CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH

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September 2, 2026
Start: 10:11 a.m.
Recess: 2:39 p.m.

HELD AT: Council Chambers - City Hall

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

COUNCIL MEMBERS:
Joann Ariola
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Harvey D. Epstein
Simcha Felder
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A P P E A R A N C E S (CONTINUED)

Ida Goldstein

Daniel Thomas

Saundrea Coleman
Stanley Isaacs Houses

Valerie Mason
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Gwen Hanlon
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A P P E A R A N C E S (CONTINUED)

Brad Hoylman-Sigal
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April McIver
Plumbing Foundation

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Samuel Eluto
Building Trade Employers Association

David Hawkins
International Union of Operating Engineers, Local 94

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Marco Tomayo

William Spitz

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Harlem Legionnaires' Taskforce

Kristin Cara Ankuta

Heaven Berhane

Kim Smith
Harlem Legionnaires' Taskforce

Ronald Katter

Demetre Daskalakis

Meghan Peterson
DC 37 Local 3005

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

William McQuade

John Mullen

SERGEANT AT ARMS: Good morning and welcome to today's New York City Council hearing for the Committee on Health. At this time, ladies and gentlemen, we please ask that you silence all electronic devices. If you would like to fill out a testimony slip, then please see one of the Sergeants-at-Arms. Approaching the front dais is strictly prohibited. Ladies and gentlemen, please do not approach the front dais. Chair, you may begin.

CHAIRPERSON SCHULMAN: Good morning. I am Council Member Lynn Schulman, Chair of the New York City Council's Committee on Health. Thank you all for joining us at today's hearing on New York City's response to the 2026 Legionnaires' disease cluster. At this hearing, we will examine the Department of Health and Mental Hygiene's response to this year's cluster in the Upper East Side of Manhattan, which sickened 94 people, of whom 79 were hospitalized. We lost 11 New Yorkers to this year's outbreak, making this the deadliest Legionnaires' outbreak in our city since 2015. We grieve for the lives lost and we send strength to their families and loved ones. I want to thank Speaker Julie Menin for being here today and for her steadfast leadership on this issue as she

advocated for her district and for all New Yorkers demanding action and accountability. I will now turn it over to the Speaker for her remarks.

SPEAKER MENIN: Thank you so much. I first of all want to thank Chair Schulman for convening this very important hearing and all of our colleagues who are here today and members of the public. And thank you to the Department of Health for being here. We look forward to hearing your testimony. So this summer, as we all know, Legionnaires' disease outbreak has hit incredibly close to home for many of us. It occurred in the district that I represent and took the lives of 11 New Yorkers. Our hearts break for their family members, and we send them our deepest, deepest condolences. These are our neighbors. They are our friends and our loved ones. I have certainly experienced this public health crisis not only as an elected official, but as a New Yorker representing constituents directly affected by the city's response. I want to be very clear from the outset. We first of all want to commend the Health Department staff who worked tirelessly to investigate this outbreak, inspect and test cooling towers, conduct outreach, and protect New Yorkers. These

hardworking public servants deserve our respect. But today's hearing must also ask a fundamental question. Was New York City adequately prepared before this outbreak occurred? Legionnaires' disease is not a new threat. We know it occurs in New York City every year. We know cooling towers require rigorous inspection and oversight. And we knew before this outbreak that the Health Department needed additional staff to do this work. Yet during the outbreak, only 35 of 56 authorized water ecologist positions were staffed. That means 21 authorized positions were not yet staffed with active inspectors when the city needed this specialized workforce the most. Water ecologists perform critical work inspecting cooling towers and other water systems, identifying potential hazards, enforcing regulations, and helping prevent outbreaks. There are also serious questions about vacancies within the Health Department's broader inspection workforce, and that is one of the many series of questions that we will get to today. Today we need a clear accounting of how many water ecologists and public health inspector positions were budgeted, filled, vacant, and occupied by employees who were still onboarding or training when this

outbreak occurred. If Legionnaires' disease is a recurring public health threat, which we know it is, we should not be scrambling to build the workforce needed to address it after an outbreak has already started. We should have been prepared. Preparedness also means ensuring that our cooling tower laws are actually being enforced. This past May, New York City experienced temperatures approaching 100 degrees unusually early in the season. New cooling tower testing requirements had also just taken effect. We need to understand whether inspection and enforcement increased accordingly, whether building owners who failed to comply were quickly identified, and whether the department had enough staff to proactively enforce these requirements. There's another area where we must do better, and that is making sure New Yorkers understand exactly what they should do when Legionnaires' disease is detected in their community. I do not want to suggest that the Health Department did not communicate. The department conducted outreach and distributed information, but communication is only successful if people understand the risk and know what actions they need to take. Throughout this outbreak, I heard repeatedly from

constituents who did not know the symptoms of Legionnaires' disease, who was most vulnerable, when they should seek medical attention, or what they could do to proactively protect themselves. Residents also had basic questions about whether it was safe to shower, drink tap water, or use their air conditioners. We saw just how confusing public guidance can become at Haven Plaza, in a separate Legionella situation involving a building water system. Video and reports from that situation showed residents receiving differing messages about whether they could even shower. When we're dealing with a potentially deadly disease, residents should not be left trying to reconcile conflicting information themselves. The city must provide clear, consistent, and repeated guidance. New Yorkers should know the system of Legionella symptoms— excuse me— of Legionnaires' disease before the next outbreak. They should know who is at greater risk. They should know when to contact a doctor. And when an outbreak occurs, they should quickly receive clear information about what precautions they should take. Ultimately, I want to ensure that we keep our focus today on the people who really matter, the New Yorkers who became

ill and the New Yorkers whose lives were tragically cut short. 11 New Yorkers have died in connection with this outbreak. We will soon hear from family members who lost their loved ones to this horrible disease. But before then, I want to read a statement on behalf of a family who lost their loved one. They wanted this statement read. They felt very strongly about this. This hearing should be about her, and it should be about all 11 New Yorkers who are no longer with us today. They deserve answers. Their families deserve answers, and they deserve for us as policymakers to determine what should have been done differently and make the changes necessary to prevent another family from experiencing this kind of loss. I will now read the statement. My sister, a 32-year-old medical doctor with many decades of her life still ahead of her, was the 4th victim of the 2026 Upper East Side Legionnaires' disease outbreak. Her career as a pediatrician, dedicating her life to helping children and young people, was only just beginning. My sister was enormously kind, funny, ambitious, and exceptionally intelligent. My whole life I looked up to her and wanted to be like her. She cared deeply for those around her— her wife, her two younger

sisters, her parents, her friends and loved ones, as well as the patients she treated who described her as incredibly compassionate. My sister had so much life left to live. Instead, she became critically ill and was admitted to the ICU with Legionnaires' disease on the 4th of July. Because of her autoimmune condition, my sister was particularly vigilant about protecting her health. She took all necessary precautions and followed all health guidance. However, she was not prepared for an invisible threat in her own home, the one place where she was meant to be safe. My sister developed symptoms two to three days before she was admitted to the hospital. By this time, a cluster of Legionnaires' cases had already been identified, but not yet widely communicated to the local residents, including those who were known to be at greater risk. Had she been better informed and known about the risk and early symptoms, she could have been evaluated sooner and started on lifesaving antibiotics earlier. We will never know whether the outcome would have been different. My sister was admitted to the ICU, experienced an emergency intubation, and fought for her life for over two weeks. She endured an unimaginable amount of invasive medical treatments in

attempts to save her life. Despite all these efforts, my sister died on the 19th of July, 2026, surrounded by her family, her wife, and loved ones. We remain devastated. There are no adequate words to describe our loss. To lose her so young in a completely preventable manner leaves us grappling with many difficult questions about the multiple failures that allowed our dearest sister, daughter, wife, friend, and doctor to die so unexpectedly and traumatically. My sister always believed in helping others and preventing suffering wherever she could. She would not want any other person to die in vain. We cannot bring my sister back, despite this being our deepest wish. We can hope to prevent her death from becoming just another number or being treated as an unavoidable tragedy. Her life mattered, and her death matters too. We hope it leads to honest accountability and policy and practice changes so that no other family has to experience what we are enduring. I will end with what my— I told my sister in the hospital while she died: thank you for being my sister. We will love you forever. Thank you. I will now turn to Chair Schulman for her opening statement.

CHAIRPERSON SCHULMAN: Thank you, Speaker Menin. Almost one year ago today, this committee held a hearing to discuss the city's response to the 2025 Legionnaires' disease cluster in Harlem, which hospitalized 90 people and claimed seven lives. Legionnaires' disease is a serious type of pneumonia caused by Legionella bacteria, which can spread through water droplets dispersed by cooling towers, rooftop structures that contain water, and a fan as part of a centralized air cooling system for a building. Most healthy individuals exposed to Legionella bacteria do not get sick, but individuals who are 50 years of age or older or have chronic health conditions or weakened immune systems are at an increased risk for illness and hospitalization. When large Legionnaires' outbreaks occur, it is almost always due to the presence of live Legionella bacteria in cooling tower systems. However, I want to acknowledge that Legionella can also grow and spread within the plumbing system of a particular building. These systems are subject to different protocols. We will hear about that today as well with a main focus on cooling towers. Over the past decade, amid multiple outbreaks, New York City has adopted some of

the strictest standards for Legionella testing, cleaning, and remediation in the world. Last year, the council collaborated with DOHMH to enact my bill, Local Law 159, which requires building owners to conduct monthly, every 30 days, Legionella testing and disinfect cooling towers when they are in operation, usually during the warm summer months when Legionella bacteria is most likely to grow and spread. DOHMH implemented this law in May with the promise that these requirements would help prevent the next outbreak. And yet we are here again in the wake of another deeply traumatic and preventable tragedy. What happened? First, climate change has increased New York City's temperatures over the summer months, especially in the past two years, which gave rise to outbreaks in each of these years, creating a ripe atmosphere for Legionella bacteria to grow and thrive. And just as important, the data shows that the laws we have on the books are only as strong as the administration's commitment to enforce them. According to Open Data records, the number of cooling tower systems inspected by DOHMH each year has declined by over 50 percent since 2017, from about 5,000 annually in 2017 to 2,300 in 2025.

There's a chart with a graph on the screen and you can see the precipitous fall in the number of inspections. The slide displayed on the screen shows DOHMH data compiled into a line graph in a recent Gothamist report. It shows that over the past decade, the overall number of cooling towers inspected in the first six months of each year has declined from over 3,000 in 2017 to just over 1,500 in 2026. This too is a 50 percent decline. Data recently pulled from the Office of Administrative Trials and Hearings indicate that building owners owed the city approximately $5.1 million in outstanding balances related to cooling tower violations citywide, including approximately $1.5 million associated with violations that DOHMH classifies as public health hazards. And according to a 2025 DOHMH report, DOHMH received 94 test reports showing potentially hazardous Legionella levels in cooling tower systems And yet no cleanings or disinfections were performed by or on behalf of DOHMH pursuant to these tests. The same report found at least 800 critical cooling tower violations and over 250 public health hazard violations citywide last year. Tragically, none of this reporting led to aggressive enforcement prior to the cluster in 2026.

According to DOHMH cooling tower inspection data and OATH enforcement records for the three zip codes included in the 2026 Upper East Side cluster, enforcement was limited during the first six months of 2026. After excluding dismissed cases, DOHMH issued 20 summonses to six buildings in February and five summonses to one building in April, while issuing none in January, March, May, or June of this year. However, once the cluster occurred in July, enforcement increased substantially. DOHMH issued 180 summonses to 78 buildings with a combined face value of $177,000 in fines. During the 2026 cluster, of the 58 buildings with cooling towers that tested positive through culture testing for Legionella, only two received violations between January 1st and June 17th. Between June 18th and July 31st, however, 35 of the 58 buildings received a total of 71 summonses with a combined face value of $65,500. While the city's outreach efforts and transparency during the cluster improved from last year, much more needs to be done to make our cooling tower infrastructure safe for New Yorkers during the summer months. The data shows that DOHMH can enforce these laws and protect New Yorkers when Legionnaires' disease is in the

headlines and people are sick. Now the agency needs to show the same level of commitment to preventive enforcement 365 days a year. I want to be very clear, this cannot be the new norm. Nobody should die from Legionnaires' disease in our city. We cannot accept that we will lose more New Yorkers to this disease every year. It is unacceptable to enforce the city's cooling tower laws only once an outbreak occurs. This administration must increase enforcement at all times of the year, and it must renew its focus on preventive measures. Building owners need to understand that there will be strict consequences for cutting corners and violating the law. I said this last year and I will say it again. It should not take a major outbreak to trigger enforcement of our laws. People should not have to die for building owners to face consequences. We know this from over a decade of data. When the city continuously enforces the law, we save lives. As climate change makes our summers hotter and as our city ages and becomes more vulnerable to Legionnaires' disease, we must use every available avenue and resource to create a safer and healthier city. We must also work to identify where our laws can be tightened and where we can do

more to keep New Yorkers safe and informed. This council remains deeply committed to strengthening our laws and protecting New Yorkers from the threat of Legionnaires' disease. Today, the committee is considering eight pieces of legislation which all aim to stop the spread of Legionnaires' disease and keep New Yorkers as informed and as healthy as possible when an outbreak occurs. I want to thank each sponsor for putting forward these proposals and for their commitment to this issue. Before I talk about the bills, I want to mention that we've been joined today by Council Members Salaam, Epstein, Wong, Felder, Farias, Maloney, Wilson, Aldebol, Narcisse, and Morano on Zoom. These bills include Introduction 1016, sponsored by myself, which would establish a dedicated DOHMH Legionnaires' disease hotline for the public to request information about Legionnaires' disease outbreaks in New York City, as well as to provide hotline users with referrals to resources and medical services. Introduction 999 by Council Member Epstein in relation to establishing temporary Legionnaires' disease testing sites and a digital map of testing sites. Introductions 1005 and 1006 by Council Member Maloney in relation to education and

outreach on Legionnaires' disease and cleaning requirements for cooling towers. Introductions by Council Member Thomas-Henry in relation to post-cluster analyses of cooling towers associated with Legionnaires' disease and establishing a public database of locations impacted by Legionella. An introduction by Council Member Hanks in relation to an annual cooling tower compliance review and increased enforcement, and Introduction 181 by Council Member Farias in relation to requiring building owners to provide shower hoses and informational materials on Legionnaires' disease to tenants. I look forward to hearing from the administration, receiving thorough responses to the committee's questions, and discussing the proposed legislation. I want to thank Commissioner Martin and Deputy Commissioners Howard and Schiff for being here. Thank you again to Speaker Menin for being here today and for your leadership. We will now move to Council Member Amanda Farias for a brief statement on her bill.

COUNCIL MEMBER FARIAS: Good morning, and thank you, Speaker Menin and Chair Schulman and the members of the Committee on Health. Thank you for

hearing Intro 181 today. I have been working for years to push this legislation forward, along with many others that are on the docket, after an outbreak in my district and many other communities of color made the clear need for a defined protocol to get information and practical protections to tenants when a confirmed case of Legionnaires' disease is identified in their building. In 2022, residents at Clason Point Gardens were advised not to use their showers while the Department of Health and Mental Hygiene evaluated the development following two confirmed cases. When my office pressed for an alternative that residents could actually use during what could be a very lengthy testing process, as many were people with disabilities, older adults, and needed mobility assistance, we worked with DOHMH and NYCHA to get shower hoses installed for the affected residents following the need of no water vapor or steam, just water for people to use and not inconvenience their day-to-day lives as many were told they could not use their showers. That experience largely informed the legislation before us today. Since then, we have continued to see this issue arise in residential water systems, including

in Parkchester in my district, where DOHMH initiated a building evaluation after multiple residents sharing a hot water system were diagnosed with Legionnaires' disease. And after the Legionnaires' cluster we saw this summer, the need to strengthen every stage of the city's response remains just as relevant. Even while DOHMH is investigating a source directing testing and overseeing any necessary remediation, residents are still living in their homes and making decisions on how to use their safe— their water safely, or even having to purchase water to use water safely. When a case is confirmed in a residential building, the response has to reach the tenants in that building quickly. DOHMH's guidance should get to residents, and they deserve to know what practical precautions are available to reduce their risk of exposure. While the building response is underway. The 24-hour requirement in my bill ensures that once DOHMH has provided notice, building owners are equipped with standardized guidance to communicate clearly with tenants and take the immediate mitigation steps available to them. The shower hose provision is another practical tool alongside the health guidance that they are given.

What we were able to coordinate with Clason Point Gardens should be built into the response when these circumstances arise. Residents should not have to wait for an elected office, a building manager, and a health agency to work out an alternative after the fact when we now know that there is one available. That also can help reduce risks, as we saw no other people in Clason Point houses be diagnosed with Legionnaires' disease. Intro 181 is not intended to replace DOHMH's investigation or existing requirements around a building's water system. It's just meant to ensure that while those processes are underway, there is also a defined responsibility for getting appropriate information and a practical precaution to people living there. I'm interested in hearing from DOHMH today about how Intro 181 can be incorporated into its existing notification and investigation process and how the department would operationalize the 24-hour requirement. And truthfully, I'm looking forward to the existing— the feedback we receive on all the bills before the committee today. After carrying this legislation for several years, I hope this hearing positions us to move toward enactment and effective implementation.

Thank you again to Chair Schulman for bringing Intro 181 before the committee, and thank you to my colleagues who have joined me as sponsors of this legislation. I look forward to hearing back from the administration after today's hearing. Thank you again.

CHAIRPERSON SCHULMAN: Thank you, Council Member. And now we'll go to Council Member Epstein for a brief statement on his test— on his introduction.

COUNCIL MEMBER EPSTEIN: Thank you, Chair Schulman, and thank you, Speaker Menin, for hosting this hearing today. This is a really important conversation. As the Speaker mentioned earlier, in my district, Haven Plaza was found to have a Legionella bacteria outbreak in their water supply, and tenants for months were confused. Misinformation— information was submitted in writing, oral information was contradictory. It really is a core function of city government to protect New Yorkers from public health threats just as Legionnaires here. Today is a real opportunity for us to learn about what we can do better as the city faces challenges like this one. We know this is not the first time, and unfortunately

this is not the last time we'll see the loss of life. As the Speaker mentioned earlier, the loss of 11 people in her— in her and Council Member Maloney's district is such a tragedy that we as New Yorkers shouldn't have to face again. My Bill 999 addresses the challenge my constituents face around having access to testing. When learning about the outbreak, many wanted to get tested. However, they were given fragmented and misinformation and confusing information about whether they qualified for testing or where they could get tested. The bill package across the board really establishes a procedure and process to ensure that the Department of Health ensures that hoses can be provided, testing provided, information can be provided. This is particularly important for adults and people- adults with compromised immune systems, people with disabilities, and people who had to struggle long distances to get information. Getting information is really important for people. Getting information about testing sites and Legionnaires' is critical. It is important for the council to hear directly from the administration how we can improve on what happened this year, so when New Yorkers get exposed to Legionella in the

future, they'll have the resources they need to be able to fight back. I look forward to hearing from the administration about what we can do better to affect the lives of impacted New Yorkers, to make sure there are hoses and testing and information and making sure those cooling towers get tested on a regular basis to improve the lives of all New Yorkers. I want to thank the Chair and the Speaker again. I look forward to hearing about all the packages of the bills and looking forward to the passage of these important bills.

CHAIRPERSON SCHULMAN: Now we're going to go to Council Member Maloney.

COUNCIL MEMBER MALONEY: Thank you, Chair, and thank you, Speaker Menin. As one of the council members representing the Upper East Side where this outbreak occurred, this is a personal issue to me and to my district. It's imperative that we get into the details of how this happened and how we can be better prepared as a city to get ahead of a recurring public health emergency that will happen in the future. I'm introducing two bills before the committee today that focus on an improved response time next time. Intro 1006 strengthens prevention at the source by

requiring cooling towers to be cleaned and disinfected at least three times a year, including during the summer cooling season when we know we are at highest risk of Legionella bacteria growing. Intro 1005 focuses on public education and awareness by requiring the Department of Health to conduct outreach to— on Legionnaires' disease, particularly for New Yorkers who are at higher risk, so that people understand the symptoms, their risks, actions to take, and when to seek medical care. Preventing future outbreaks is going to require a multifaceted approach, stronger prevention, enforcement, better public information and increased transparency. Thank you.

