increased testing, particularly regarding the capacity of the companies who conduct the testing and cleaning, building owners, and DOHMH to meet these additional requirements. We encourage further discussion on how to balance public health benefits with realistic compliance timelines given the capacity of the companies and workforce to meet any additional requirements.

CONTACT:

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September 19, 2025

Testimony of WE ACT for Environmental Justice

To the New York City Council Committee on Health

Regarding Oversight - Legionnaires' Disease, Cooling Tower Inspections, and Keeping New Yorkers Safe.

Dear Committee Chair Lynn Schulman and Committee on Health:

WE ACT for Environmental Justice is a community-based organization in Harlem, New York City. Our mission is to build healthy communities by ensuring that people of color and/or low income residents participate meaningfully in the creation of sound and fair environmental health and protection policies and practices.

The recent outbreak of Legionnaires' disease in Harlem — which infected over 114 people, hospitalized 90, and led to the tragic deaths of 7 of our neighbors — is not an isolated incident. It is the direct result of systemic failures in infrastructure oversight and code enforcement. These failures follow a troubling pattern: of the eight community outbreaks of Legionella in New York City since 2015, seven have occurred in Northern Manhattan or the Bronx — communities that are predominantly Black, Brown, and low-income.

Following the passage of Local Law 77, building owners are required to test cooling towers every 90 days while in operation. However, WE ACT is deeply concerned by the steep decline in Health Department inspections. In 2025, only 1,200 of the nearly 5,000 cooling towers in New York City were inspected, and just 270 violations were issued. This stands in stark contrast to 2017, when over 5,200 inspections were conducted and 48,000 violations issued.

The current regulatory framework is fundamentally inadequate. It allows for non-compliance and neglect by building owners due to:

1. **Unclear statutory responsibilities for building owners**

2. **Unclear oversight authority and enforcement responsibility among city agencies**

3. **Inconsistent and insufficient enforcement of existing laws**

4. **Lack of transparency, accountability, and timely communication with building occupants**

This most recent outbreak exemplifies how under-regulated systems and under-resourced agencies fail to protect vulnerable New Yorkers. These patterns reflect environmental racism and chronic disinvestment in marginalized communities.

In collaboration with the Upper Manhattan Tenants Union, WE ACT held a **Community Teach-In on September 4th** to hear directly from impacted Harlem residents. Community members expressed the following concerns:

- Deep fear and anxiety about contracting Legionnaires' disease in their own neighborhood.
- Outrage over the Department of Health's delay in releasing the list of affected buildings (residents waited nearly 20 days after the outbreak began before learning which cooling towers had tested positive for Legionella.)
- Frustration that the outbreak was linked to the chronic disrepair of buildings in Harlem. Many called on both the Department of Health and the Department of Buildings to take responsibility and take immediate action.
- Strong frustration over the ongoing underfunding of both agencies, which residents see as a major barrier to effective oversight, enforcement, and public protection.

Residents also shared concrete policy ideas and measures to ensure no future outbreak is allowed to occur again. Many of these proposals are reflected in **Manhattan Community Board 9's resolution on Legionella Cooling Center Testing**, submitted to Acting Health Commissioner Dr. Michelle Morse.

WE ACT **supports Council bills Int. 0166-2024, Int. 0434-2024, and Int. 1390-2025** as meaningful first steps, but we urge the Council to go further. Stronger enforcement, transparency, and accountability mechanisms are necessary to protect public health and environmental justice.

We highlight the following **key recommendations** from Community Board 9's resolution:

1. All owners of buildings with cooling towers perform a Legionella risk assessment and water system inspection every 30 days
2. Such inspections shall be conducted by a New York State licensed professional engineer; certified industrial hygienist; certified water technologist; environmental consultant or water treatment professional with training and experience performing inspections in accordance with current standard industry protocols including, but not limited to ASHRAE 188-2015
    2.1. Documentation of all inspections be completed and submitted by no later than five (5) working days following the inspection;
3. Building owners shall be required to file proof of inspection and remediation with the Department of Buildings and/or DOHMH, which will maintain a publicly accessible online registry of building compliance; including information such as the number of positive tests, date of remediation, any violations and enforcement actions taken, name of the manufacturer of the cooling tower; model number of the cooling tower; specific unit serial number of the cooling tower, if available; whether maintenance is performed by in-house personnel, by a contractor, or by other parties; and year the cooling tower was placed into service.
    3.1. This database should be made available to the public in a manner similar to the HPD Online Building Information database;
4. Building owners shall be required to notify tenants in writing (in multiple languages where applicable) of inspection results, planned maintenance actions, and any potential exposure risks—via posted notices in common areas and mailed notices to tenants;
5. Following a positive test result of greater than 1000 colony forming units (CFUs) of Legionella, any subsequent test following remediation should be confirmed by a NYC DOHMH employee;
6. Building owners shall be required to remediate positive tests of greater than 1000 CFUs within one (1) working day, and positive tests of greater than 20 CFUs but less than 1000 CFUs within two (2) working days.
7. Failure to comply with these mandates shall result in escalating penalties, including fines, emergency remediation orders, mandatory inspection by a NYC DOHMH-contracted certified inspector at the building owner's expense; and potential criminal liability in cases of gross negligence or repeat violations

WE ACT urges the City Council to integrate these recommendations into the current legislative package. We further call for sustained, dedicated funding and staffing for both the Department of Health and Mental Hygiene and the Department of Buildings to ensure robust oversight and enforcement. Preventing future outbreaks requires a proactive, well-resourced, and transparent regulatory framework.

We thank Council Members Amanda Farías, Pierina Ana Sanchez, and Lynn Schulman for their leadership on Int. 0166-2024, Int. 0434-2024, and Int. 1390-2025. Harlem deserves legislation that not only prevents future outbreaks but also confronts the root causes of environmental injustice.

We look forward to working with the Council to ensure this moment of crisis leads to transformative and lasting change.

Sincerely,

Valentina Rojas
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Lonnie J. Portis
New York City Policy & Advocacy Manager
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Written Testimony of Cameron Clarke
Before the New York City Council Committee on Health
Hearing on Legionella and Cooling Tower Safety
September 19, 2025

Good morning Chair and members of the Committee. My name is Cameron Clarke. I am a medical student at Columbia University, where I help to coordinate the Columbia chapter of White Coats for Black Lives, a national organization aiming to dismantle racism in medicine and fight for the health of Black people and other people of color. I am also a former Environmental Health Fellow and Campaign Coordinator at WE ACT for Environmental Justice, a Harlem-based community organization working to build healthy communities by ensuring that people of color and/or low income residents participate meaningfully in the creation of sound and fair environmental health and protection policies and practices. Finally, I am the current Co-chair of the Health and Environment Committee for Community Board 9, representing West Harlem. I have worked with these organizations alongside tenants and communities of color to fight for safe, stable, and dignified housing, healthcare, and environmental health and justice. Today I am testifying in my personal capacity as a concerned citizen and resident of Harlem.

I'm here today with other Harlem residents and community members because the recent Legionella outbreak in Northern Manhattan was not an accident—it was the predictable outcome of years of underfunded enforcement, weak accountability for landlords and building owners, and a system that consistently puts the health of Black, Latino, and working-class New Yorkers at risk.

Since 2015, eight community outbreaks of Legionnaires' disease have occurred in New York City, with the vast majority occurring in Northern Manhattan and the Bronx. In the most recent outbreak, at least 114 people were sickened and seven died. Nearly all of the buildings identified as sources of contamination had cooling towers that were either behind on required testing or had not been inspected by the Department of Health in the past year.

The problem is clear: while building owners are required to test cooling towers every 90 days, city inspections have dropped to historic lows. In 2017, the Department of Health conducted 5,200 inspections and issued 48,000 violations. By 2025, inspections had fallen to only 1,200, with just 270 violations issued—even though nearly 1,900 of the city's 4,928 cooling towers had not been inspected since 2023. Eighty-five towers have never been inspected at all.

This is a systemic failure of enforcement, rooted in chronic underfunding and reliance on self-reporting by landlords who have every incentive to cut corners. It is also an environmental justice issue: the neighborhoods most affected are the same communities already burdened by asthma, housing insecurity, and the cumulative impacts of structural racism.

Earlier this month, WE ACT and UMTU brought together residents of Harlem for a teach-in and community forum on Legionnaire's disease. We discussed the outbreak and compiled a set of

demands for New York City and New York State legislators to ensure that the most vulnerable communities are protected from this continuous and easily preventable public health failure that disproportionately and repeatedly harms our community members. I've shared a compiled list of these demands below:

We demand the Council take bold, specific action to prevent future outbreaks:

1. **Restore and Expand DOHMH Inspection Capacity**

    - Fund the hiring of additional water ecologists and system engineers.
    - Mandate the annual, independent inspections by city personnel—not just self-reported testing by landlords.

2. **Strengthen Testing Requirements**

    - Mandate that cooling towers be tested by property owners at least every 30 days, not every 90.
    - Require hospitals and city-owned facilities to undergo the same standards as private landlords.

3. **Increase Accountability for Landlords and Building Owners**

    - Substantially raise fines for noncompliance to ensure they are not just a cost of doing business.
      Require landlords to publicly post proof of cooling tower testing and remediation in their buildings, similar to restaurant health grades.

4. **Transparency and Public Right-to-Know**

    - Create a real-time, publicly accessible map of all cooling tower locations and their inspection results, down to the zip code level.
    - Require immediate public notification—including through platforms like LinkNYC and community alerts—when a tower tests positive for Legionella.

5. **Environmental Justice and Tenant Protection**

    - Prioritize inspections and enforcement in historically overburdened neighborhoods like Harlem and the Bronx.
    - Ensure tenants have the legal right to withhold rent when their landlords fail to comply with cooling tower safety regulations.

The Council must recognize that every delay, every uninspected cooling tower, and every weak penalty is measured in hospitalizations and deaths. Communities like ours cannot continue to

live in fear of stepping outside our homes because the air we breathe may carry a preventable disease.

We, as Black, brown, and working class tenants, residents, and community members, urge you to act now to protect us from continued and future tragedy: restore inspections, strengthen testing requirements, enforce meaningful accountability, and guarantee public transparency. The lives of New Yorkers depend on it.

Thank you for your time and for the opportunity to testify.

Cameron Clarke

camerondavisclarke@gmail.com

TO: NYC City Council Health Committee
FROM: Lenna Nepomnyaschy
DATE: 9/19/25
RE: Legionnaires Disease Outbreak in Central Harlem & South Bronx

Please accept this testimony from me, Lenna Nepomnyaschy, a Manhattan Community Board 9 Resident and as a social science faculty member and professor who has spent a career studying health and health disparities.

I am writing to share my very strong concerns and tremendous disappointment in the city's handling of the recent Legionnaires Disease outbreak in my community and more importantly in failure to comply with legally required inspections of buildings in my community and the city as a whole.

As you are aware, over 114 cases of Legionnaires disease in Central Harlem were confirmed (as of August 28th), which led to 90 hospitalizations and **SEVEN** deaths. The presence of the Legionella bacteria was found in 12 cooling towers across 10 buildings in the Central Harlem cluster, including Harlem Hospital, NYC Health Department Clinic, and several other NYC-owned or managed buildings.

Just writing that paragraph seems ridiculous. How can this be?

All the evidence that I have been reading points to gross negligence on the part of the city in overseeing and enforcing compliance with legislation that had been passed in order to prevent exactly these sorts of outbreaks.

Buildings are required to test cooling towers every 90 days that they are in use. **Of the 10 buildings that tested positive for Legionella**, the cooling towers in **ALL BUT ONE were behind on testing or had not been inspected at all in the past year**. Just to restate, of the 10 buildings that tested positive, ONLY ONE had been inspected as required. Of the nearly 5,000 cooling towers in the entire city, **NEARLY HALF** have not been inspected since 2023 and **85 have NO RECORD of inspection at all.**

But, more broadly, of the 8 community outbreaks of Legionella since 2015, ALL BUT ONE, have been in Northern Manhattan or the Bronx, areas in which people of color and people of lower socioeconomic status are greatly overrepresented compared to the rest of the city.