CHAIRPERSON SCHULMAN: Thank you, Council Member Maloney. We're going to— there are a lot of statements from members on their legislation. So what we're going to do is we're going to go to the pre-panel first so that- because these are people who are members of the community and victims of Legionella and have family members of victims, so we don't want to keep them here too long. We have- the first one we have is virtual Ida Goldstein. You can you can begin.

IDA GOLDSTEIN: Hey, good morning. My name is Ida Goldstein. Now I'll tell you, Robert was an Air Force veteran and a successful businessman, and he graduated with a Juris Doctor degree from New York Law School. I was by his side every day in hospital, walking back and forth every day. Legionnaire came into my home window. I am concerned for my safety and anyone else. Bottom line, it could have been avoided easily by having the water towers cleaned. He taught— he caught a pneumonia and his high— and had a high fever of 104. Robert was exposed to this poison. Being in the hospital for over two weeks, he kept declining. He was on life support and oxygen. His lungs weren't working well. His kidneys shut down. He was on antibiotics and brain imaging. His white blood cells increased. He was going in and out of consciousness. I was waiting every day to see if he would improve, but he kept getting worse. He was getting thinner every day. My heart was breaking watching him suffer with all this life support attached to his body. This water vapor that he breathed in with no warning came in our own home from the outside. It took his life away, and from coming into our privacy of our home, own home, it murdered

him and destroyed me. We are married 50 years and my loss of him is tremendous. He really fought for his life in every possible way because he said to me, I don't want to leave you. I am lost without you. He was my everything, my soulmate, the love of my life. There will never be another one like him. I was privileged to have him in my life, a true love story, and I don't have him anymore.

CHAIRPERSON SCHULMAN: Are you done, or do you—

IDA GOLDSTEIN: Yes, I'm done. I'm heartbroken. Yes, I'm done.

CHAIRPERSON SCHULMAN: Okay, thank you so much. I'm so sorry for your loss. Thank you very much for your testimony. Much appreciated.

IDA GOLDSTEIN: Thank you.

CHAIRPERSON SCHULMAN: We now have Daniel Thomas.

DANIEL THOMAS: Good morning.

CHAIRPERSON SCHULMAN: Good morning. You can proceed. Go ahead.

DANIEL THOMAS: Yes, thank you. Thank you for the opportunity to speak, and I appreciate both Speaker Menin and Councilman Schulman's comments.

They're reassuring to hear. My father was Honorable Judge Charles Thomas. He was born in the Bronx, raised a family in Rockaway Beach, Queens, and he retired to Manhattan. Sorry? Am I still on?

CHAIRPERSON SCHULMAN: Yes, you are. Go ahead. Can— can you hear us? You're mute. We unmute it? We have to do that.

DANIEL THOMAS: I don't know if I'm still on or not.

CHAIRPERSON SCHULMAN: We can hear you. We're having a technical issue we're trying to resolve. Okay, I think he's good.

DANIEL THOMAS: Hello?

CHAIRPERSON SCHULMAN: Can you hear us? He's—

DANIEL THOMAS: I'm still on? Okay, I can't hear myself, but I'll continue.

COMMITTEE COUNSEL: Daniel, you can proceed. Thank you.

DANIEL THOMAS: To the extent that my father was a lifelong New Yorker And he retired in 2010 from the Queens County Supreme Court bench, and he resided in Manhattan on the Upper East Side until the time he passed. My father was actually a very,

very pragmatic person. He understood that not everything could be fixed, not everything could be resolved. But when he received the notice that he had Legionella, July 2nd, I took him to the hospital. And he fought valiantly, valiantly. To the surprise of many of the doctors, he survived six weeks fighting this disease. He encountered numerous complications. He had two life-saving procedures to fix arterial bleeds that developed in the stress ulcers. His body filled up with fluid. He looked like the Pillsbury Doughboy based on the amount of fluid his body was holding because it was fighting this Legionella. That is so toxic, it completely alters and creates a cascade effect to any existing problems that you may have. But he was independent. He walked the neighborhood on the Upper East Side. He went to the bank. He went shopping, went to the park. He was a member of society that was still contributing, still working, still helping young lawyers, counseling them, guiding them, giving advice to other judges. And the amount of pain that he went through enduring this disease, he knew. He was compos mentis the whole time. He never lost any of his faculties. He was aware. He made goodbye videos to his grandkids and

his children. When they approached him, said, you may need this procedure that is not going to— you're not gonna survive this procedure that you need. But he did, and he was strong. But he wasn't strong enough. And the thing that the public needs to know and this committee needs to know, the reason Legionella is so deadly to the elderly is because it creates a cascade effect. And you don't have the strength to weather the storm. There's not enough runway of health that can make you last. The doctor said normal pneumonia, you can get over in a matter of weeks. Legionella is going to be months, and the body weakens on a daily basis. And it was very, very difficult for myself and my family to watch my father deteriorate to the point where— he knew. And what he said to me was, this was a completely preventable random act of violence that occurred to me. And my whole life I've been about justice, doling it out, making sure it was done properly, and this was unjust. So enforcement absolutely has to be stepped up. And I appreciate that the city has been making changes, but they're not enough. They're not enough because they were not effective enough to prevent this outbreak. The 2025 outbreak in Harlem should have been a wake-up call to

the entire city, every building owner, everyone who's doing enforcement. We cannot scrimp. We cannot cut corners on safety when it's completely preventable, completely avoidable. And my father in the hospital said to me, what kind of judge, what kind of jurist would I be if I didn't stand up for myself and my own rights? And he researched a very, very fine attorney, Ron Katter, and said, I want Ron Katter to represent me. I will not live to see the end of this matter, but I do want to see change. I want my grandkids to know that my death was not in vain. And to the extent that enforcement is also part of what the penalty is, I don't know that the penalties are strong enough. I would ask this committee to consider what penalties there are. We have tremendous means and technology today, whether it's shutting down electrical systems for these air cooling— for these cooling towers or the buildings themselves to force compliance if necessary. It's great that there's all these, you know, millions of dollars that are in arrears from buildings that haven't complied, but that does no good for the New Yorkers walking the streets. So, there's much more I could say. I'm happy to do it at a later date, but for right now, I want to share with

you that the enforcement is key. I'm delighted to hear that no death is acceptable from Legionella in this city at this time that we live. No death is acceptable. And to put it in context, I read an article about a fighter jet. That the U.S. military has that cost $150 million, and there's an ejection seat in that fighter jet. That tells you how precious life is. So the fact that my father was 92 doesn't change the fact that he had still life ahead of him, and he was robbed, and his life was taken away. Thank you for the time.

SPEAKER MENIN: Daniel, I just want to thank you. I know it's obviously very painful to have to come and to talk about the loss of your father. We very much appreciate you doing that. And I want to extend condolences to you, to your family, and condolences to Ida, who spoke earlier. Ida and I had a conversation right after her husband died. She told me with much love about her 50-year marriage to her husband. And I know it's very painful, Ida, for you to have to talk about this, but we appreciate you doing so as well, and our deepest condolences. Thank you.

DANIEL THOMAS: Thank you very much.

CHAIRPERSON SCHULMAN: Thank you, Mr. Thomas. We really appreciate it. Condolences as well. So we— and we appreciate you testifying because it makes a difference for us. So thank you. Now we're going to go— we have an in-person panel. We have Minister Saundrea Coleman. Just come and take a seat. Yeah. And Valerie Mason. Minister, you can go first. Go ahead.

SAUNDREA COLEMAN: Greetings. Greetings. My name is Saundrea Coleman. I am a minister, the President of One NYCHA Advocates, and the co-founder of the Home Size Coalition. I reside at Isaac Houses on the Upper East Side. Legionnaires' disease is 100 percent preventable. We should not be here today. Have we not learned from the seven souls lost in Harlem last year? One death is too many. I'll repeat, one death is too many. Legionnaires' is a year-round disease. Our health department should have stayed on ready. If they cared and were accountable to New York City residents, they would have hired an adequate number of inspectors that would have been able to identify cooling towers that tested positive. NYCHA is a very vulnerable population. As a minister and community leader, I had seniors from Isaac Houses and

Holmes Towers tell me they were hospitalized because they had Legionnaires' disease. One elder told me their kidneys had shut down. That disease almost killed him. This is not a disease that is new. We know it is curable, but most of all that it is preventable. My deepest condolences to the 11 families that lost their dear loved ones to this preventable disease. Their families' pain, their loved ones' blood is on the hands of those who were supposed to protect, inform, and be accountable to them. Please, please, please be vigilant and provide and protect all New Yorkers. Keep this city safe from this year-round preventable disease. Thank you for allowing me to testify today. God bless you all.

CHAIRPERSON SCHULMAN: Thank you. Ms. Mason?

VALERIE MASON: Good morning. Good morning, members, and thank you for holding this hearing. I'm Valerie Mason, and I'm the Chair of Manhattan Community Board 8, which encompasses the Upper East Side, and most notably for purposes of this hearing, and unfortunately the locus of this summer's Legionnaires' outbreak, I want to acknowledge and send the sympathies of Community

Board 8 to the families who lost loved ones and our gratefulness to our health professionals that facilitated the recovery of 83 more New Yorkers. I know more about Legionnaires' than I ever thought I would. I want to thank the City Council for passing legislation last year in response to the 2025 outbreak that set up the framework that should have, if followed by this administration, reduced the number of noncompliant cooling towers. In addition to the cooling tower outbreak, we had three separate cases of in-building Legionnaires' in my district this year. We need to come to grips with the facts that Legionella bacteria is here to stay. And with temperatures rising every summer, the conditions that we saw this summer could very easily be a regular occurrence. The city, in its press release yesterday, is lauding itself for, "its rapid and aggressive response." I just want to go on record and say that I was in the room, and that initially the city's response was not going to be rapid and aggressive. It was at the urging of our local electeds, some of whom are in this room, that the city changed its initial posture, not to wait two weeks for cultures to grow, but to get out there and start decontamination if a

cooling tower preliminarily tested positive for Legionnaires'. We need to be more proactive, not reactive. I saw the Mayor's announcement of so-called sweeping measures. They don't seem very concrete to me. Based on what I experienced this summer in my community, my recommendation for identifying unregistered cooling towers is not, "developing synergies between the Health Department and the Department of Buildings." If you want to identify unregistered cooling towers, fly drones over the top of buildings. As for public education and transparency, an online tower lookup sounds great, but many New Yorkers do not have access or feel comfortable on the web. They should have as much information as those who are comfortable with it. If you live or work in a building with a cooling tower, your landlord should be required to notify you. New Yorkers are some of the most vigilant people on earth. I know if they know what the reporting requirements are, they will make sure that their landlords are following them. People were very concerned on the Upper East Side. We were overwhelmed with inquiries about whether people should go outside, whether they should leave the city until the

cluster was over. Should they meet their 87-year-old friend for lunch in one of the affected zip codes? These were the kinds of questions we were getting. When a cluster is identified, the city should set up mobile units for free testing. Many people can't afford to go into an urgent care, even if they think they have the initial symptoms. The quicker people are diagnosed, the better. And let us not forget about the other type of Legionnaires', the in-building kind where residents can't shower or use hot water. The city should put in infrastructure to have some type of on-call arrangement for mobile shower units. These situations can last a long time, and New Yorkers can and should be cared for by their government. During the previous major Legionnaires' outbreaks, Mayor de Blasio personally visited the affected Bronx communities. He was at Lincoln Hospital. Last summer, Mayor Adams was in Harlem to distribute information and speak with residents. As of today, there has been no outreach by our mayor to this affected community, although he lives in it. He did not attend any of the town halls, nor attend any of our community board meetings, either in person or via Zoom, to find out what was happening in our

community. I'm so disappointed and troubled by this, and I hope you will be too. We look to our government to protect us on these basic issues of public safety and health, and we've been failed here. And I appreciate all your efforts to do more, because as New Yorkers living in the greatest city on earth, we deserve the best. And we are not getting it. Thank you.

CHAIRPERSON SCHULMAN: Thank you, Ms. Mason. Appreciate your testimony. Appreciate both of you. Thank you. Now I'm going to read— we have some statements from other electeds, some of whom have legislation before us. I'm going to read a statement. I'm going to read a statement now from the Public Advocate, Jumaane Williams. "Good morning. My name is Jumaane D. Williams, and I am the Public Advocate for the City of New York. I want to thank the chairs and the members of the Committee on Health for holding this hearing today. This is the 2nd consecutive year of deadly Legionnaires' outbreaks, and summers in New York are only getting hotter. It is past time we implement measures that protect residents from a disease that is both preventable and predictable. After 94 cases and 11 fatalities this year, I am

concerned that current enforcement measures for cooling tower regulations are 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. In the aftermath of last year's outbreak, the council passed Local Law 159 requiring more testing for the Legionella bacteria by building owners, increasing the frequency from 90 days to every 30 days. As DOHMH Commissioner Dr. Martin pointed out at the July 6th Legionnaires' disease virtual town hall, we haven't had time to see the most recent measures take full effect. Even so, some public health experts are skeptical that more testing is the solution. They say building owners often test immediately after a deep clean, which means that they draw negative test results even if the cooling tower had been rife with bacteria in the weeks leading up to the test. Dr. Martin also said DOHMH had identified two building owners in the impacted zip code that are considered particularly bad actors, one of whom had not registered their cooling tower with

the city as required by law. With persistent outbreaks in the face of regulatory changes, we've seen that traditional water regulations can fall short. When water enters a private building, the responsibility of public health is shared by the city and the landlord. Unfortunately, financial incentives are oftentimes needed in order to discourage bad actors and encourage landlords to prioritize the health and safety of their residents. I believe the current level of fines are not strict enough. As it stands, landlords are fined $1,000 for a first offense and $2,000 for each additional offense. More meaningful, effective enforcement calls for higher fines. For this reason, my office is submitting legislation that would raise the level of fines. But even before that change is considered, the city must take proactive steps to ensure that outbreaks like this one do not happen again. I call on the City Council to push forward the preventive bills heard at today's hearing and to hold landlords accountable by increasing fines for cooling tower violations. Financial incentive together with more frequent inspections can help prevent future outbreaks. I would be remiss if I didn't add my voice to the

frustration that in past years this issue has disproportionately impacted Black and Brown communities in the Bronx and Harlem. Several survivors and families are now suing the city over the outbreak last year. This year's Upper East Side cluster reinforces the understanding that Legionnaires' is a risk to all. In honor of those we've lost and those still concerned, we must be proactive, not reactive, in preventing outbreaks. Thank you." The other statements that we have, we're going to submit for the record. And so now I'm going to call up the Health Department to give their testimony. Welcome. You can proceed whenever you're ready. The Committee Counsel will swear you in. I'm sorry.

COMMITTEE COUNSEL: Could all please raise your right hand for me? Do you affirm to tell the truth, the whole truth, and nothing but the truth before this committee and to respond honestly to council member questions? Commissioner Martin?

COMMISSIONER MARTIN: I do.

COMMITTEE COUNSEL: Deputy Commissioner Schiff?

DEPUTY COMMISSIONER SCHIFF: [inaudible]

COMMITTEE COUNSEL: Deputy Commissioner Dr. Howard?

DEPUTY COMMISSIONER HOWARD: I do.

COMMITTEE COUNSEL: You may proceed with your testimony.

COMMISSIONER MARTIN: Good morning, Speaker Menin, Chair Schulman, members of the committee. Before I begin, I want to acknowledge the New Yorkers who shared their stories with us today. I heard you, and your stories underscore the responsibility we have to learn from this and to strengthen our system. I'm Dr. Alister Martin, Commissioner of the New York City Department of Health and Mental Hygiene. I'm joined today by Deputy Commissioner of Environmental Health Corinne Schiff and Deputy Commissioner of Disease Control Dr. Andrea Howard. Thank you for the opportunity to testify today on the Department's response to Legionnaires' disease cluster on the Upper East Side. In connection with the cluster this summer, 11 people died. My deepest condolences are with the families and friends of the people we lost. We do not take any loss of life lightly, and one of the priorities for today's hearing is to honor their lives. I'm grateful for the

opportunity to outline the city's response to the Legionnaires' cluster with that in mind. As the city's doctor, let me first 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 water. It does not spread from person to person. It is contracted by inhaling mist or water vapor that contains Legionella bacteria, which moves invisibly through the air. People who are over the age of 50, people who smoke, and people who have certain 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. With climate change, New York City is experiencing longer, hotter summers and more frequent and intense heat waves every year. And that increases the risk of Legionella growth in cooling towers. It's important to note that cooling towers are separate from indoor plumbing and potable water. Cooling

towers are mostly used to remove heat from buildings and cool equipment. While towers operate, they release mist into the open air outside. If the cooling tower is contaminated, that mist they carry— that mist may actually carry Legionella bacteria. All of the evidence indicates that that is what happened this summer. As part of the Upper East Side cluster, 94 people were diagnosed with Legionnaires' disease. And tragically, 11 people died. At the Health Department, we do everything we can to prevent Legionnaires' disease clusters from happening in the first place and to respond urgently when they do. That is exactly what we did. On the afternoon of July 2nd, our waterborne disease surveillance experts who monitor our data every day identified a potential cluster of Legionnaires' disease cases even before our sophisticated surveillance analytics tools showed a signal. This allowed us to quickly mobilize our team at the earliest possible moment. Our team's decision is a credit to their years of experience and expertise. Their quick thinking and ingenuity likely saved lives. Over the historically hot 4th of July weekend, we mobilized to start testing all 183 cooling towers in the three zip codes for Legionella

bacteria. Our team of water ecologists recently expanded to 56 budgeted positions, including 23 new hires in November 2025. Our Environmental Health Division supported the response, including the effort to collect samples from each cooling tower and take them back to the lab. There we immediately began a two-pronged testing process. The first piece was to subject them to PCR testing, which yields results quickly to determine whether Legionella bacteria are present. Crucially, these tests cannot determine if the bacteria is dead or alive, and only living bacteria can make people sick. We also began the culture testing process, which is the gold standard in detecting live Legionella bacteria. These tests more precisely detect the presence of the type of Legionella, of live Legionella bacteria that can cause illness, but they take up to two weeks to produce results. We did not wait two weeks to act. For each of the 83 preliminary PCR tests that came back positive, we ordered building owners to fully drain clean and disinfect their cooling towers, and all of them complied. That is a more aggressive strategy than our city has ever taken. Cooling tower cleaning and disinfecting effectively eliminates

Legionella bacteria, but cleaning without testing first poses its own set of risks. That's why we did not recommend blanket biocide for every cooling tower in the investigation area. The frequent and aggressive use of biocide can corrode the internal cooling tower system and strip the protective materials, ultimately making way for more Legionella growth in the future. The CDC recommends a balance of strategic testing and remediation rather than blanket treatments. This summer we struck that balance. The data indicates that any source of bacteria causing this cluster was likely eliminated within a week of launching the investigation. Over 90 people– 90 percent of the people in the cluster developed symptoms before July 7th. Remember, we called this cluster into order on July 2nd, just five days after the Health Department launched its investigation. 90 percent of those who were sickened by this already had developed their symptoms. Symptoms typically appear two to 10 days after exposure and can take up to two weeks. That means the majority of people who got sick were likely exposed in the week or two before we discovered the cluster. As soon as we learned about a possible cluster, we took action.

While our team of epidemiologists, microbiologists, and water ecologists worked long hours to pinpoint and contain this cluster, we were also working to keep the public informed. My team and I were in close communication with our colleagues across city government, including members of this council, our partners at City Hall, and the Mayor directly. We also worked collaboratively with community partners and healthcare providers who have longstanding relationships on the Upper East Side and are well-suited to be trusted messengers in moments of crisis. Above all, we spoke directly to the public and to New Yorkers who live and work on the Upper East Side in particular. Starting the Friday of that holiday weekend, we canvassed neighborhoods in the investigation area. There, we handed out flyers, answered questions. I joined my team of community health workers on the streets of the Upper East Side that weekend to speak directly with New Yorkers. We worked closely with members of the press to make sure New Yorkers were hearing the most up-to-date information from me. Across all platforms— on TV, in the news, in the headlines, and on the radio. We placed ads on LinkNYC boards and on radio stations.

We pushed alerts to New Yorkers' devices through NotifyNYC in collaboration with our partners at NYCEM. At every stage of the investigation, we were direct, we were transparent. In total, more than 260 Health Department staff members supported this response. And that includes scientists who interviewed and reviewed records for more than 150 potential cases, collected samples from more than 180 cooling towers, and performed more than 360 different tests on those samples. In addition, our community health workers and communication specialists distributed over 6,000 informational flyers and palm cards in three languages, hosted a webinar for healthcare providers, held multiple public briefings and town halls, which had approximately 2,000 attendees across all events. We issued nine public updates and provided daily updates on nyc.gov/legionnaires and on social media, which received more than 2 million impressions. At the Health Department, our work is to try to prevent clusters like these from happening, and that work is about oversight. Ultimately, it is up to individual building owners to comply with the legislation this council creates. To enforce those laws, we create

targeted regulations and educate, train, and provide guidance to building owners with cooling towers. We conduct inspections to promote compliance and mitigate risk. When owners are not meeting their obligations, we hold them accountable. The owners of buildings that house the more than 5,000 cooling towers in our city are responsible for monitoring, maintaining, and remediating building equipment when necessary to reduce the risk that Legionella bacteria will grow. Over the past decade, New York City has stood up and enforced the most comprehensive cooling tower program in the United States. I'm grateful to Chair Schulman. I'm grateful to the members of this council for the collaborative effort to create Legionnaires' risk mitigation laws that serve as a model for the world. That legislation— that legislative process began in earnest in the 2015 cluster in the South Bronx, which sickened 138 people and killed 16. After subsequent clusters, including the one in Central Harlem last summer, City Council has repeatedly amended and tightened those regulations. The latest revision of our oversight program is a local law that took effect on May 8th, of this year. The central change of the local law was

to increase the frequency of legally mandated Legionella tests of cooling towers that owners must conduct from once every 90 days to once every 31. While the law did not take effect until May, we began preparing for that new requirement to take effect in the winter of 2025. That included updating our online guidance materials for cooling tower compliance, contacting owners of thousands of registered cooling towers to inform and later remind them of the coming changes, issuing a press release when the regulations took effect, providing individualized phone consultations with owners, reviewing the upcoming requirement at inspections, and holding three training sessions on testing practices. The new requirements were just under two months old when we began our Upper East Side investigation this summer. In this instance, one of our most effective enforcement tools was public pressure and transparency. This summer, for the first time, our agency published the addresses of buildings that had a cooling tower test positive on PCR tests. When culture test results became available, we published those addresses as well. On July 10th, we released the first list of PCR-positive addresses. At that

point, 74 percent of the Upper East Side towers our inspectors visited were meeting the new monthly testing requirement. Two weeks later, it was 97 percent. That unprecedented level of transparency pushed building owners into action. Citywide compliance rose from 77 percent before the cluster to 81 percent by late August. To contextualize those numbers, I want to clarify that the percentage of noncompliant cooling tower operators can be artificially high. And that's because that number includes all cooling tower operators who are not submitting documentation of taking the sample. That's even if the cooling tower is not currently running. Or if building owners are testing but fail to document it. We recognize there's always something to learn from each cluster. This summer is no exception, and we are advancing five new measures I will address shortly. That said, our staff have conducted more inspections than this time last year, and we are grateful for the additional funding to expand our team of water ecologists. Our water ecologist team has grown to 56 budgeted positions, including 23 new positions funded in November 2025. The majority of these positions are filled today, and we are actively

recruiting for the remaining six positions. This process takes time. These are highly specialized roles, and candidates must have specific credentials to comply with civil service requirements. If the council can help us reach qualified candidates to fill the handful of remaining water ecologist positions through your district networks, we welcome it. They are the foot soldiers of this process, and I have spoken with many of them directly this summer. Some of those conversations happened at rooftop inspections across the city, which I myself personally attended. They are doing incredible work to ensure that building owners stay vigilant about Legionella growth. I'm very grateful for their work and that of the entire Health Department team this summer. While my testimony thus far has outlined our response in the past tense, there is still one outstanding step in our accountability process. On July 31st, we were confident any bacterial source had been eliminated. Two weeks, the incubation period for Legionnaires' disease, had passed since anyone who lives, works, or had visited in the area began feeling symptoms. But our work is not yet finished. We continue with the genetic analysis aimed at

pinpointing a source of bacteria that actually made people sick in this cluster. We know that not every cooling tower that harbored Legionella bacteria ultimately caused an infection. To trace the bacteria that may have caused this illness, our public health laboratory experts are comparing the DNA in Legionella cultured from patient samples collected by doctors to the DNA in Legionella cultured from cooling tower water samples that were collected in the investigation zone. We expect that analysis to be complete this fall. If there are genetic matches, we may have more information on what exactly happened in the Upper East Side to cause this summer's cluster. Coming out of this cluster, we worked with City Hall to shape a series of five new measures to strengthen the city's education, enforcement, and response to Legionella bacteria in cooling towers. These new measures include, first, identifying potentially unregistered cooling towers by developing synergy between the Health Department and the New York City Department of Building in the city's registration and tracking systems. Second, enhancing public visibility and transparency regarding cooling tower regulations by adding a new mapping feature to the NYC Health

Department's address-based cooling tower lookup. Third, exploring faster culture testing and novel testing approaches to decrease the amount of time it takes to test and confirm positive results. Fourth, accelerating enforcement of cooling tower violations by assigning the earliest Office of Administrative Trials and Hearing, or OATH, hearing date that rules permit. And fifth, convening a scientific advisory panel to evaluate new cooling tower technology and explore alternative cooling systems to cooling towers in the first place. We are committed to delivering all five and look forward to working together across city government to realize them. We did not wait to act on the Upper East Side this summer, and we are not waiting now. Turning to the legislation under consideration today, we are supportive of some of the council's proposals, and we have some current concerns about other bills. We support Pre-Introduction 2364, which would require the health and buildings departments to collaborate to identify unregistered cooling towers. In the last two cluster investigations, unregistered cooling towers have been discovered at buildings that were under construction or newly constructed. The NYC Health Department and

DOB have the capacity to work together to create an efficient way to cross-reference our data between DOB Now and the NYC cooling tower registration portal. That would allow us to identify gaps in registration and reveal when a cooling tower exists but is not registered. This will enhance our city's ability to check compliance with cooling tower regulations, ultimately reducing risks of Legionella exposure. We have concerns with introductions 181, 999, and 1006. Introduction 181 would require owners of buildings where one resident has Legionnaires' disease to provide shower hoses and information to tenants within 24 hours of that person being diagnosed. There are hundreds of cases of Legionnaires' disease in New York City each year. And our case investigators review every single one. A pattern of cases grouped in space and time suggests that Legionella bacteria may be growing in the built environment and we can act to cut it off. Most of the time, our investigators do not observe a pattern, and the cases are sporadic. We would not have evidence that there is any heightened Legionnaires' disease risk for tenants and that a shower hose would serve to reduce their risk. We're also concerned that the bill does

not consider the types of plumbing within the building, which could create challenges, potentially including additional expense to utilizing a hose. We want to be sure that the expense associated with the bill would not be passed on to tenants. We have suggestions for the ways the bill can better target the concerns and look forward to discussing with council. Introduction 999 would establish Legionnaires' disease testing sites. Legionnaires' disease is not COVID. There's no clinical or public health benefit to pop-up testing sites. And in fact, it could lead to inappropriate care. Pop-up clinics are not appropriate for screening and testing for Legionnaires' disease, which requires symptom screening, triage, a physical exam, diagnostic testing as necessary. And that could include other things like chest X-rays and blood tests. Furthermore, there is no public health benefit to testing people with no symptoms, as Legionnaires' disease is not transmitted person to person. For those with signs and symptoms, they should be tested and cared for by a doctor in a healthcare setting. They should not be waiting for test results to get care and possible treatment. Intro 1006 sets cleaning

requirements for cooling towers at least three times per year. There are already two required cleanings and a summertime clean and disinfection, and owners are required to continuously clean and disinfect when their monthly Legionella sampling results are positive. As I've outlined, unnecessary cleaning and disinfection using biocide can damage cooling tower systems by causing corrosion. That can make the systems more conducive to harboring bacteria and harder to clean. The new requirements for monthly Legionella sampling are available to validate water treatment in the cooling tower and drive the corrective action requirements to clean and disinfect. Of the remaining bills, Intro 1005, 1016, 1017, and Pre-Intro 2422, we are supportive of their intent and have some recommendations to council for how to improve the legislative proposals. Intro 1005 would require education and outreach about Legionnaires' disease and outbreaks. This bill largely codifies routine crucial work of the agency. We support the proposal and would want to clarify the language of the bill. Intro 1016 establishes a Legionnaires' disease hotline. Our call center agents can answer inquiries about Legionnaires' disease

after 311 routes them to us. We are happy to provide general guidance to New Yorkers, but if individuals have clinical concerns, they should always consult their healthcare provider. Intro 1017 requires analyses of cooling towers associated with Legionnaires' disease clusters. We are open to reporting information that could be helpful to the public regarding community clusters of Legionnaires' disease. We look forward to working with the council regarding the details of the analysis and the report. Lastly, pre-intro 2422 would require us to maintain a public database of locations impacted by Legionella. As outlined in the five new measures put forward by the Mamdani administration, the Health Department will provide a map to supplement our existing address-based online lookup tool for cooling tower inspections. That tool allows any New Yorker to enter an address and see the registered towers at or near it, with each tower's registration status, inspection history, and Legionella sampling compliance. The map will show the cooling tower locations and the lookup tool provides recent inspection results. However, mapping diagnosed cases in building investigations or community clusters of Legionnaires' disease could

jeopardize patient confidentiality. We look forward to discussing all of the legislation further with City Council. In conclusion, thank you, Speaker Menin. Thank you, Chair Schulman. Thank you to the members of the committee for your attention and commitment to this issue. We look forward to working together to further strengthen our city's Legionnaires' disease prevention and response infrastructure. Before I conclude my testimony, I'd like to direct your attention to the appendix in the printed copies you all have in front of you. I've walked through the major points in our response to the Upper East Side Legionnaires' cluster this July, but this testimony is not a comprehensive report. To that end, we have included a timeline detailing every single step of our response day by day. I hope you'll find it a useful record. Each step we took to cut off any bacterial source was in service of keeping as many New Yorkers out of harm's way as possible. I want to end today where I began. This hearing is ultimately about honoring the people who died in connection with this summer's cluster. As we continue to discuss the technical details of our interventions, I want to keep their memory at the

heart of this work. Thank you, and I look forward to your questions.

CHAIRPERSON SCHULMAN: Thank you, Commissioner. I'm now going to hand it over to Speaker Menin for her round of questioning.

SPEAKER MENIN: Thank you, Chair Schulman. Thank you so much, Commissioner, and to your team for being here today and for your testimony. I know I have a lot of questions, and I'm sure my colleagues do as well, so I'll begin with some of them, and I'll probably then come back on a second round as well. So I really wanted to start off with asking if you've determined the source of the 2026 cluster. I obviously saw what you said in your testimony, but have you been able to winnow it down from a source for a residential building, a commercial building, or a city-owned building?

COMMISSIONER MARTIN: Yeah, first of all, thank you again, Speaker Menin, and thank you, Chair Schulman, for bringing us here today. Before I talk about where we are with the source, let me just say a few words about the 11 New Yorkers who have passed. Each one of those deaths is a tragedy. And our hearts are with the loved ones, with the friends, with the

families. And each New Yorker who lost their life in this process requires us to examine every single thing that we can about this response and to identify ways to push our nation-leading Legionella laws even further. Now, to answer your question directly, the process of identifying the exact match, pinpointing the cooling tower or towers responsible is still ongoing, we're doing something called whole genome sequencing right now. My hope is that we're going to be able to provide a match, that there will be one or two, as there were last year, matches. But we don't have that data back yet. We should be able to report on that later this summer— later this fall.

SPEAKER MENIN: I guess my response to that is, why is it taking so long? Because in the Harlem outbreak, the Department released the results of the source within 35 days or so. In the Bronx outbreak, they released their results in, I believe it was 26 days. So it's now been two months.

COMMISSIONER MARTIN: Yeah. Thank you for that question. This is a very complicated process where we're looking to make the match between the DNA that we take from the bacteria in the patient's samples and to match them to the DNA that's in the

bacteria in the associated cooling towers. And so this process is complicated, it's complex, and it takes time. Let me pass it to Dr. Howard to share a little bit more about the process and where we are.

DEPUTY COMMISSIONER HOWARD: Sure. Thank you for the question. So as you heard earlier, that there were over 180 cooling towers. We had 59 cooling tower samples that were culture positive, and for each of these cultures, we may have multiple isolates that undergo whole genome sequencing. We actually do two different culture methods. And for each culture, there can be more than one isolate. One of those cultures is a solid culture that's done on a petri dish. And depending upon the sample, we can have five colonies of bacteria that grow, or we could have 20. And there can be more than one species of Legionella that grow on the Petri dish from that one cooling tower sample. And so the technicians will sample isolates from multiple colonies on the petri dish. So they are doing whole genome sequencing on over 300 isolates. That includes isolates both from the cooling tower samples as well as from a handful of patients, and that takes time. After we have the whole genome sequencing is the analysis to look for

that potential genetic match, an identical fingerprint between patient samples and environmental samples.

SPEAKER MENIN: So when will we expect then precisely to have these results?

DEPUTY COMMISSIONER HOWARD: We expect that later this fall.

SPEAKER MENIN: Okay. I want to move on to inspections. According to reports, and I know Chair Schulman referenced this, inspectors inspected more than 5,000 towers in 2017. By mid-2025, the number had fallen to just over 1,100. Why are we inspecting so few towers compared to nine years ago?

COMMISSIONER MARTIN: Yeah, thank you for the question, Speaker. So our inspection work is really the, you know, sort of third layer of defense that we have when we think about the system that exists to protect the city from Legionnaires' disease clusters. The first layer is really what the owners need to be doing on a daily, weekly, and monthly basis. The second layer from our standpoint is to ask, and because of the law that was implemented from last year's 2025 Legionella law, they also now need to submit this monthly Legionella sampling to allow

us to investigate how they are doing, how owners are doing with the daily, the weekly, and the consistent actions that need to be taken. The third layer of defense in this system is what you've described, is us doing these inspections, going actually physically to these cooling towers. And the fourth layer is if we find things that are wrong, if there's things that need to be immediately addressed or adjusted, we enforce and issue summonses which turn into fines, and we order corrective action to be taken. All of these layers together are coming together to help to reduce the risk of Legionnaires' disease clusters. And one of the layers that we have, as I mentioned here, is inspections. So let me talk about the rates of inspections. Our inspections this time last year compared to last are up 30 percent, over 30 percent. And that work is critical, but it is also not—

SPEAKER MENIN: [interposing] I'm sorry, Commissioner. I'm going to— I want to interrupt you because it's not about what's happening right now after the outbreak. It's what didn't happen before the outbreak. Because obviously we know now you— the Department is doing far more inspections after the outbreak has already occurred. What I'm concerned

about is, according to reports, the department issued no violations in the three zip codes covering the Upper East Side in January, March, May, and June of this year. The department issued 20 summons to six buildings in February, five summons to one building in April. Is that correct?

COMMISSIONER MARTIN: Let me answer that question, but let me come back to clarify the previous. The 30 percent increase number, Madam Speaker, is not after the cluster. That level of inspections was higher even before the cluster. So the new water ecologist positions, the funding that we got, that has made a difference, and more inspections have happened even before this cluster. Let me pass it to Deputy Commissioner Corinne Schiff to talk about the monthly summonses and inspections you just asked about.

DEPUTY COMMISSIONER SCHIFF: Thank you, Commissioner. Speaker, we're still looking at the data that was in the Council report to see if our data matches that. But I would say a couple of things. First, as we have discussed last year, we were short-staffed, and that's why we were not meeting our goals to inspect every cooling tower

annually. And as the Commissioner testified, we were authorized to hire additional staff in November 2025, and we have been actively recruiting. And that is why our inspections are up about 35 percent citywide since the start of this year. And as we continue to bring staff on and train them, those inspection rates will go up. As the Commissioner said, inspections are one part of our overall program to promote compliance among cooling tower operators with the council's nation-leading, incredibly protective laws and the regulations that we have issued to detail for owners how to comply with that local— those local law mandates. So in addition to inspections, which are an important part of promoting compliance, we are also develop— we also offer guidance that we publish on our website and we make available to owners. We have individual consultations. We send out reminders at key points of the year. We have newsletters that we publish on key topics. We hold training sessions. All of these are designed to support owners who have very specific requirements that they have to implement all the time. There's work for them to do many times a week, weekly, monthly.

SPEAKER MENIN: Okay, but it doesn't— I guess I have a very specific question, which is, it appears from the data that the Department didn't issue any violations in this affected cluster area in January, March, May, and June of this year. As I mentioned, 20 summons to six buildings in February, five summons to one building in April, and then suddenly in July, 180 summons to 78 buildings. So look, we obviously want to see the increased enforcement, but what we're trying to get to here is why there wasn't enforcement when we knew the summer months were coming? And then why is there no data about the number of inspections from 2026? Normally that data is made public in June and July. We— our team is telling us we cannot access any data. So if that has changed, we would want to know that. But as of when the committee report was written, our team was telling us there was no data made public about the number of inspections from 2026.

COMMISSIONER MARTIN: Let me share just a few words. And then we'll see if Deputy Commissioner has anything else to add. Madam Speaker, we have been consistently issuing summonses, violations. This last year in 2025, this amounted to over 1,300 violations

in total, totaling hundreds of thousands of dollars, $680,000 in fines within the cluster region that you described. We also issued summonses and violations, over 110 as part of this cluster. 15 of those were public health hazards, 50 were critical violations, 40 were general violations. So the enforcement apparatus, right, we have two jobs as part of what we do in our regulatory system. The first is to reduce the risk of Legionnaires' disease clusters. The second is when they happen, to respond aggressively, transparently, and quickly. And the violations that you see here are us doing that part of helping to reduce the risk.

SPEAKER MENIN: Right. But those violations occurred after the outbreak had occurred. That's really our point. Our point that we're trying to make is we want to understand why when Legionella bacteria is no surprise and the— happening in the summer months, which is why the Council originally passed Council Member Schulman's law over a year ago that went into effect on May 8th, why there was not more violations. In addition, during the outbreak, only 35 of 56 authorized water ecologist positions were staffed heading into the summer months. So there

were 21 authorized positions that the Department never staffed with active inspectors.

COMMISSIONER MARTIN: Let me clarify the record on that, Speaker. There are 56 total budgeted positions for the water ecologists, 50 of those positions either have people who are on the ground, on the roofs— I was with some of them just a couple weeks ago doing our water inspections— or going through the onboarding process. You are right, there are folks who we have not recruited, we have not hired. We have six open positions. And we're trying to make sure we get the right people for each of those roles. Those are highly specialized roles. But the vast majority of these, even the new positions that we got, were filled and had folks either on the ground or—

SPEAKER MENIN: [interposing] Right, but not before the outbreak occurred. The point is that why between January and May heading into the summer months did the department leave 21 authorized positions of active inspectors open? That's the point. Very good that now it's being filled, but our point is that had the Department filled these vacant positions, we would probably not be in this situation

that we are in right now. That is what I am trying to get to. If we could move on. How many buildings were noncompliant with Chair Schulman's 2025 law when it went into effect in May and June? Our understanding of the data, please correct us if we are incorrect, is that 25 percent of buildings were not in compliance. Why were there so few violations issued in May and June if there were 25 percent non-compliant buildings?