So, what is going on here? There is no excuse for the lack of legally required inspections and no excuse for this particular neglect of buildings in our community.

Thank you,
Lenna Nepomnyaschy, MSW, PhD
lennan77@gmail.com

Legionaires disease, Cooling Tower Inspections, and Keeping New Yorkers Safe on 9/19/25:

To lose more than 1 life is an atrocious. This could have been avoided if DOH had the information in real time as soon as it was known. This is gross negligence and mismanagement- violation of quality of life. Quality of life should have been at the forefront when contracts are being given to public or private companies. As a resident of public housing this a constant reminder that life is fragile and should be safeguarded as such. This was preventable and again PREVENTABLE if everyone was notified with all the forms of communication available in 2025. There needs to be a true check and balanced of entities involved. Transparency and accountability is basic rights of all humanity.

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 0434 Res. No. _____

☐ in favor ☒ in opposition

Date: 9/19/25

(PLEASE PRINT)

Name: Arlie Klock

Address: Long Island City, NY 11101

I represent: Plumbers & Gasfitters, LA Local 1

Address: LIC, NY 11101

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Name: Jennifer Cordel Cleare

Address: _____

I represent: _____

Address: _____

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(PLEASE PRINT)

Name: ISAAC Harris

Address: _____

I represent: SSEU Local 371

Address: 1501 Broadway

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Date: 9/19/2025

(PLEASE PRINT)

Name: IVY KWAN ARCE

Address: [redacted] NYC

I represent: SELF; ACT UP

Address: Online

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Date: 9/19/2025

(PLEASE PRINT)

Name: Deborah Williams

Address: 125 Barclay Street NY NY 10007

I represent: Director, Safety & Health, DC37

Address: _____

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Date: 9/19/2025

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Name: Carmen deLeon

Address: 125 Barclay Street NY NY 10007

I represent: President, Local 768, DC37

Address: _____

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(PLEASE PRINT)

Name: Carmen Charles

Address: 125 Barclay Street NY NY 10007

I represent: President, Local 420, DC37

Address:

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Date: 9/19/2025

(PLEASE PRINT)

Name: Isaac Harry

Address: 125 Barclay Street NY NY 10007

I represent: Associate Director, Health & Safety,

Address: Local 371, SSEU, DC37

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Date: 9/19/25

(PLEASE PRINT)

Name: Artie Kloch

Address: 37-11 47th Ave., LIC, NY 11101

I represent: UA Local 1 - Plumbers & Gasfitters

Address: 37-11 47th Ave., LIC, NY 11101

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(PLEASE PRINT)

Name: Dr. Michelle McVeigh

Address: Acting Commissioner and Chief

I represent: Medical Officer

Address: NYC DOHMH

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Name: Corinne Schiff

Address: Deputy Commissioner for Environmental Health

I represent: _____

Address: NYC DOHMH

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Date: 9/19/25

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Name: April McIver

Address: 535 5th Ave FL 17 NY NY

I represent: The Plumbing Foundation

Address: _____

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(PLEASE PRINT)

Name: Anabel Ruggiero

Address: [redacted]

I represent: ACT UP

Address: _____

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Date: _____

(PLEASE PRINT)

Name: Jan Moses

Address: [redacted] NY 10030

I represent: Harlem Legionnaires' Task Force

Address: [redacted] 2070 7th Ave 10027

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(PLEASE PRINT)

Name: KIM SMITH

Address: 2070 AC Powell Blvd NY, 10027

I represent: Harlem Legionnaires' Task Force

Address: 2070 7th Avenue NYC, NY 10027

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Date: 9-19-2025

(PLEASE PRINT)

Name: Patricia Loftman

Address: _____

I represent: _____

Address: _____

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Date: 9/19/25

(PLEASE PRINT)

Name: CAMERON CLARKE

Address: [redacted] NY, NY 10031

I represent: WHITE COATS FOR BLACK LIVES

Address: —

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