COMMISSIONER MARTIN: Across the city, citywide compliance with the new law was 77 percent. That was–

SPEAKER MENIN: [interposing] Right.

COMMISSIONER MARTIN: about eight weeks after the new law had gone into effect. Within the region, within the cluster region, compliance was 74 percent. While the cluster carried on, as you know, we decided to take the most transparent step we've ever done as part of these clusters, and we released the names of the PCR-positive buildings. And by the end of this cluster, through that process, 97 percent of those towers that we inspected were compliant. And that's why the lesson that we learned from this process is that this transparency is a critical

feature, critical part of the work to increase compliance on this brand new law. And that's why one of our measures that we announced just yesterday is to further increase the transparency by allowing residents to use this new tool where they can put their address in and get a map to see what the compliance history is of the towers in their neighborhood.

SPEAKER MENIN: And that's, I guess, and I'm sure Chair Schulman will talk about that, but that is why we wanted coming into the summer months the proactive enforcement again. This is sort of one of the themes that's coming out in this hearing. We need far more proactive enforcement. If there were 25 percent noncompliant buildings, there should have been far more active enforcement heading into the summer months. I have two more questions. I have many more questions, but then I'm going to pass it on to Chair Schulman. It was publicly reported by Melissa Russo of NBC that the Department currently has no alert system to trigger quick enforcement when a building owner fails to comply with the new cooling tower rules, including the requirement under Chair Schulman's bill to report Legionella testing every 31

days. Is that accurate? And if so, why doesn't the city's portal automatically or through some type of manual follow-up flag missed five-day reporting deadlines or overdue 31-day day testing requirements for immediate review and enforcement?

COMMISSIONER MARTIN: Thank you for the question, Speaker. We do have a process by capturing whether or not someone is compliant with that 31-day sampling requirement. Let me hand it to Deputy Commissioner Corrine Schiff for more.

DEPUTY COMMISSIONER SCHIFF: Thank you, Commissioner. The local law requires reporting the level- the highest level of Legionella bacteria to the Department, which is when we get to the point where we really want to be providing ongoing assistance to that cooling tower operator. So it is in the local law and also in our regulation that when Legionella bacteria— when the results from that sample and the Council's innovation to increase the frequency of sampling to monthly is giving owners much more information. When they get that result back that shows that they have a level of bacteria where it's starting to show that they're no longer adequately controlling the bacteria growth in that

cooling tower, they report that information to us and we have a follow-up program to make sure that they are conducting the appropriate corrective action for that, that they are taking their compliance samples, that those compliance samples are showing that that remediation was effective, and if not, that they are continuing to remediate.

SPEAKER MENIN: Okay. One more question I'm going to ask before passing it to Chair Schulman. So on July 31st, the Department issued a press release: New York City Health Department declares Upper East Side Legionnaires' disease cluster exposure has ended. However, after that time, four more deaths were reported. I guess why did the department feel it was necessary to put that press release out? We— I mean, obviously we agree and we don't contest that the exposure ended on that date, but to take sort of that mission accomplished when people were still— many people were still in the hospital and then four deaths were reported subsequent to that?

COMMISSIONER MARTIN: Yeah, thank you for the question. Let me sort of divide this into two separate segments. So the first is the exposure had

ended, and we typically use a clock of two weeks after the last person who developed symptoms was found to have developed those symptoms. So that was two weeks into the period that we were at, which was July 31st. From the perspective of the risk to New Yorkers, we wanted to make sure that we updated New Yorkers to know that the risk had been eliminated. Now, the second question that you're asking is around the continuing case count. So I'm going to turn it over to Dr. Howard to talk a little bit more about how that process works.

DEPUTY COMMISSIONER HOWARD: Yeah, sure. Thank you. And I just first want to acknowledge that every death is a tragedy, and I offer my condolences to the family members of those who passed. So even though we knew the source was eliminated, that doesn't mean our work doesn't continue. And Legionnaires' disease is one of the diseases that is reportable to the New York City Health Department. And for every report that comes in, the epidemiologists have to do a case investigation. First, they review medical records to confirm that it meets the case definition, and then do an interview of the patient or a family member to determine a

potential source of exposure. Now, even though the source was eliminated, that process was still continuing. The reason why we identified additional deaths after the source had been eliminated, there's a few possible explanations. In some instances, an individual may have been exposed in the area but may have traveled out of jurisdiction, and we might not have known about that death until sometime later. In other instances, it can be difficult to reach a family member at this difficult time. So there are delays in getting the information that we need in order to confirm that an individual was exposed to the area. And third, some people who are diagnosed weeks ago succumb to that illness after a prolonged hospitalization. So that's why we can have additional deaths even though the source of exposure—

SPEAKER MENIN: [interposing] but then why does the–

DEPUTY COMMISSIONER HOWARD: has been eliminated.

SPEAKER MENIN: agency's Legionnaires' dashboard literally say you cannot report any additional data? So once the department issued that press release, if you go to that dashboard, you

cannot update it. So even though four additional people passed away since that press release, none of that information could be uploaded onto the dashboard. It just says the dashboard is sort of closed for business, like you can't edit it.

COMMISSIONER MARTIN: And that's- and that's what we've done in previous clusters, Madam Speaker. We have a period of time that we do our investigation, our cluster, and when the exposure is over, we don't continue to update the public dashboard. This was not something that was new in this cluster.

SPEAKER MENIN: But for those family members that their loved one passed away, I mean, there are four people who lost their lives, and that- it just seems to me that it would be common sense that the dashboard, as additional people tragically lose their lives or additional people are perhaps hospitalized, that the Health Department would acknowledge that and update the dashboard accordingly so that the public writ large can get accurate information?

COMMISSIONER MARTIN: Every single one of those lives lost is a tragedy for us, and we have

acknowledged those lives. There were many, many public communications in which we did so, including in this testimony. The dashboard itself is one specific measure that we use. But according to our typical approach, we did what we've done in the past with regard to the publication of the dashboard.

SPEAKER MENIN: Okay. I'm going to pass it over to Chair Schulman. Thank you.

COUNCIL MEMBER SCHULMAN: Thank you. I have a lot of questions, so I'm going to ask a number of them, and then I'm going to do as the Speaker did, let my colleagues ask, and then we'll go to a second round. How does Legionella first enter a cooling tower or water system? Are there ways to prevent the initial growth?

COMMISSIONER MARTIN: Yeah, thank you for the question, Chair. Legionella bacteria is found ubiquitously. It's common in the environment, and it can basically contaminate warm stagnant water, which is found in cooling towers.

CHAIRPERSON SCHULMAN: With- what water temperatures are most conducive to Legionella growth? I presume there's a certain turning point there. When is the water in a cooling tower most likely to reach

those temperatures? So those are two different, two separate questions.

COMMISSIONER MARTIN: You're right, it is warm stagnant water that is the most suitable type of environment for—

CHAIRPERSON SCHULMAN: [interposing] I mean, does it at like is it at 85 degrees then that's more likely, or is it, I mean, or it just, it doesn't matter? I mean, I'm just trying to—

COMMISSIONER MARTIN: Yeah, we can get back to you on the exact temperatures for sure.

CHAIRPERSON SCHULMAN: That would be- yeah. That would be helpful. And when is the water in the cooling tower most likely to reach that temperature as it's sitting there? That's because it takes a while, right? So-

COMMISSIONER MARTIN: [interposing] That's right.

CHAIRPERSON SCHULMAN: It may not be the first day of when it's hot. It may—

COMMISSIONER MARTIN: [interposing] let me pass it over to Deputy Commissioner.

DEPUTY COMMISSIONER SCHIFF: We can get you the temperature ranges, but I think what's

important is that the Council has recognized that the cooling tower is an ideal environment for the growth of Legionella bacteria, and that is why you have set out such detailed requirements for the owners to constantly monitor and maintain those. And in our regulations, we set out further details. And this is so important because the owners have to maintain these cooling towers literally every single day. They can't let their guard down for the very reasons that you say, Chair. There is– the cooling tower holds a tub of warm water, and that is why they are constantly treating it. And really the system has, you could say, belts and suspenders. They're doing visual inspections, they're adding biocide all the time. They have a protocol that they have to develop for their specific tower, their specific cooling tower system, and how it operates at their specific building, because we know that there is so much risk. And that is why there is such detailed oversight required by the owners.

CHAIRPERSON SCHULMAN: No, I— and I appreciate that, Commissioner. I just, you know, for educational purposes, I think it would just be good for us to kind of know this. I understand what you're

saying exactly, but it— I think it helps with the process of just, you know, the layperson too. Just— I mean, just to get a sense, like, it's not in when it's 30 degrees out, you're not going to have Legionella, right?

COMMISSIONER MARTIN: So what we know is that typically when we have these clusters, they're happening during the summer or the late spring.

CHAIRPERSON SCHULMAN: Right. But I'm just saying-

COMMISSIONER MARTIN: And so, and so yes, absolutely, the warmer the water is, the more likely it is to harbor the—

CHAIRPERSON SCHULMAN: [interposing] And it's when they actually— now let me ask a question. My understanding, I may be wrong, is that the cooling towers don't function unless— because they function to cool the building off, right? So they wouldn't function necessarily in the winter. Is that sort of— so it's when they actually are—

COMMISSIONER MARTIN: Let me hand it to Deputy Commissioner.

DEPUTY COMMISSIONER SCHIFF: About half of the cooling tower systems in the city operate year-round, and about half are seasonal.

CHAIRPERSON SCHULMAN: Okay.

DEPUTY COMMISSIONER SCHIFF: I can give you the temperature, 68 to 113 degrees Fahrenheit is the range. And you're right also to say that as our climate is warming, we see additional risk. And so that is why we were so supportive of your bill last year to increase the sampling to monthly, because it gives owners in that whole monitoring and maintenance program, gives them more information every month. They're getting more information as a check. How is their constant ongoing monitoring and maintenance program, how is it going? They're getting more information about that and able to make adjustments to their program.

CHAIRPERSON SCHULMAN: To your point about some of them operate year-round and some don't, you have— I assume there's a list of them, right, of which ones operate year-round and which don't. The ones that operate year-round, do they get more— do you— are you more involved in making sure that they're complying? The ones that don't operate

year-round, when they're not operating, they're not operating, right? So, but are you more vigilant about the ones that operate year-round?

DEPUTY COMMISSIONER SCHIFF: So we are vigilant about all of them.

CHAIRPERSON SCHULMAN: Right. Understood. I didn't mean to—

DEPUTY COMMISSIONER SCHIFF: [interposing] But we— but so the one— so we— this is how we plan our inspections. So we want to inspect when they are operating.

CHAIRPERSON SCHULMAN: Right.

DEPUTY COMMISSIONER SCHIFF: And so we are— that's how we plan our year. So the ones that are operating all year, we can do those inspections in the cooler months. And the ones that are operating only in the warmer months, we focus the inspections at that time.

CHAIRPERSON SCHULMAN: Okay. So I'm going to ask that you— by the way, we've been joined by Council Member Ariola. I just want to acknowledge. Can you walk us through how exactly, because I'm— I would like to know, I think others would too, how Legionnaires' disease spreads from the initial

proliferation of Legionella bacteria in a cooling tower or building water system through the release of contaminated water droplets to the development of infection?

COMMISSIONER MARTIN: Absolutely.

CHAIRPERSON SCHULMAN: An educational— yes.

COMMISSIONER MARTIN: Absolutely. Yeah, so what we see with Legionnaires' disease clusters like the one that we're talking about here today is the Legionella bacteria contaminates that water, that warm stagnant water we've been talking about, and then that water, the mist that is expelled from the top of the cooling tower, that mist can carry small amounts of that bacteria, and people inhale that mist, and then that is what can basically trigger the beginning of Legionnaires' disease.

CHAIRPERSON SCHULMAN: Do we know, like, how long does it take to get to a point where— do we know that?

COMMISSIONER MARTIN: Where- get point to- which point?

CHAIRPERSON SCHULMAN: When it gets to the point of, like, becoming, you know, a deadly bacteria

that— I mean, how long does it have to fester in the water? Is it as soon as it becomes— as soon as it's detected, that's at the point?

DEPUTY COMMISSIONER SCHIFF: You mean the volume of bacteria in the cooling tower?

CHAIRPERSON SCHULMAN: Yeah.

DEPUTY COMMISSIONER SCHIFF: It's such an important question, and it's one that we don't really know. And that's part of— that is one of the challenges. And so that is why the regulation sets out tiers for response, because we want— and again, why the monthly sampling is so important, although we are in early days, so we don't know yet how effective that's going to be. But our idea is it's going to give operators very early information when that bacteria is starting to grow so they can take corrective action, do their confirmatory sampling, and see if it's happened and see if that remediation has been effective. And if not, then there's the next step for them to do to continue to remediate. So there isn't a perfect answer to your very important question.

CHAIRPERSON SCHULMAN: No, and I appreciate that. And so Doctor, from what you said,

so if it's really windy out and you have it, it can spread further, I'm guessing?

COMMISSIONER MARTIN: Well, you're putting your finger on something that's very important, right? So when we have these clusters–

CHAIRPERSON SCHULMAN: [interposing] Right.]

COMMISSIONER MARTIN: right, it is not clear where exactly the source is, and the mist that comes from the cooling tower can absolutely migrate. And that's why we have a fairly large region that we look at. In this case, it was these three zip codes that we were looking at because of exactly what you're describing.

CHAIRPERSON SCHULMAN: You expanded, I think, the zip code too, if I recall correctly.

COMMISSIONER MARTIN: We did, actually, yeah. And maybe I can pass it to Corinne Schiff to describe a little bit more on that.

DEPUTY COMMISSIONER SCHIFF: I would say that when this— when these clusters happen, it is— we are really doing detective work in different parts of the department. We're getting information from my team that's taking samples from the cooling towers

and knows where the cooling towers are, from Dr. Howard's team who's doing case investigations, and from the laboratory scientists who are telling us what's happening from the cooling tower samples. And as more information comes in, that helps us further define the area of risk. And so sometimes, as we did here, the initial area we needed to expand it. And the really— the thing that we are trying to do is get that message out to New Yorkers because we know that once the cases have started, that exposure is underway, and we want to get that message to people. They've already been exposed. We want them to listen to their bodies and get quickly into healthcare.

CHAIRPERSON SCHULMAN: Okay. How are the first symptomatic patients identified at the beginning of an outbreak or cluster? What kinds of testing and care infrastructure are required to ensure that infected individuals are identified and receive care as quickly as possible and to ensure that DOHMH's outbreak response can be activated in a timely manner?

COMMISSIONER MARTIN: Yeah, let me first start by saying that we have an incredible team of epidemiologists at the Health Department that are

doing the work every single day to identify these cases, and they work in conjunction with data that's coming in from our many tools that can basically help to identify if there are patterns. So it's both sort of intuition from the epidemiologists as well as them reviewing the information that's coming in from things like syndromic surveillance, which you know is a tool that we have that allows us to ingest the information from all the ERs in the city.

CHAIRPERSON SCHULMAN: In your testimony, you said that once you identify somebody, then you talk to all the providers in the area and, you know, et cetera, and all of that to be aware. But is there— is it possible to just make providers aware in general that if somebody comes in with flu-like symptoms, you know, they get tested right away for COVID, they get tested right away for the flu, if there's a way for them to be tested for Legionnaires'?

COMMISSIONER MARTIN: Yeah, thank you for that question. And that's exactly what we did this time. So before this cluster began on June 1st, we did a— what's known as a health advisory out to all physicians in New York City. We jointly did that with

New York State to alert providers, facilities, and clinical laboratories that, you know, summer months are here, make sure to put this on your differential. I'm an ER physician, and getting that kind of advisory for me would make this top of mind for me going into my ER shift. And so that's why we do these health advisories.

CHAIRPERSON SCHULMAN: Okay. The— I wanted to just bring to your attention- so there's a press release on your site, on the DOHMH site, that says the first cases happened in— as of 6/27 and 6/29. But if you go to the DOHMH Legionnaires webpage, it shows the first case was on 6/23. So what's the discrepancy?

COMMISSIONER MARTIN: Can you share more about which sites you're talking about? So is it- what site are you looking at?

CHAIRPERSON SCHULMAN: DOHMH, their press release.

COMMISSIONER MARTIN: Yep.

CHAIRPERSON SCHULMAN: So it's on the DOHMH site. There's a press release about the second death in Upper East Side Legionnaires' disease, and then it lists in that press release, it lists the

first case says from 6/27 and 6/29, but if you go to your Legionnaires' webpage, it shows the first case was all the way back on 6/23. So I'm just asking what the discrepancy is.

COMMISSIONER MARTIN: Okay, I see.

CHAIRPERSON SCHULMAN: I don't know if it's an error or whatever, but because people are going up and looking at that stuff, so I just want to point that out.

COMMISSIONER MARTIN: Got it. Yeah, I'd have to look at the exact site.

CHAIRPERSON SCHULMAN: You can take a look and then circle back with us.I would— yeah, I would appreciate that.

COMMISSIONER MARTIN: Yeah. Let me share. There are two different clocks that we look at when it comes to Legionnaires' disease. There's the symptom onset date. And then there's the diagnosis date. So someone might be diagnosed, for instance, on July 5th but their symptoms might start July 1st.

CHAIRPERSON SCHULMAN: Because of— because the— if the first case was on 6/23, that's a big difference from it being a week later.

COMMISSIONER MARTIN: Yeah, we can look into it.

CHAIRPERSON SCHULMAN: So just— yeah, so take a look and see if you can get back to us. When there is Legionella growth in a building's cooling tower, who is at risk of infection? Does someone have to live in the building or physically enter the building to be potentially exposed?

COMMISSIONER MARTIN: I'm sorry, Chair, can you repeat?

CHAIRPERSON SCHULMAN: When there's Legionella in a building's cooling tower-

COMMISSIONER MARTIN: [interposing] Yep.

CHAIRPERSON SCHULMAN: Who is at risk of infection? Does someone have to live in the building or physically enter the building to be potentially exposed? You're saying no, but I'm just asking.

COMMISSIONER MARTIN: Yeah, we are concerned when there's a cluster about the whole geography, right? Because as we talked about earlier, the microscopic water vapor can have Legionella bacteria in it and it can spread across the neighborhood. So that's why we issue broad guidance in those zip codes.

CHAIRPERSON SCHULMAN: So here's an interesting question. Can Legionella bacteria spread between cooling towers? That is an interesting question. Let me hand it to Corinne Schiff to talk about that.

DEPUTY COMMISSIONER SCHIFF: It is an interesting question. We have asked it ourselves. We don't– we don't know.

CHAIRPERSON SCHULMAN: Interesting. Do all cooling towers that test positive in a specific area contribute to the cluster?

COMMISSIONER MARTIN: Do all cooling towers in a–

CHAIRPERSON SCHULMAN: [interposing] That test positive.

COMMISSIONER MARTIN: Contribute to the cluster?

CHAIRPERSON SCHULMAN: In a specific area, contribute to the cluster that’s in–

COMMISSIONER MARTIN: Yeah, so this is important. So there's two questions that we're trying to answer when it comes to the sampling and the testing in the region. The first question we're trying to answer is, is there a genetic match between

the Legionella that's part of the sputum that we get from the patient to a specific cooling tower. That gives us the ability to say this cluster came from this cooling tower. So that's the first question. That's whole genome sequencing can make that match. There's a separate question that we're asking in a cluster, and that is which cooling towers have high levels of Legionella bacteria in it. And those two questions are answering different parts of the operations.

CHAIRPERSON SCHULMAN: How can people protect themselves from potential exposure?

COMMISSIONER MARTIN: The number one most important way folks can protect themselves when we have these clusters is to understand the signs and symptoms and to get in to see a doctor. This is a highly treatable condition, but it does require individuals getting to appropriate care and getting evaluated.

CHAIRPERSON SCHULMAN: The department conducted over 360 tests and collected samples from more than 180 cooling towers during the Upper East Side outbreak. Where do collected samples go for

analysis, and how does DOHMH choose where to send the samples?

COMMISSIONER MARTIN: So those samples are coming to us, to our public health lab, where we are doing our own testing and evaluation of those samples.

CHAIRPERSON SCHULMAN: In the announcement that was made yesterday about some of the proposals, one of them talked about faster testing. What was that faster testing of? I wasn't clear on that.

COMMISSIONER MARTIN: So we are always looking to improve our system and identify ways to further strengthen our regulatory governance.

CHAIRPERSON SCHULMAN: Was it testing of the cooling towers or it's testing of the individuals?

COMMISSIONER MARTIN: It's testing of the cooling towers.

CHAIRPERSON SCHULMAN: Okay.

COMMISSIONER MARTIN: So that's one of the things that we want to do is figure out if there are new types of novel testing measures to speed up the testing.

CHAIRPERSON SCHULMAN: How many laboratories are currently certified and available to analyze cooling tower samples for Legionella in New York City?

COMMISSIONER MARTIN: 30.

CHAIRPERSON SCHULMAN: I'm sorry?

COMMISSIONER MARTIN: 30.

CHAIRPERSON SCHULMAN: 30?

COMMISSIONER MARTIN: Yep.

CHAIRPERSON SCHULMAN: Is that enough?

COMMISSIONER MARTIN: At this moment, we don't have concerns about capacity.

CHAIRPERSON SCHULMAN: Okay.

COMMISSIONER MARTIN: And we also have our own testing.

CHAIRPERSON SCHULMAN: Are they— those labs, they're standardized testing? In other words, they- everything is done the same way in each lab?

COMMISSIONER MARTIN: That's right. So the New York State currently does that certification for these labs. And so that's the, that's the sort of—

CHAIRPERSON SCHULMAN: [interposing] Do different labs have different turnaround times for, you know, again, going back to- for the lab tests?

COMMISSIONER MARTIN: Unfortunately, we are at the mercy of the bacterial culture process with the testing that we do. With regard to bacterial culture testing. That takes two weeks here. It takes two weeks up in Albany. It's the same, unfortunately.

CHAIRPERSON SCHULMAN: Okay. Do these laboratories have sufficient capacity to meet the new monthly testing requirements, particularly during the summer or a community outbreak?

COMMISSIONER MARTIN: Yeah, at this moment we don't have concerns about the capacity.

CHAIRPERSON SCHULMAN: No, okay. Please explain the difference between a PCR test and a culture test.

COMMISSIONER MARTIN: The PCR test is asking the question, is there evidence of Legionella DNA in the sample? The DNA can't tell us if it's live or dead, right? It could be that there was Legionella bacteria at some point. Culture is asking a different question. It's asking right now, is there live bacteria in the sample? So these are two separate questions.

CHAIRPERSON SCHULMAN: What is the turnaround time to receive results from each test?

And then are there any other testing methods which may be more efficient or effective?

COMMISSIONER MARTIN: There are three main tests that we use. The first is PCR testing. The turnaround time is between 24 to 48 hours. Culture testing is the second. That takes up to two weeks. And then there's whole genome sequencing, which takes a much longer time.

CHAIRPERSON SCHULMAN: So the PCR testing is done when somebody shows up with symptoms and is—

COMMISSIONER MARTIN: The testing that I just mentioned is the testing of the samples of the water in the cooling towers.

CHAIRPERSON SCHULMAN: Okay, got it.

COMMISSIONER MARTIN: The testing of the individual, there's a number of different tests that we do if somebody has potential Legionnaires' disease.

CHAIRPERSON SCHULMAN: Right.

COMMISSIONER MARTIN: We do a urine antigen test, we can do x-rays, we do other blood tests, and so that sort of picture gets put together by doing these different types of testing altogether. So if somebody had— so the initial test when somebody

comes in and that's positive, then they would get treatment at that point, or it has to wait for other testing?

COMMISSIONER MARTIN: Let me hand it over to Deputy Commissioner Andrea Howard.

DEPUTY COMMISSIONER HOWARD: Yes. So as- when a patient goes to see a provider, the first thing that clinician would do, you know, based upon the signs and symptoms, would evaluate that patient and then make a decision-

CHAIRPERSON SCHULMAN: [interposing] Right.

DEPUTY COMMISSIONER HOWARD: on a differential diagnosis. For Legionnaires' disease, first of all, you have to have pneumonia and you have to have a positive Legionella test. A urinary antigen test can take a few days to come back. A culture of the sputum could take up to two weeks.

CHAIRPERSON SCHULMAN: Right.

DEPUTY COMMISSIONER HOWARD: However, as a practicing infectious disease physician, if I had a strong suspicion that someone had Legionnaires' disease, I— you could start them presumptively on

treatment right away. And in addition, to consider other diagnoses, including other forms of pneumonia.

CHAIRPERSON SCHULMAN: Right. So the reason I'm asking is because it's clear that if we get to it early, the patient will do a lot better the earlier that we get to it.

DEPUTY COMMISSIONER HOWARD: Absolutely. And that's why our most urgent message to the public is to monitor for symptoms and to present to a clinician promptly if they have symptoms suggestive of Legionnaires' disease. Don't wait. Don't try to think it's allergies. Don't try to self-treat, but see a provider who can provide that medical care.

CHAIRPERSON SCHULMAN: Okay. Earlier this year, DOHMH announced its intention to award EMSL Analytical Inc., a New Jersey-based environmental testing firm, a $1.5 million contract for Legionella environmental testing, including PCR and culture testing, through July 31st, 2032. DOHMH awarded this contract to EMSL on August 21st. Does the public health laboratory conduct any Legionella environmental testing? You said they did. If not, why not?

COMMISSIONER MARTIN: I'm going to hand it to Corinne Schiff on that.

DEPUTY COMMISSIONER SCHIFF: The lab does do our testing, and as we just testified, during a cluster we will send the cooling tower samples to the lab for our routine work. When we take samples, we send them to a commercial lab.

CHAIRPERSON SCHULMAN: Why was an out-of-state vendor chosen for this contract? Are there any New York City or New York State-based firms that could have fulfilled these responsibilities?

DEPUTY COMMISSIONER SCHIFF: We went through the procurement process. What role will ESML play in the testing process? Will they be responsible for collecting samples? Will they test the samples in their own labs, or will they outsource to other labs?

DEPUTY COMMISSIONER HOWARD: This is the lab that we will use for our routine samples.

CHAIRPERSON SCHULMAN:

DEPUTY COMMISSIONER HOWARD: for the samples the we take-

CHAIRPERSON SCHULMAN: Okay, so you used it before.

DEPUTY COMMISSIONER SCHIFF: Okay, I don't, I don't know I don't know that we've used them before. We've— we have a— we have an agreement with a contract with a commercial lab for our routine samples.

CHAIRPERSON SCHULMAN: Okay.

DEPUTY COMMISSIONER SCHIFF: For our cluster samples, we send to our own.

CHAIRPERSON SCHULMAN: So the procurement process, if you can— I mean, I know you don't have that on hand, but if we can know what the procurement process was to select the lab, that would be helpful.

DEPUTY COMMISSIONER SCHIFF: Sure.

CHAIRPERSON SCHULMAN: Are turnaround times on testing results guaranteed as part of your contract with the MSL?

DEPUTY COMMISSIONER SCHIFF: I'm sorry, would you say that again?

CHAIRPERSON SCHULMAN: Are turnaround times on testing results guaranteed as part of your contract?

DEPUTY COMMISSIONER SCHIFF: We do have provisions about turnaround times, and I will also add that EMSL does have a New York branch.

CHAIRPERSON SCHULMAN: Okay. What is— what is the Department of Buildings' role during an outbreak, and how does DOHMH coordinate with DOB to ensure buildings are complying with orders and requirements?

COMMISSIONER MARTIN: So as you know from last year, Chair, we found an unregistered cooling tower that at the time was operated by a private company that was at the source of that cluster. Subsequent to that, we learned from that experience. We understood that identifying these unregistered cooling towers is a priority, and we put that into practice immediately. We've been working with Department of Buildings over the course of the last five to six months to really build out this process, and we're happy to point to this new measure that we announced yesterday, which will formalize that and make it automatic— the fact that our systems talk to each other and allow us to share that information back and forth to potentially catch unregistered cooling towers.

CHAIRPERSON SCHULMAN: Okay, I'm going to— I have a lot more questions, but I'm going to let my

colleagues ask and come back around. Council Member Maloney:

COUNCIL MEMBER MALONEY: Thank you, Chair Schulman, and thank you, Commissioner, for your thoughtful testimony, your work to contain this outbreak, and your commitment to doing better next time. I want to echo some of the concerns that have already been raised, including enforcement, transparency, and that includes updating the website to reflect the accuracy of what this outbreak included. Every life should be counted. I want to go back to what was raised around enforcement and the violations that increased after— in the summer months. Were the violations that were uncovered during this outbreak response things that the department believes could or should have been identified earlier through our the routine inspections that are already in place? And if so, what needs to change about our routine inspections so that we find these problems before there is an outbreak? Yeah, let me speak to the, to the violations and give some detail there and then turn it over to Deputy Commissioner to talk a little bit more. So 110 violations were identified as part of

this in that cluster region. This stratified into different sort of types of violations. 15 of them were public health hazards, 50 of them were critical violations, and then another 40 were general violations found in this cluster region. So let me turn it over to Deputy Commissioner Corrine Schiff.

DEPUTY COMMISSIONER SCHIFF: Thank you, Commissioner. And the inspections that we do, it's part of our cluster responses because we're also trying to understand what has happened during a cluster. But I want to— I want to just note that the inspections, which as we've talked about is one piece of our overall enforcement program, which includes that outreach, education, training, those are designed to be an annual inspection. So it's really a point-in-time check to promote compliance along with all of the other things that we do. And it's really the constant monitoring and maintenance that the owners have to do. That is the prevention that we need to reduce the risk of Legionella bacteria growing in these systems, which are the— which are an ideal environment for the growth of Legionella bacteria.

COUNCIL MEMBER MALONEY: So, in these cases where issues were uncovered, why weren't they discovered earlier through these inspections that you were talking about, and what can we do in the future to find them problems?

DEPUTY COMMISSIONER SCHIFF: So we aim to conduct an annual inspection, and when we conduct that inspection, if we find violations, we will issue a summons. All of that is designed to provide— we have multiple points in our overall program to encourage, provide, encourage cooling tower operators to follow the very detailed requirements in the laws and regulations.

COUNCIL MEMBER MALONEY: And I quickly wanted to speak about the frequency of the requirements and particularly in the summer when we know cooling systems are heavily relied upon. What are some of the best practices around scheduling, phasing, and redundancy ahead of summer months so we can catch these violations before the outbreak begins? And leaning— wanting to learn a bit more about Intro 1006 and your concerns there with the implementation. We want to increase the frequency but

make these, make these practical. And thank you, Chair.

COMMISSIONER MARTIN: Let me start with Intro 10-006 and then hand it to Deputy Commissioner Schiff on the first part of that. So I think the term cleaning can mean a number of different things. And so I think, you know, we're eager to follow up with you to really get into some of the details there. But for instance, if we were to define cleaning as doing more of the hyperhalogenation, which is applying that caustic and corrosive material, that, that biocide, it can actually wear out the inside of the metal, which then potentially creates more Legionella infestation and contamination in the cooling tower. So there are ways of doing cleaning that can reduce that risk. So getting into the details is probably the next best step. Let me hand it over to Deputy Commissioner.

DEPUTY COMMISSIONER SCHIFF: Sure. Thank you, Commissioner. There's a couple of ways to think about your question. First is that the law that the council has enacted and then the regulations that we have issued set out very, very specific timing and frequency of certain kinds of monitoring and

maintenance activities. And it is literally— some things have to happen three times a week, some things have to happen weekly, monthly, biannually, annually. But also critically, every cooling tower operator is required to develop its own protocol and monitoring and maintenance plan that is specific to its cooling tower and its cooling tower system and how it operates in its building and what are the requirements for that particular system to maintain it. And the system— we want the system to remain in balance. That is why we require a visual inspection at certain points, ongoing biocide at other times, and the operators are collecting multiple indicators to see if their monitoring and maintenance plan is working to keep that system in balance and reduce the risk that that bacteria is going to grow. And to do that monthly sampling so that if it is growing, they will catch it early. We know that this bacteria can grow quickly. They catch it early. They may catch it at a later stage. And depending on what those sample results show, if that bacteria is growing, there's very specific details on the corrective action that they're required to take, the confirmatory sampling timing, and ongoing remediation if it doesn't work.

And I will say that this is the— schedule that we have set out as the default schedule is based in the scientific literature. It is the best practice and what the evidence shows us are our best practices. We are— and they were— they apply year-round, but there are some additional— there is one additional precautionary measure that we require owners to take during the summer because we know that there is additional risk, and that is for that hyperhalogenation that the Commissioner mentioned.

COMMISSIONER MARTIN: Let me just share one more piece of information as an update to the council. Council Member, you referenced the website not including the 11 deaths. It does include the 11 deaths. It was updated last week. The information basically that we get comes in, as you heard from Dr. Howard, when we can get it, when we can verify it, and when we have that information, we update the site. And so it is updated now.

CHAIRPERSON SCHULMAN: Thank you, Council Member. We're going to ask Council Member Morano, who's on virtually, to ask questions because we— in order for somebody to ask questions virtually, we

have to have quorum. So we have quorum now. So Council Member Morano.

COUNCIL MEMBER MORANO: Thank you very much, Chair. And I want to thank the Commissioner and his whole team, but also all the families that spoke out about a situation that I'm sure was very difficult. Commissioner, in your testimony, I want to touch upon a few of the areas that you brought up. Namely, your testimony says that before the Upper East Side cluster, that citywide compliance with the new monthly Legionella testing requirement was only 70, 74 percent, thereabouts. And then, there was this jump to 97 percent, according to your testimony, two weeks later. And you specifically call public pressure and transparency one of your most effective enforcement tools. Why did it take a deadly outbreak and public exposure to get owners to comply at that level? If publicly identifying non-compliant buildings works, why weren't you doing that before people got sick?

COMMISSIONER MARTIN: Thank you for the question, Council Member. This law was eight weeks old. The ink was barely dry on it when we first started this cluster. That citywide compliance rate

was 77 percent, and 74 percent was the compliance rate in that region. What we learned from this experience is with this brand new law, right, having transparency be a core piece of this, a way that we promulgate the law, needs to be front and center to get to the compliance rates that we want, that New Yorkers deserve. And so you better believe for every single one of those cooling tower operators that were not compliant, we held them accountable. That also is reflected in the new measure that we announced yesterday, leveraging what we learned in this cluster with compliance to make it easier for New Yorkers to check their cooling tower on their building to see how compliance is going and to map that information for them.

COUNCIL MEMBER MORANO: Council staff also found that in the three zip codes that became the outbreak area, the Department of Health issued zero cooling tower summonses in May, zero in June, and then 180 in July. What changed in July? What did the city suddenly start looking for after people were already sick?

COMMISSIONER MARTIN: We, as I mentioned, issued over 100 violations in this cluster region.

Many of those were public health hazards. Many of them were critical violations. But I also want to share that the violations that we issue are just one layer in a multi-layered system that helps to keep New Yorkers safe and reduce the risk of Legionnaires' disease. The first two layers are what the owners must do. They must do daily, weekly and monthly actions. They must, as the second layer, submit their Legionella sampling to us. And the third layer is we actually go in and investigate. So these three layers are all happening at the same time. The fourth layer, as you've described, the corrective actions and the fines, are certainly one piece of the puzzle, but it's not the full picture.

COUNCIL MEMBER MORANO: Finally, your testimony says the administration will now cross-reference DOB and Health Department records to identify unregistered cooling towers. You also acknowledge the city already has the capacity to do that. Why wasn't that basic data cross-check already routine before this outbreak? Why did it take two Legionnaires' clusters involving unregistered towers for the administration to implement it?

COMMISSIONER MARTIN: Because strong systems can improve when they identify new ways to do things better. And we identified in 2025 that an unregistered cooling tower was at the source of that cluster. We immediately put that knowledge into place in practice in 2026 and picked up an unregistered cooling tower at the start of the cluster. But we want to now formalize that. We want to make it automatic. We want to have the systems talk to each other. New Yorkers shouldn't have to depend on staff members across two different agencies working together to figure this out. We should have systems that are automatically doing this work on the back end.

COUNCIL MEMBER MORANO: One final question–

CHAIRPERSON SCHULMAN: [interposing] Council Member, Council Member, no, Council Member, we went over already. I have to go to other members.

COUNCIL MEMBER MORANO: Okay, I'd love to be in the second round just for one brief comment.

CHAIRPERSON SCHULMAN: So, Council Member Wilson.

COUNCIL MEMBER WILSON: Thank you, Chair. Thank you, Commissioner, for your testimony. Last month, near-critical rates of Legionella were found at a hotel in my district. What measures does DOHMH have in place for notifying guests at hotels ahead of, during, and after their stays when there are critical or near-critical rates of Legionella that are detected at the hotel?

COMMISSIONER MARTIN: Yeah, thank you. So one thing to make clear right up front is that the towers are consistently tested, sampled, and owners have a very clear understanding of what needs to happen at what rate of Legionella bacteria that's found in the water. So for instance, at a rate of 10 CFUs, or colony-forming units, they need to remediate. If it goes higher, there are next actions that need to be taken. Let me hand it to Deputy Commissioner Corrine Schiff to talk a little bit more about the High Line situation.

DEPUTY COMMISSIONER SCHIFF: Yes, I think we know the hotel you're referring to. And, you know, it's actually a great example of how the system is working. We had done an inspection and- a routine inspection there and taken a sample at the beginning

of July. It was non-detect, no evidence of Legionella bacteria. Soon thereafter, the operators of that cooling tower took their own sample and did find levels of Legionella bacteria. They remediated that initial— it was a low level. That initial remediation was not effective. Their compliance sampling and testing showed that there was more work for them to do. They did that additional corrective action. And then they found that they had killed that bacteria and they were back to that non-detect level. So that was actually— to me, that was a great example of the new regime that the Council had put in place for that monthly sampling doing exactly what we wanted to do.

COUNCIL MEMBER WILSON: So if they— there's a scenario where, you know, an employer doesn't— does not do what they're supposed to do, what measures are there to hold employers accountable when workers, you know, particularly those with preexisting health conditions which make them especially vulnerable, are put in direct contact with critical Legionella concentrations?

DEPUTY COMMISSIONER SCHIFF: So I also should add that, and this goes to some of the questions that the Chair was asking, the levels of

bacteria in the cooling towers when we require remediation, that doesn't mean that those are an immediate risk for a cluster. We know that the bacteria is going to grow in these systems. And when those sample results come back showing some growth, what that means is that the owner needs to adjust its maintenance and monitoring plan, take corrective action, see what's out of balance. If those bacteria levels are growing, they maybe need to take a harder look and make those adjustments. The Council's law does say that owners are required when asked to provide that information, and I think that was one of the things we clarified for the owners here.

COUNCIL MEMBER WILSON: Chair, can I ask one quick— one quick question? Thank you. How can workers report any unsafe conditions related to Legionnaires and ensuring that they won't face any type of retaliation? Like, is there a tip line, anonymous tip line, or anything like that that DOHMH operates?

DEPUTY COMMISSIONER SCHIFF: We— they can call 311.

COMMISSIONER MARTIN: And I will say that owners are always welcome to call us and to do

technical assistance, as we did in this case with the High Line. We are here to provide guidance and TA support.

COUNCIL MEMBER WILSON: Thank you.

CHAIRPERSON SCHULMAN: Okay. Thank you. Council Member Wong?

COUNCIL MEMBER WONG: Thank you, Chair. This is not my first encounter with Legionnaires' outbreaks. This is, in my memory, the third one. And during the previous Legionnaires' outbreaks, I've seen Mayor de Blasio, I've seen Mayor Adams personally went into the affected communities, held multiple in-person press conferences, and spoke directly to residents. And that's one thing I have not seen doing. I remember Mayor Adams even drank the tap water on camera in Harlem to reassure people that the water is safe. Is there anything being done to assure the public that the water is safe, or from you or from the mayor's office? Can you talk about that?

COMMISSIONER MARTIN: So first, thank you for the question, Council Member Wong. When it comes to building investigations where there again is a potential Legionella contamination in the potable water supply, it is safe to drink the water. So I

want to set that record straight, absolutely. If there are other areas that you have specifically in mind, we're happy to talk about those.

COUNCIL MEMBER WONG: Yeah. Okay. I think public outreach is important because if a tower is contaminated, I think it's the Department of Health's job to inform the people working there or the people visiting there that may be exposed to Legionnaires'. And if you are in the risk group, you should be tested or you should go see a doctor because they may treat this as a regular summer cold or whatever it is, and then they may just stay home and rest rather than, oh, this is serious, I need to get myself tested. Right? So I've been hearing since 10:00 a.m. that, oh, you're testing the water towers, you're testing your petri dish, you know, but where is the outreach to the office workers in this tower that you tested positive? You know, oh, we tested the AC towers. You know, where— I don't see any— so I've been searching. I haven't seen any social media postings. I haven't seen any videos. I found videos of the Mayor talking about the World Cup or talking about the Gold Cards, talking about Netanyahu, but nothing about Legionnaires' disease. What— has

anything been done? Is there any videos, social media postings on that? Because, we cannot just keep testing water towers and then not telling the public you have to get tested.

COMMISSIONER MARTIN: I disagree with your assertion, Council Member. We have been putting communications at the core of our response. To talk about social media for a second, 2.2 million impressions for this cluster with the social media content that we put out. We did 15 in total community presentations, three town halls. I myself was in the community doing the canvassing.

COUNCIL MEMBER WONG: Let me tell you my experience, okay?

COMMISSIONER MARTIN: Please.

COUNCIL MEMBER WONG: As a visitor to the Met Museum, I've been there twice, one for the Raphael exhibit in May and one for the Revolution exhibit in July, okay? I went there with my wife. She came back sick. And I haven't seen— I have not got a single notice from the Met Museum that we've been tested for Legionnaires'. Please get yourself tested. And those are the concerns that I have because we could potentially— a lot of people may get sick if

they visit the Met Museum and the cooling towers are infected.

COMMISSIONER MARTIN: Yeah, I'm sorry to hear about your wife, and I hope she's feeling better.

COUNCIL MEMBER WONG: She was sick two weeks- Legionnaires'.

COMMISSIONER MARTIN: How's she doing now?

COUNCIL MEMBER WONG: She's doing okay now, but she's young. But these are the concerns I have that you got to tell the public that if you are this group of people and you have these symptoms, go—

CHAIRPERSON SCHULMAN: Council Member Wong, if you have a question, that's fine, but this is not a back and forth.

COUNCIL MEMBER WONG: I'll save it for round two. Thank you.

COMMISSIONER MARTIN: Let me just respond to that. We have been doing that messaging. We did that messaging throughout the cluster. Again, radio ads throughout the region, over 180, two tabling events, 10 canvassing events. Our job was to get the message out, and we delivered on that job, Council Member.

COUNCIL MEMBER WONG: Thank you, Chair.

CHAIRPERSON SCHULMAN: Okay, Councilmember Epstein?

COUNCIL MEMBER EPSTEIN: Thank you, and I really thank you for your information and the work you're doing. Does early testing help if someone's contracted Legionella– Legionnaires'?

COMMISSIONER MARTIN: Testing is incredibly important when it comes to Legionnaires' disease, and it also is multifaceted. There's a— there's testing that needs to happen with urine. There's testing that needs to happen with x-rays and imaging, with blood testing. Which testing are you referring to?

COUNCIL MEMBER EPSTEIN: Yeah, so early testing. So you're saying people getting tested earlier that they might be exposed is good for them because then we can have a medical response through after getting tested, right?

COMMISSIONER MARTIN: It's important to do early testing and also to connect people to the referring provider to then take the results of that test and make it actionable.

COUNCIL MEMBER EPSTEIN: And you are aware that not every New Yorker, especially low-income New Yorkers, have providers, right?

COMMISSIONER MARTIN: I'm aware of that.

COUNCIL MEMBER EPSTEIN: And so in a situation, especially in a lower-income area, if a provider— if the people who are potentially exposed to Legionella don't have a medical provider, they're at a disservice unless the government steps in and provides that support, right?

COMMISSIONER MARTIN: Yeah. Let me hand it over to Dr. Howard to share a little bit more from this.

DEPUTY COMMISSIONER HOWARD: Thank you very much, Commissioner. And thank you for that question. I just want to commend you for your interest in ensuring that New Yorkers have access to healthcare. This is a very important issue. I also want to clarify that in terms of testing for Legionnaires' disease, that is indicated when a person has symptoms suggestive of Legionnaires' disease. It is not a disease that we just screen for in people that do not have symptoms.

COUNCIL MEMBER EPSTEIN: So people who are elderly or people with disabilities or immunocompromised–

DEPUTY COMMISSIONER HOWARD: [interposing] If they have symptoms.

COUNCIL MEMBER EPSTEIN: earlier testing for them, especially if they— we know that they've been exposed, can prevent from, you know, what we've heard from the tragedies that have happened this year in New York?

DEPUTY COMMISSIONER HOWARD: Although the groups that you rec— you just stated, those who are elderly, those who are immunocompromised, those that have underlying medical conditions such as chronic lung disease, are at increased risk of developing Legionnaires' disease, Legionnaires' testing is only recommended if they have symptoms suggested of Legionnaires' disease. Legionnaires' disease is not COVID. There is no benefit to doing a screening test. Okay? And as an infectious disease doctor–

COUNCIL MEMBER EPSTEIN: [interposing] Right.

DEPUTY COMMISSIONER HOWARD: I do not support blanket screening for Legionnaires' disease.

COUNCIL MEMBER EPSTEIN: Right.

DEPUTY COMMISSIONER HOWARD: There's no clinical benefit. There's no public health benefit.

COUNCIL MEMBER EPSTEIN: So you're saying for people who are exposed, who are compromised, who might have some symptoms, but they may be concerned or not concerned, testing could assist those people, that's different than blanket screening. But you're saying there is a population that early testing could assist, especially to get them the help that they needed earlier.

DEPUTY COMMISSIONER HOWARD: Anyone who has symptoms suggestive of Legionnaires' disease needs prompt evaluation by a clinician. Okay?

COUNCIL MEMBER EPSTEIN: Right. So we agree with that, right?

DEPUTY COMMISSIONER HOWARD: And that would include a clinical evaluation and the ordering of diagnostic tests for Legionnaires' disease as well as other illnesses that can present similar to Legionnaires' disease. Now those are best done in a healthcare setting.

COUNCIL MEMBER EPSTEIN: Right. For folks who don't have access though, having remote services

like we do in H+H all the time, we take a shuttle van and we get people on the street to get access to services. We do remote services because it— we meet people where they're at. Because especially people with compromised immune systems or people who are or fearful, having remote access or local access is helpful for them because they may not have a healthcare provider that they have connected to.

DEPUTY COMMISSIONER HOWARD: Yeah, so you mentioned H+H, and as you know, H+H provides clinical services to all New Yorkers without regard to their insurance status or their immigration status. And that was part of our messaging, as well as the fact that they could call 311 and be connected with a healthcare healthcare provider.

COUNCIL MEMBER EPSTEIN: Thank you, Chair.

CHAIRPERSON SCHULMAN: Thank you. Council Member Narcisse?

COUNCIL MEMBER NARCISSE: Good afternoon. Thank you, Commissioner, and your team for being here, and thank you, Chair and Madam Speaker. What we have seen in Harlem, we did not learn. All what we do as medical professional, which you're a doctor, it's- I don't want anyone to die on my shift. That's what I

would say all the time in the ER. No one should die, right? So I know you not taking it lightly because as a physician and your team is to prevent. But what I don't understand why that we had short of staff, and I heard it from my colleagues as well. So why we never address that? Because we did not learn, and our whole life is to prevent. We did not learn from what took place in Harlem to make preventative approach to prevent people from dying. That's what bothers me. And I think we need to do much more than that, and I heard it from the Speaker, and of course, from my colleagues. But I have some suggestions and some bills that maybe— because Local Law 159 requires building owners to test their cooling towers for Legionnaires' every 31 days and disinfect them during the summer months. But that information goes up. So now we posted an elevator inspection certificate where everyone can see them. So we post restaurant letters, grades, and everything. Why are we not doing that in the building to let folks know when the building been tested and what's the result? Because people want to take charge of their health. Am I correct?

COMMISSIONER MARTIN: Yeah. So first, let me respond to the piece around staffing. I disagree with your assertion, Council Member, we do have 56 total budgeted positions for these water ecologists, 50 of them are filled at this moment. So we do have six staff that we're hoping to bring in. And if you have recommendations, we would love to have the right person in one of those slots. Now, to talk about your idea, I think there's absolutely merit to your idea. And I think we should consider— we should follow up and talk about details of that. You see what we're doing with regard to transparency is moving in that— in the direction that you're describing, right, with the revamping and relaunching of our public website. So individuals can put their address in and get a mapped feature of how their tower compares to others in their building with regard to Legionella sampling and Legionella history. So I think that there's certainly a conversation to be had around this.

COUNCIL MEMBER NARCISSE: Yeah, I would like to see it. I put the bill in, and I would like to see it happen because people need to take— one more question. What is the average cost to clean a cooling tower? And what is the average cost to

disinfect a cooling tower? And what factors this cost?

COMMISSIONER MARTIN: Yeah, that can depend on a whole range of factors, but it's in the thousands of dollars to cool— to clean a cooling tower.

COUNCIL MEMBER NARCISSE: Okay, thank you. We're running out of time. I have more questions, but we need to make sure that we hire those folks. And we have 51 council members. You can send it to us and we can promote it. So make sure that we have enough staffing so we cannot say sorry to those that lost their life and their families. Thank you.

CHAIRPERSON SCHULMAN: Thank you, Council Member. Council Member Aldebol?

COUNCIL MEMBER ALDEBOL: Thank you, Chair and Speaker Menin and Commissioner for being here today. So you said you had 23 new positions funded November of 2025. When were the— when were those positions filled? When were the majority of those positions filled? You said the positions are filled today, but how long did it take you to actually fill those positions?

COMMISSIONER MARTIN: Yep, the majority of those positions were filled before this cluster started. We can get you the exact dates of those over the course of the several months prior to the cluster.

COUNCIL MEMBER ALDEBOL: And it— and you still have six positions that remain to be filled in this particular— this particular job title, the water ecologist title?

COMMISSIONER MARTIN: That's right.

COUNCIL MEMBER ALDEBOL: And what have been the challenges in hiring in for those titles?

COMMISSIONER MARTIN: I'd say the most important challenge is the fact that these are highly specialized, highly skilled positions. The requirements are that these folks have to have, for instance, a master's degree or potentially a BA with 24 credits plus related experience. So these are highly skilled, highly specialized positions. So it's not just about finding any person for these slots. We have to find the right person for these slots.

COUNCIL MEMBER ALDEBOL: Is it possible that folks could be hired in these positions and receive additional training to get them certified?

COMMISSIONER MARTIN: That's a good question. Let me-

COUNCIL MEMBER ALDEBOL: [interposing] Does the Department of Health provide colleges, universities with these specific criteria for these jobs?

DEPUTY COMMISSIONER SCHIFF: So of course we do provide training once the staff start to be able to do the cooling tower inspections, but I think you're asking something different. You're asking about sort of looking to colleges to qualify people to be able to apply for these jobs. And it's such an important point that we need more people going into the sciences to be able to do these jobs. But as the Commissioner said, these are the civil service requirements, either to have a master's degree in very specific areas of the sciences or a BA in those same areas with prior work experience. So that is the challenge. I will say we look to— we would welcome your help in getting the word out that we are recruiting. It is a great job. We have a mission-driven, wonderful team, and we have some more positions to fill.

COUNCIL MEMBER ALDEBOL: Yeah, not so easy, 'cause I don't know too many water ecologists kind of running around my neighborhood who are looking for this job, but I think it requires a discussion about the qualifications and how, you know, is our— the recruitment for these positions effective enough? Because just putting something in LinkedIn is not going to get you there, right? I think the other question that I have, if I may, Chair, what other positions are critical to the management of Legionnella, and are you seeking to expand those job positions? And are there vacancies in those positions currently?

COMMISSIONER MARTIN: Yeah, I'll speak to the first, which is a new addition from last year, and then I'll hand it to Deputy Commissioner Dr. Howard to talk a little bit about the laboratory work. But the community health workers that we were able to deploy as part of this cluster were, from my perspective, very critical. We had these community health workers out there within 48 hours on the Upper East Side engaging with residents, with individuals. I was out there with them doing some of the canvassing and talking to residents. So that was

critical when it comes to managing these clusters. Let me hand it to Dr. Howard.

DEPUTY COMMISSIONER HOWARD: So we have epidemiologists that do the surveillance for Legionnaires' disease as well as other diseases and also do the case investigations. And then on the laboratory side, we have, you know, a wide range of staff that do the actual testing of the cooling tower samples, which includes the PCR testing and the culture testing and then the whole genome sequencing and analysis.

CHAIRPERSON SCHULMAN: Thank you, Council Member. Sorry. Okay. Council Member Ariola.

COUNCIL MEMBER ARIOLA: Thank you, Chair. Thank you, Speaker. You know, earlier today I was listening to the testimony of Valerie Mason from Community Board 8, and she testified that Mayor Mamdani did not visit the area where 94 people became sick with Legionnaires' disease and 11 died of the same disease. I sat there, I listened, and I could not believe the horror in her voice that the Mayor's absence was so obvious during a life-threatening, life-taking crisis in his city. And yet he did not show up. Why didn't he show up? He certainly was

available because he was performing for the cameras to make— to say that he was going to arrest Bibi Netanyahu when he came here to New York City, which turned out to be false. So he wasted his time and the city- the people of this residence, the people of this city's residents' time by not giving them the personal attention they deserved for this crisis. And thankfully, this Speaker, this Chair, this Committee, and this body would not do the same. Question: Are both the new DOH building at 40 West 137th Street and 2238 5th Avenue, both located in Harlem, fully staffed and in compliance with the New York City Fire Code and the Building Code, with stationary engineers that are responsible for the operations and maintenance and water treatment of the cooling towers and air conditioning systems?

COMMISSIONER MARTIN: Let me get to your second question in a second, but first let me start with a response to the initial statement. The Mayor has been and was from the beginning involved in this cluster. We spoke every single day during this cluster.

COUNCIL MEMBER ARIOLA: I don't really want to use the time on that, but he wasn't present.

And that's where he should have been, not trying to fool the residents of New York City thinking that he could have Bibi Netanyahu arrested when there were people dying in this city. That's where he should have been. So please answer the question.

COMMISSIONER MARTIN: The question was these two specific buildings and the inspection history.

COUNCIL MEMBER ARIOLA: Yep. Are they fully staffed in compliance with the New York City Fire Code and Building Code with stationary engineers that are responsible for operations and maintenance and water treatment of the cooling system towers and air conditioning systems?

COMMISSIONER MARTIN: We're going to get back to you on the details on those two specific buildings, Council Member.

COUNCIL MEMBER ARIOLA: Okay. So, do you know that the stationary engineers who operate these machines are responsible for checking the water treatment logs and testing required by the DOH as part of their job, as their civil service description provides? Are you aware of that?

COMMISSIONER MARTIN: The buildings that you're describing, I'm not sure which buildings you're describing. We're going to get back to you on the details. If they have towers—

COUNCIL MEMBER ARIOLA: [interposing] So do you know how you could answer that? One more moment. Is if Assistant Commissioner John Beatty was here to testify, because he's in charge of those operations and he's in charge of that maintenance of those buildings. And why isn't he here to answer questions like that? Because those are very important questions to ask moving forward to make sure that Legionnaires' disease does not have additional outbreaks. This— these answers should be able to be given to us today, but again, the mayor's office has failed to have the proper people at the dais answering questions.

COMMISSIONER MARTIN: Council Member, we have, the right people here able to answer your questions. We will get back to you details of those two specific buildings.

COUNCIL MEMBER ARIOLA: These questions should be able to be answered now, and I thank you for the extra time.

CHAIRPERSON SCHULMAN: Okay, thank you. Council Member Salaam?

COUNCIL MEMBER SALAAM: Thank you. You know, our constituents, they've been calling for a more proactive approach in identifying and addressing potential sources of Legionella. The question still remains, and that is, is what has been actually— is what has been done actually solving the problem? We've been told that this is a preventable illness, but yet decade after decade we still see our people dying. My question is, what specifically is different about the department's approach in response to the Upper East Side today, and why was that level of urgency not applied to the communities that experienced recurring cases in previous summers? And also, as you know, we passed legislation calling for water tower inspections in coordination with the Department of Buildings to be inspected more. And why hasn't the city moved with greater urgency in implementing that mandate? And lastly, how many water towers and other potential high-risk water systems have been inspected in this— in the affected communities, and how many have not?

COMMISSIONER MARTIN: Thank you for the question, Council Member. The answer is that we apply a systematic protocol to our cluster response, and that protocol does not depend on geography, on zip code, on neighborhood. We apply the protocol that we have to the system demands, that the cluster demands. And yet every time we do this, Council Member, we identify ways to improve our already strong system. And so every single cluster that we have, we learn something. We have that experience then improve and enhance our process. And so the enhancements that you identified this time– again, we ran the most aggressive cluster we ever have, moving the full remediation to the PCR step, not waiting the two weeks. We had the most transparent cluster we've ever had, not waiting the two weeks for the culture results before we shared the names. We responded quickly and immediately in this case. And the bottom line is every time we do this, we enhance and improve our process.

COUNCIL MEMBER SALAAM: Thank you.

CHAIRPERSON SCHULMAN: Okay, thank you. I'm going to ask Speaker Menin, to— she has a line of questions to ask.

SPEAKER MENIN: Yeah, thank you so much. I just have one last question, but before asking the question, I know Council Member Narcisse had to leave, but just one response again on this water ecology issue that Council Member Narcisse raised. I just again want to make clear that her line of questioning and my line of questioning are about again why heading into the summer months those positions weren't filled. That's what we're trying to talk about, the fact that 21 positions remained open as we head into the summer months. So good that now after this outbreak, positions are being filled, but we never should be in a position where heading into a time when we know that there's going to be these types of Legionnaires' outbreaks. Unfortunately, we want to make sure that every single one of these positions is filled moving forward. So I do have one last question. I wanted to ask that- there was a press release that the Health Department put out around the second— when the second death unfortunately occurred. And in that press release, it listed the first cases as June 27th and June 29th. But if you go to the agency's Legionnaires' webpage right now, it shows that the first case was all the

way back on June 23rd, which would have been the date the patient's sample was collected. So I'm not sure how long it would have taken for that person to have tested positive for Legionella. But that's more than a week before the agency mobilized that outreach. So we wanted to understand why is there this discrepancy.

COMMISSIONER MARTIN: Yeah, but both, both great questions. Let me just say a few words about the water ecologist's position again, and then hand it over to Dr. Howard. Madam Speaker, the majority of those positions were filled before this cluster. I completely agree with your point that right now, uh, 50 out of 56 positions filled and onboarded is a strong sign and signal, and the majority of the positions that we needed were filled before this cluster. We can get you the exact numbers in a follow-up. Secondly–

SPEAKER MENIN: [interposing] I would appreciate that because that's not what our data shows. Our data shows that during the outbreak, only 35 of 56 authorized water ecologist positions were staffed, 21 were not staffed with active inspectors when the city needed that workforce the most. So

that's what our data shows. So there seems to be a discrepancy, so we would—

COMMISSIONER MARTIN: [interposing] we can follow up. Yeah, absolutely. And then to the second question, yeah, so this question is really about sort of how do we and when do we count a case. So the process that we take prospectively, right, is to do interviews with patients that are part of the affected region. And they tell us, for instance, when their symptoms started or when they began feeling sick. So that's one clock that we're looking at—symptom onset as a clock. There's another clock though, and that is the lab testing, so the actual diagnosis date. So these two clocks can be going at different times. I'm going to hand it to Dr. Howard to talk a little bit about backfilling, which can happen with these clocks.

DEPUTY COMMISSIONER HOWARD: So thank you, Commissioner, and thank you for that question. So as one of our public health duties, the Health Department receives reports of infectious diseases in New York City and routinely analyzes our surveillance data to identify a possible cluster of cases in space and time that would indicate a shared potential

source of exposure. So there's approximately 200 to 600 cases of Legionnaires' disease in the city on an annual basis. Each reported case is analyzed, including a review of the medical records and then a patient interview to get information about the source of exposure. And the protection we have in New York City is very robust. We run sophisticated data analyses on a daily basis to identify clusters. In this instance, the cluster was identified by astute epidemiologists even before that data analysis system detected a signal. And we acted very, very rapidly, as you've heard in today's testimony. And this is really public health at its best. Now, as time— so we only had a handful of unverified cases at the time that we announced there was a cluster of disease on the Upper East Side. Now, over time, we're doing the investigations of all these reports that we get in to determine whether someone has spent time in the area during their period of exposure. Often that can take some time, particularly if it's someone who worked or visited the area, worked in or visited the area, didn't live in the area. If that person is hospitalized, if that person visited from another jurisdiction, we get that information in a delayed

fashion. And then we add cases to our case count. And in some instances, they might have had an earlier diagnosis date than those initial cases that we first identified through our surveillance system.

SPEAKER MENIN: Okay, thank you.

CHAIRPERSON SCHULMAN: Thank you, thank you, Madam Speaker. So I have, I have a bunch of questions, but I'm just going to go once to quick round for my colleagues because they can stay here. And, so Council Member Epstein.

COUNCIL MEMBER EPSTEIN: Thank you. Can I just- so I have a better understanding about— so with Legionnaires', obviously the towers are affected, but the plumbing system is impacted too, right? The virus isn't just staying in the tower, it's going through the plumbing infrastructure, right? The water infrastructure going to the hoses, going to the faucets, going to the drains, right?

COMMISSIONER MARTIN: The bacteria-

COUNCIL MEMBER EPSTEIN: [interposing] The bacteria-

COMMISSIONER MARTIN: [interposing] Exactly is in the potable water system, which can be the plumbing in those buildings.

COUNCIL MEMBER EPSTEIN: Right. And so when you're testing, are you testing just the tower or are you testing the system too?

COMMISSIONER MARTIN: So these are two separate types of investigations. What we've been talking about so far has been what you've just referenced, which is us testing the cooling tower.

COUNCIL MEMBER EPSTEIN: Right.

COMMISSIONER MARTIN: What's going on at Haven Plaza, as you know, is a separate and distinct type of investigation.

COUNCIL MEMBER EPSTEIN: So you're testing the plumbing system as well?

COMMISSIONER MARTIN: So it's actually only the plumbing system. And let me hand it to Deputy Commissioner Corrine Schiff to explain a little more on that.

DEPUTY COMMISSIONER SCHIFF: I want to make sure I'm understanding your question. So, when–

COUNCIL MEMBER EPSTEIN: [interposing] I just want to make sure that when we're testing, right, and sometimes we find the bacteria present in the towers, we also are— then what are we doing about making sure the plumbing, the system itself, when the

water is coming to the faucet, is being tested as well?

DEPUTY COMMISSIONER SCHIFF: So these are completely different.

COUNCIL MEMBER EPSTEIN: Right.

DEPUTY COMMISSIONER SCHIFF: And we are directed either to the cooling tower or to a building's internal plumbing system based on the information that is coming from our epidemiologists.

COUNCIL MEMBER EPSTEIN: Right.

DEPUTY COMMISSIONER SCHIFF: So as you've heard, there are a few hundred cases every year-

COUNCIL MEMBER EPSTEIN: [interposing] Right.

DEPUTY COMMISSIONER SCHIFF: of Legionnaires' disease. The bacteria are everywhere. People are exposed-

COUNCIL MEMBER EPSTEIN: [interposing] Right.

DEPUTY COMMISSIONER SCHIFF: all the time.

COUNCIL MEMBER EPSTEIN: Right.

DEPUTY COMMISSIONER SCHIFF: And there are a few, you know, a few hundred cases every year.

COUNCIL MEMBER EPSTEIN: Right.

DEPUTY COMMISSIONER SCHIFF: Most of those cases we consider sporadic. The case investigators are following up. They don't know where the exposure is coming from.

COUNCIL MEMBER EPSTEIN: Right.

DEPUTY COMMISSIONER SCHIFF: When they're seeing patterns in space and time–

COUNCIL MEMBER EPSTEIN: [interposing] Yes.

DEPUTY COMMISSIONER SCHIFF: that's telling us that that bacteria may be growing in the built environment. And that kind of space and time pattern is what tells us which built environment is at risk. When we are seeing, as we saw on the Upper East Side, many cases in a short period of time, here our astute epidemiologists identified it very early. They could see what was coming even before, as you heard Dr. Howard say, our automated systems picked up on it. The typical community cluster pattern is many cases in a short period of time in a neighborhood. That tells us that there is a cooling tower or could be multiple cooling towers where the bacteria is growing. It enters the environment as mist and spreads all over that neighborhood.

COUNCIL MEMBER EPSTEIN: Right.

DEPUTY COMMISSIONER SCHIFF: We're not testing the potable water system because we know that that's coming from—

COUNCIL MEMBER EPSTEIN: [interposing] So, but it's in the-

DEPUTY COMMISSIONER SCHIFF: the cooling tower.

COUNCIL MEMBER EPSTEIN: If it's in the tower and spreading it, you're saying it's not spreading through the water system?

DEPUTY COMMISSIONER SCHIFF: Exactly. And that's why we— that's why we're not— that's why there's no recommendation about showering. It's never about drinking water.

COUNCIL MEMBER EPSTEIN: Right.

DEPUTY COMMISSIONER SCHIFF: It's completely different.

COUNCIL MEMBER EPSTEIN: But when you're— and but you're— when you're testing the tower and you find the bacteria in a building like you mentioned, Haven Plaza, then you're testing the water system to— the water's coming out of the faucet.

DEPUTY COMMISSIONER SCHIFF: Yes, and let me return to the pattern because we're seeing a very different kind of pattern when the clues are telling us to look at that potable water system. The pattern that Dr. Howard's team is observing there is two cases as opposed to many over a 12-month period as opposed to very quickly with a shared hot water system as opposed to a neighborhood. And so there, that's telling us that what we suspect is the built environment that is at risk is that internal plumbing system.

COUNCIL MEMBER EPSTEIN: Right.

DEPUTY COMMISSIONER SCHIFF: That's where the sampling happens. That's the community at risk. And that's when we start talking about reducing risk if you are in a risk group by not taking a shower, never about drinking water because this is about inhalation.

COUNCIL MEMBER EPSTEIN: Right. Right. So I'm just saying when you're testing the water that's coming out of the faucet- I think your distinction you're making is a really important distinction, but to the public, right, it is really hard to understand. And to the public, it is hard to

communicate this information. And so if you're testing a tower or testing water coming out of the faucet for the bacteria, people have to have information and then need to know when they need to get help and what the signs are of illness. And I think what we're trying to say is I think while you are experts in this and you've been trained in this, the public at large is not. And English might not even be their first language. So they need help and support. And that's what we're trying to get. I'm not saying you're not all working hard, but we're saying we're not getting that information out to people in a way that's helpful to provide them support when they're scared and not knowing what to do.

CHAIRPERSON SCHULMAN: Thank you, Council Member. Council Member Wong?

COUNCIL MEMBER WONG: Thank you, Chair.

CHAIRPERSON SCHULMAN: Yeah, go ahead.

COUNCIL MEMBER WONG: Very quick. I'll be really quick. We've been here since 10:00 a.m., and I'm still— I did not hear from anybody in this panel. What are the symptoms of Legionnaires' disease?

COMMISSIONER MARTIN: I believe I covered those in my earlier testimony, and I will reiterate

them here today. They're flu-like symptoms. Things like cough, fever, shortness of breath. These are the signs and symptoms of Legionnaires' disease.

COUNCIL MEMBER WONG: And how would an older individual distinguish that, oh, that's Legionnaires', I have to go see a doctor, or, oh, I should stay home in my bed and just rest a few days? Where's the distinction?

COMMISSIONER MARTIN: So the distinction is embedded in the communications that we are giving, the targeted radio ads, the tabling events, the community presentations, the town halls, the press releases, all of these are efforts, interventions to educate the public to not look past these symptoms because this is not potentially just a normal flu or a normal— or a COVID. This can be deadly, as we have seen. And so that's why it's critically important to do the communications as we have.

COUNCIL MEMBER WONG: Alright. Well, like, back to my visit to the Met Museum, as someone who's been there, I should have been informed that, oh, we tested positive, please look for these symptoms, and if you have these symptoms, go see a doctor. I have not got these notices. I do not know whether you sent

them out to buildings that are tested positive with Legionnaires' in the AC tower. So that is a question I want to know. Have you done these outreaches, or was it Office of Mass Engagement is doing that, or they knock on doors or attend residents' meetings? Is it something that you do, or is it like the Office of Mass Engagement did?

COMMISSIONER MARTIN: Thank you for that question. We knocked on doors as part of our community health worker team. I knocked on dozens of them myself there. But to your broader question around the communications to the building owners, that's why, you know, our work with you all and the relationships that we have with you at City Council is so important. We did eight elected briefings to have you all help us as well get the message out. We did three town halls, two press conferences with the mayor, nine press releases to get the word to these building owners to share this message as well.

COUNCIL MEMBER WONG: And that's done by Department of Health and not the Office of Mass Engagement, is that right?

COMMISSIONER MARTIN: We did that outreach at the Department of Health.

COUNCIL MEMBER WONG: Okay. Thank you. Thank you. Thank you, Chair.

CHAIRPERSON SCHULMAN: Okay. Thank you. So I have some questions. So on— the Speaker talked about and other members talked about the infield, the water ecology positions.

COMMISSIONER MARTIN: Yep.

CHAIRPERSON SCHULMAN: Right. So the data is showing that as of July 21st, that one-third of the positions remained unfilled. So that, that was the issue that we were— that we've been trying to get to for this- during the course of the hearing, as to why they were still unfilled at that particular point in time when the outbreak was far along. That was- that was what we were asking, why they were unfilled at that point. And then the question is, were they unfilled because you were still recruiting people, or were they unfilled because OMB wasn't releasing the funding for it?

COMMISSIONER MARTIN: I see. We'll have to get back to you exactly on that data to make sure that we align there. I can tell you that at this moment, of the 56 positions, 50 of them are filled. There are six that are unfilled.

CHAIRPERSON SCHULMAN: Understood. But we're just going to the— in the heart of the cluster.

DEPUTY COMMISSIONER SCHIFF: I can add that we've been working very closely with OMB, and there are no— those issues are not in play. Really, it is a challenging position to fill.

CHAIRPERSON SCHULMAN: Okay, that's good to know.

DEPUTY COMMISSIONER SCHIFF: Yeah.

CHAIRPERSON SCHULMAN: Okay. Local— you know what, out of curiosity, do you know what the pay level is in New York City versus other cities? Is it lower or higher? Because there are other agencies where we have that issue.

COMMISSIONER MARTIN: Yeah, we can look into that and circle back.

CHAIRPERSON SCHULMAN: Just out of curiosity.

COMMISSIONER MARTIN: Yeah, a comparison between the cities?

CHAIRPERSON SCHULMAN: Yeah.

COMMISSIONER MARTIN: Yeah, we can look back, look at that, circle back to you.

CHAIRPERSON SCHULMAN: Okay, thanks. Local Law 159, which was my law of 2025, went into effect in May of this year requiring more frequent cooling tower testing and additional biocide treatment during warm weather conducive to Legionella growth. How did DOHMH prepare to implement and enforce the bill leading up to its effective date?

COMMISSIONER MARTIN: In many ways, and in fact, the preparations happened long before the May 8th law was promulgated. Let me hand it to Deputy Commissioner Corrine Schiff to share more.

DEPUTY COMMISSIONER SCHIFF: Yes, we began preparing for that May 8th effective date late in 2025. We knew that there would be no grace period, and we wanted the regulated community to be prepared to implement. So in late 2025, we began updating the guidance on our website. We would be letting the operators know that there was new information for them. We developed the new detailed regulation to implement your local law, Chair. We sent out notices when that regulation was open for comment. That's an opportunity not only to gather comments from the regulated community, but it's also a time to notify them that this was coming. We notified them again

when it became final. We held training sessions. We sent out reminders. So there was a lot happening. We started talking about it at inspections well before May 8th. And it is a new requirement. We know that not everyone is going to be in compliance immediately upon an effective date, but we wanted as many people to be ready to go right on May 8th.

CHAIRPERSON SCHULMAN: What additional outreach needs to be done ahead of the next cooling season to ensure greater compliance with Local Law 159?

DEPUTY COMMISSIONER SCHIFF: We will be continuing. It's part of our— you know, the inspection is a— we think of it as a teachable moment. And we will be continuing to conduct education at the inspection and to do other ongoing outreach. Owners will receive violations if they're not in compliance. That is another way of providing them feedback and an incentive to comply.

CHAIRPERSON SCHULMAN: What support does DOHMH need from other agencies or from the Council to conduct outreach for building owners? And you should think about that and come back to us, because we can

obviously help with folks in our particular districts.

COMMISSIONER MARTIN: Yeah, that's a very good point. We will think about that and circle back.

CHAIRPERSON SCHULMAN: Okay, great. Based on current DOHMH rules, full remediation including cleaning and hyperhalogenation is only required when Legionella culture results from a cooling tower indicate levels of the bacteria above 1,000 CFU milliliters. In Toronto, they do it at 10, which obviously is really low. We do it at a really high. Do you think that if we lowered that, that that would be helpful?

COMMISSIONER MARTIN: Yeah, let me say a few words and then hand it to Deputy Commissioner Corrine Schiff. First of all, we are in communication with the team in Vancouver.

CHAIRPERSON SCHULMAN: Okay.

COMMISSIONER MARTIN: And we are working closely to learn from them and they are learning from us. There is this question of what to do at the 10 CFU line when it comes to the bacteria levels. We both agree, our system and Vancouver's system, that that needs to be treated. And that is what happens

here. We do demand and require that building owners treat at that 10-unit level. So, you know, things are not going untreated here. But there is a difference beyond the treatment, and I'll hand it to Deputy Commissioner Schiff.

DEPUTY COMMISSIONER SCHIFF: I agree, Commissioner. The level that you just referenced Chair, is the same level that we have here. The regulation has very detailed requirements for levels of Legionella bacteria and the corrective action that is required, and ours starts at that very same level that you have cited for Toronto.

CHAIRPERSON SCHULMAN: Thank you. During previous Legionnaires' disease outbreaks, DOHMH has had a head public health engineer on staff to help with the agency's response. However, on July 22nd, DOHMH posted a vacancy for a public health engineering consultant in the Bureau of Environmental Sciences and Engineering. When did DOHMH last have a public health engineer consultant on staff, and how long has the position been vacant?

DEPUTY COMMISSIONER SCHIFF: We have public health engineers on staff. That posting might—

CHAIRPERSON SCHULMAN: [interposing] You do?

DEPUTY COMMISSIONER SCHIFF: Yes.

CHAIRPERSON SCHULMAN: So what was the posting for?

DEPUTY COMMISSIONER SCHIFF: I'll have to let— we have other positions-

CHAIRPERSON SCHULMAN: [interposing] Okay.

DEPUTY COMMISSIONER SCHIFF: that we are hiring for.

CHAIRPERSON SCHULMAN: How many staff with the Environmental Sciences and Engineering Bureau are currently dedicated to Legionnaires' disease prevention, including tower inspection, plan review, and related enforcement?

COMMISSIONER MARTIN: I mean, it's probably the whole— it's the majority of the people that are in that division. We can get you specific numbers-

CHAIRPERSON SCHULMAN: [interposing] Yeah, please.

COMMISSIONER MARTIN: in a more detailed way, but that is, you know, the full brunt of what that team is aiming to do.

CHAIRPERSON SCHULMAN: Okay. There are other questions, but let's— we'll do this. We'll send them to you. You'll send us back an answer. So we're done with this portion, and thank you. I want to thank the team here for your time. I mean, we really appreciate it.

COMMISSIONER MARTIN: Thank you, Chair.

CHAIRPERSON SCHULMAN: So Assemblyman Wright, Senator Cleare. Okay, I am now opening the hearing for public testimony. I want to remind members of the public that this is a government proceeding and that decorum shall be observed at all times. As such, members of the public shall remain silent at all times. The witness table is reserved for people who wish to testify. No video recording or photography is allowed from the witness table. Further, members of the public may not present audio or video recordings as testimony, but may submit transcripts of such recordings to the Sergeant-at-Arms for inclusion in the hearing record. If you wish to speak at today's hearing, please fill out an appearance record with the sergeant-at-arms and wait to be recognized. When recognized, you will have two minutes to speak on today's oversight topic

and the legislation being considered. If you have a written statement or additional written testimony you wish to submit for the record, please provide a copy of that testimony to the Sergeant-at-Arms. You may also email written testimony to testimony@council.nyc.gov within 72 hours of this hearing. Audio and video recordings will not be accepted. I want to thank both the Assemblyman and the Senator for— I know it was a long time and we're sorry about that. You know, there were a lot of questions, there were a lot of issues, and I really apologize. I want to thank you for being here. So go ahead, Assemblyman.

ASSEMBLYMEMBER WRIGHT: Thank you so much, Chair Schulman, and I want to thank the whole committee for being present and allowing for transparency during this conversation. It's very important and it's critical to all of our constituents. Thank you for having me. My name is Jordan Wright. I represent the New York State Assembly's 70th District, and that's Central and West Harlem. And unfortunately, my neighbors and loved ones in this village that I grew up in have experienced a deadly Legionnaires' outbreak last

summer. In Harlem, we lost 70 community members due to Legionnaires'. And more fell ill during that cluster of this disease, with Harlem seeing 90 hospitalizations and at least 114 reported cases. It's a tale that we all know all too well. Black and Brown communities repeatedly serve as ground zero for tragedies like these— horrific and preventable public health failures. In 2026, in the greatest city in the world, it should no longer be the norm that when white folks get a cold, Black folks get the flu. We all deserve to be healthy. Here's some of what we in Harlem have learned from our ground zero. Clear communication is key. The community deserves prompt and consistent updates from reliable sources. This is not only key to ensuring public trust and collaboration, it is essential to containing and eradicating any cluster or outbreak. In Harlem, I hosted regular briefings and engaged with community stakeholders day and night to ensure that the public was able to learn and adapt quickly to new facts. We ensured that necessary resources were widely available to our community throughout the situation and that any relevant or new information was shared promptly and widely in Harlem as best as we could.

Full transparency is the only acceptable way to navigate a public health event like Legionnaires'. Full transparency is how we prevent more illnesses. It's how we prevent death, because as we know, even one is too many. Legionella bacteria and its impact is well known and not uncommon. It should not take active cases and New York lives to bring it to the forefront of this conversation. All New York communities, but certainly the Black and Brown communities that are so often battered by environmental inequalities, deserve the peace of mind that comes with strong public health regulations and the funding and enforcement to make the entire city healthier for all of our families. Last month, the governor signed into law a bill that I sponsored with Senator Cordell Cleare requiring that owners and operators of cooling towers in New York City certify their cooling towers have been inspected, tested, cleaned, and disinfected in compliance with New York City Administrative Code. The bill also sets timelines for building owners to notify the New York City Department of Buildings and take steps to remedy any public health hazards in cooling towers and increases in civil penalties on building owners who

fail to report or address these issues and require biannual certifications. Perhaps most importantly, the new law clarifies that the building owner must take steps to address maintenance deficiencies as soon as possible, but no later than 48 hours. That's two days. It increases fines and penalties and modernizing a process that we can no longer afford to keep antiquated. This is not about whose plan outdoes the other. This is about saving lives. So thank you again for having me. I look forward to working together on all fronts to ensure the safety of all New Yorkers. Thank you, Chair Schulman.

CHAIRPERSON SCHULMAN: Thank you. Senator?

SENATOR CLEARE: Thank you. Good afternoon, and I want to thank— oh, thank you. Good afternoon, and I want to thank Speaker Menin and Health Chair. Thank you so much, Chair Schulman, for holding this very important hearing, and all the council members here today united in the goal to keeping New Yorkers safe from Legionnaires' disease. I am New York State Senator Cordell Cleare, Chair of the Aging Committee in the Senate, and proudly representing Central Harlem, East Harlem, El Barrio, West Harlem, and parts of the Upper West Side. Last

summer, my wonderful district, District 30, which I hold so dear to my heart, was ground zero for the 2025 Legionnaires' outbreak that claimed the lives of at least seven New Yorkers and infected hundreds more right in the heart of Harlem. Legionella was unfortunately— has unfortunately remained a continual issue for the community since Harlem's first reported cases back in 2025. We saw it again in NYCHA's Wagner Houses in November, followed shortly thereafter by one in January at 3333 Broadway, which is one of the largest residential developments in my— in Manhattan. And for those residents specifically, the investigation has brought months of interrupted water access, diminished quality of life, and countless hours spent organizing with management to address the conditions in their homes. In both these investigations, though, Legionella was detected in hot water systems rather than cooling towers at the center of the summer outbreak, leaving residents without reliable hot water during the coldest months of the year. Harlem has become a vanguard of sorts for organizing around and demanding responsiveness to how we maintain our buildings and strengthen the systems that keep New Yorkers safe. We are behind and

playing catch-up as warmer temperatures and more frequent periods of extreme heat associated with climate change create conditions that make Legionnaires' disease more prevalent. Far too often, Black and Brown communities find themselves on the front lines of environmental health risks and bear the disproportionate burden of ecological vulnerabilities. In response to the 2025 outbreak and our ongoing efforts, I was proud to introduce four bills, one that has now become law. I partnered with Assemblymember Jordan Wright in the State Assembly requiring biannual certification identification of cooling towers, proactive testing and inspection, remediation within 12 to 24 hours, and increased fines for violations. But there's still more work to do. I'm urging my colleagues to advance additional pieces of legislation that will strengthen public education and awareness campaigns and ensure that tenants and residents receive timely notice when a potential health threat is identified. I believe we should expand our capacity to test and inspect cooling towers while also examining the workforce barriers that make it difficult to recruit and/or maintain adequate staff. Based on information given

to my office in real time, I don't know if the Department of Health, if the agency can confirm, I understand there's only been one violation written between last year and now. That begs the question, are there enough qualified inspectors to meet the demands of the law? Are qualification requirements unnecessarily limiting the pool of workers who could be trained and brought into these roles? We need to identify and remove unnecessary obstacles so that 100 percent oversight and compliance with these basic safety precautions is not simply the goal, but the standard. And with all that we have learned from the deaths in Harlem, it's a greater tragedy that those people died in vain. I want this— to give the Council credit for always responding on this issue, even though it continues to bedevil us. You have passed legislation in the last decade that has improved certain aspects of Legionnaires' detection, and I'm encouraged that you have seven legislative introductions before you today that will make an even greater difference. I fully support that. Lastly, I hope the Council will support my comprehensive reform which enacts the Legionnaires' Disease Prevention Act, a source-to-tap solution that will prevent and

mitigate Legionella long before it gets into our cooling towers. I am confident that with decisive city and state action, we can create an environment that ends Legionella outbreaks, prevents the public from becoming the litmus test for Legionnaires' and these outbreaks as we know them, put ourselves in the strongest possible position to finish this year with no additional outbreaks. I look forward to your partnership in this fight going forward. Thank you so much.

CHAIRPERSON SCHULMAN: Thank you. Before you— before you leave, Senator, I didn't realize that you're the Chair of the Aging Committee, so I'm going to— I don't know if you've met with the new DFTA Commissioner?

SENATOR CLEARE: I have.

CHAIRPERSON SCHULMAN: Okay, good. So talk to her because she had some—

SENATOR CLEARE: Absolutely.

CHAIRPERSON SCHULMAN: About the Upper East Side outbreak and older adults.

SENATOR CLEARE: And older New Yorkers.

CHAIRPERSON SCHULMAN: And, you know, getting them like information because they, you know,

if they don't show up to a senior center, then you gotta go look for them and all this stuff. So she's somebody I used to work with and I know really well. But I would ask— and one of the questions that we're going to send back to Department of Health is how they work with all the agencies, including Department for the Homeless and all of that, in terms of like coordination, especially when there's an outbreak, because that time period is very critical, tight. Yes, it's very critical. So, and Assemblyman, thank you for all that you do. And I think that you know, we should all like really sit and work together. We're more than happy. I'm more— I am more than happy to do that. And we have other folks too that are willing to work with us as well to help us with this.

SENATOR CLEARE: Thank you. I look forward to it.

ASSEMBLYMEMBER WRIGHT: Absolutely. Me as well. Thank you so much, Chair.

CHAIRPERSON SCHULMAN: We're just going to take a five-minute break. The staff needs to take a break, so just five minutes, and then we're going to do the rest of the public testimony.

[break]

CHAIRPERSON SCHULMAN: Okay, we're going to resume public testimony. The next panel is Robert Bowcock, Kim Smith, Gwen Hanlon, Patricia Loftman, and Jennifer Ratner. Oh, okay. That's fine. That's fine. That's fine. So is everybody— so who's here? So we have Robert Bowcock here, right? Kim Smith is not here? Okay. Gwen Hanlon, is you. Okay. Patricia Loftman, is you. And Jennifer Ratner. Got it. Okay. So everybody has two minutes because we have a lot of people that want to testify both online and in person. So if you have extended testimony, you could submit it to us at testimony@council.nyc.gov. We'll take a look at it. So just be mindful and we'll be clocking. So we'll go from this way. Yeah, you— oh, give her the mic and just put it on. Put it— press the button. Okay, go ahead.

GWEN HANLON: Hi, Chairman Shulman and members of the Health Committee. Thank you for the opportunity to share my story, my husband's story. My name is Gwen Hanlon and my husband Kevin died from Legionnaires' in 2017. I've been begging for the prevention of Legionnaires' for nine years. So please keep going. And thank you for doing this. I've been doing it for nine years. Kevin died from

Legionnaires', and New York City still cannot tell me where the bacteria that killed him came from. He was diagnosed with lung cancer at 46 years old from 9/11 exposure. But we— but lung cancer didn't kill Kevin. We believe he was exposed to it during the Lenox Hill outbreak where he was receiving cancer treatment. Before Legionnaires', Kevin was active and responding well to treatment. And like the previous victims' families explained, this is a horrible way to die. He was intubated, had extreme fever, agonizing pain, withdrawals from the meds, and was in a medically induced coma with a feeding tube and a tracheotomy. And he fought like this for five weeks. After five weeks, I had to tell my six and nine-year-old children their dad was never coming back. The Department of Health and the CDC did not report on my husband's death because he was considered a one-off case, and I have sought answers and records for years. I appreciate the focus on outbreaks, but you are missing thousands of victims. 96 percent of all cases are considered sporadic. The proposed New York legislation must call for comprehensive investigation of every reported Legionnaires' case. New York officials didn't address Kevin's case then, and here

we are in the exact same area nine years later with a worse tragedy. Thousands of more New Yorkers have become sick since Kevin's passing, and I'm still asking the same questions. Where did it come from? I'm not a scientist, but there's some bright ones here today, and they are begging New York to focus on the source of the water. New York responds to outbreaks the same way. Identify a cluster, test cooling towers, and remediate, and then we wait. We wait for more cases. Why isn't New York looking at the entire water system the way New Jersey did? In 2024, New Jersey passed what is described as the most comprehensive Legionnaires' disease prevention law in the country. States like Pennsylvania and Maryland are following. So I have a new question. Why does New York continue to handle the outbreaks the same way for the past 10-plus years and expect a different outcome? It's not working. Nothing changes if nothing changes. I'm here today to ask for you to keep this going and make a change. Handle it differently. Thank you for hearing our story, my husband's story, and thank you for doing more to make a change. Maybe the story will be different next year.

CHAIRPERSON SCHULMAN: Thank you.

JENNIFER RATNER: So my name is Jennifer Ratner. I'm a 60-year-old long-term resident of the Upper East Side. My dad is 86 and thankfully did not get Legionella but lives in one of the buildings that was positive. And I just want to start with a question I hope will be asked in the future. So I hope that Legionnaires' disease experts will be asking in the future, wow, how come New York City has so many cooling towers dealing with 100-plus degree hot summers, is so densely populated, and yet every summer there are no deaths from Legionnaires' disease, or very few in New York City, which we should be the model and not just be following along. And to the previous testimony, not just doing kind of the same thing year after year. I don't understand- you know, so there's prevention and I really applaud your bill, which, you know, if enforced properly and all some of the other bills will lead to more and more prevention moving forward so that we don't have the outbreaks. But then during the outbreak, you know, the Health Department had up this sign right over there before that said, why is biocide not good? And they referred to the CDC. I actually wrote to the Legionella team at the CDC because it's very vague.

Why couldn't we do— you know, we had just a small cluster, relatively few numbers of towers that were positive. Why not just pull the samples and disinfect? I understand maybe you'll corrode the tanks. But for, you know, a huge number of them, we were doing that anyway. And, you know, waiting two days even for the PCR was probably too long in that— and I'm not an expert on it, but I think there should be much broader discussion and just not discount that. And so I think we should be the innovators here in New York. So not just thinking about testing and preventing, but just be the innovators and be the model for the whole globe.

CHAIRPERSON SCHULMAN: Thank you. Next?

BOB BOWCOCK: Thank you, Chair Schulman and members of the committee. Thank you for the opportunity.

UNIDENTIFIED: Bob, your mic.

BOB BOWCOCK: Oh, I'm sorry. There. Is that on? Thank you. I'll start back with thank you, Chair Schulman and members of the committee. Thank you for the opportunity to testify today. My name is Bob Bowcock. I am a licensed water treatment professional for over 40 years. I've had experience

in water utilities and water resource management. I was the state attorney general's expert witness in the Flint, Michigan case and work on water and water quality issues nationwide. I am a volunteer to the board for the Alliance for Prevention of Legionnaires' Disease as their water quality advisor. First, I'd like to acknowledge the city's efforts in response to the Upper East Side outbreak, and our hearts go out to those who have been impacted. And lost family members. As we look at what happened and the 94 cases and the 11 deaths associated with this outbreak, we need to ask a broader question. How do we prevent Legionnaires' disease before an outbreak occurs? Legionella is a waterborne organism, and preventing the disease requires looking beyond an individual exposure point. From my perspective as a water quality professional, we need to look at the entire water system from source through the public distribution system to building plumbing and the points where the people are exposed, rather than only treating one symptom of the underlying issues. The city's current approach focuses exclusively on cooling towers. Those systems are important, and they must be properly regulated and maintained, but

cooling tower regulation alone is not comprehensive Legionnaires' disease prevention. When found in the water, the Legionella in the tower is the same water that runs through the entire system from the building, the municipal system, and serving the building's plumbing system. The Alliance conducted independent sampling in mid-July on the Upper East Side community affected by the Legionnaires' disease outbreak. That work found Legionella in multiple types of building water fixtures, including hose bibs outside closest to the water meter. Over 20 percent of the samples demonstrated very low chlorine residuals and high levels of Legionella. Almost 20% of the samples, water systems in the Upper East Side in July were positive for Legionella. New York City currently has a—

CHAIRPERSON SCHULMAN: [interposing] Can you— I need you to summarize.

BOB BOWCOCK: [interposing] I will summarize.

CHAIRPERSON SCHULMAN: And then submit.

BOB BOWCOCK: I will summarize. New York City— I apologize. New York City currently has a filtration waiver from the federal government,

meaning 90 percent of the drinking water in Manhattan is unfiltered. And until we take a concentrated approach that's systematic, that goes from source to tap, we're going to continue to be back here year after year. Thank you.

CHAIRPERSON SCHULMAN: Thank you, and please submit the rest of your testimony to us.

BOB BOWCOCK: Yes, thank you.

CHAIRPERSON SCHULMAN: Yes, ma'am?

PATRICIA LOFTMAN: Greetings, Chairperson Truman. Thank you for this opportunity to provide testimony. My name is Patricia Loftman. I am a certified nurse midwife. I speak as the former midwifery service director at Harlem Hospital for 30 years. I also am a New York City resident who could be impacted by Legionella at any time. I testified almost one year ago on September 19th before this very committee on this very same topic. Yet here I am again. I have attached a copy of my testimony from last year. Last year, DOHMH proposed regulatory reforms to improve monitoring and accountability with the city law to prevent an outbreak, a Legionnaires' recurrence. Proposed changes included requiring cooling tower testing every 30 days instead of every

90, increasing fines for noncompliance as the test— as the penalty for noncompliance was just $2,000 for the first violation, followed by up to $10,000 for subsequent violations. Hiring more inspectors and engineers, expanding proactive sampling capacity, and creating neighborhood health centers to provide information during emergencies. Cooling tower inspections, according to city experts, are a critical defense against Legionnaires' outbreaks. Among the 10 buildings identified by DOHMH last year, all but one had cooling towers that were either behind on Legionella testing or had not been inspected by the city in the past year. During my testimony last year, I stated that no new regulations were required. What was required was monitoring and enforcement of existing laws. I further stated that it was ludicrous to expect that requiring testing every 30 days instead of every 90, in the absence of inspector staffing numbers necessary to accomplish inspections and enforcement, would achieve a different outcome than what existed. Fines cannot be imposed in the absence of inspections that are staffing dependent. Thus, I have no new testimony this year. I simply repeat and implore that no new

unenforceable regulations are required. Prevention is simply dependent on performing inspections, monitoring compliance, and issuance of fines for noncompliance. It's not my desire to be here again next year.

CHAIRPERSON SCHULMAN: Understood. Thank you. Thank you to this panel. Appreciate your testimony. I want to ask our borough president, Brad Hoylman-Sigal— you walked in at the right time— to give testimony.

BRADY HOYLMAN-SIGAL: Thank you, Madam Chair. I'm Brad Hoylman-Sigal, Manhattan Borough President. I wanted to thank you and members of your committee and the speaker for holding this important hearing. Which, of course, is on the Legionnaires' disease outbreak and has largely been, at least publicly, focused on several neighborhoods in Manhattan, but we know that it is a five-borough issue. And Madam Chair, I don't have to tell you that we know that Legionnaires' disease has been increasing since the early 2000s. In 2025, as the CDC reported, New York City had the highest case rate in the country. With 7.8 cases per 100,000 people. And this year, for the second year in a row, Manhattan

experienced a major cluster with 94 confirmed cases and tragically 11 known deaths. And I know family members are here today, and I want to thank them for their testimony. And no New Yorker should have to face this, so I'm very sorry for your losses. When the Upper East Side cluster was detected, DOHMH acted quickly, I think, testing and remediating cooling towers in the neighborhood within days. Thankfully, the Upper East Side cluster is now contained. And yet we're here today with these family members, and it's past time we focus resources on prevention of this disease entirely, in addition to quick containment. And as you well know, there are still many active cases in the city. The general public most often learns of Legionnaires' when cooling towers are contaminated. But there are also less public cases when Legionnaires' is suspected to be spreading through a building's internal hot water system. Through these instances, though they cause fewer Legionnaires' cases than when cooling towers spread the bacteria through a community, they are also serious public health concerns and can be very complicated to remediate and most often impact housing developments in underserved areas. I've heard

from many Manhattanites, and you have too today, who fear for their health and safety and don't know what measures they need to take to reduce their risk of getting sick. We can and must do better, and I'm glad to see that the Council is considering this package of reforms to strengthen the city's response to this disease. I strongly support your legislation, Madam Chair, Intro 1016, to create a DOHMH-run Legionnaires' hotline. I support Council Member Hank's preconsidered legislation to improve regulation of cooling towers for buildings under construction. I was glad to see Council Member Faria's proposal, Intro 181, to require building owners to proactively offer shower hoses to all residents affected by building investigations. Finally, I urge DOHMH to consider ways to increase education and standardized outreach to residents in impacted buildings, and believe Council Member Maloney's Intro 1005 will go a long way to aid those efforts. And we know that the city already has laws on the books. After last year's Central Harlem Legionnaires' cluster, new cooling tower reporting, testing, and maintenance requirements were passed by you here, which went into effect in May. These laws

increase the frequency of testing in operational cooling towers from every three months to monthly and require a shock disinfection of cooling towers in the summer months. My office analyzed the 5,945 buildings with cooling tower systems registered citywide. Manhattan alone accounts for almost 75 percent of the city's cooling towers. With 4,405 in the borough. But there are 520 buildings, Madam Chair, in the borough of Manhattan that have not reported a new sample in at least the last two months. The majority of these buildings, 347, have not reported any samplings at all. DOHMH, I think, should investigate whether these buildings are in violation and ensure swift and regular compliance across the city. This city has an obligation to ensure that there are staffing and resources available to implement these ends. I'm grateful to Mayor Mondani, the Department of Health, and the Department of Buildings for their announcement yesterday to strengthen enforcement of cooling tower regulations, and I look forward to seeing those actions implemented. It's abundantly clear that Legionnaires' will continue to impact New Yorkers for years to come, especially as the impacts of climate change to continue to increase. As the

weather warms, we're going to need more cooling towers, as well as the fact that studies suggest warmer weather increases the incidence of the Legionella bacteria. And we know that New Yorkers want to help. So I'm happy to announce that my office is in the early stages of creating a Manhattan Legionnaires' disease task force comprised of community board members in Manhattan to support and improve communications to New Yorkers impacted by the disease. I hope this group of stakeholders can serve as a resource in amplifying the public health messaging that is quick, transparent, and collaborative. I want to thank you, Madam Chair, again for your leadership on this issue and so many issues of public health that affect all of us.

CHAIRPERSON SCHULMAN: Thank you, Mr. Board President. A question. The ones that you said hadn't been done in terms of the cooling towers, have you told DOHMH that?

BRAD HOYLMAN-SIGAL: We have communicated that to them.

CHAIRPERSON SCHULMAN: Okay. We would like to know what they respond back to you. And we would like to work with your office. I would like to work

with your office in terms of communication. There are some things that we've come up with outside of this hearing that we thought might be helpful. So especially given the amount of cooling towers. The other is that I have talked to some folks in the administration about the fact that we're going to— once we start building new housing, we've got to take a look at what we're doing with the cooling towers. So I think that's important, especially in Manhattan.

BRAD HOYLMAN-SIGAL: Yeah, I couldn't agree more. And of course, there's new technology to ward off Legionella.

CHAIRPERSON SCHULMAN: That would be great. That would be awesome. So, but it takes— we have to do this collectively with everybody. So I thank you for your efforts and your commitment. And we look forward to working with you moving forward.

BRAD HOYLMAN-SIGAL: Thank you, Madam Chair.

CHAIRPERSON SCHULMAN: Thank you. Okay. Now we have- next panel is Melissa Barbour, Samuel Eluto, Lydia Diana, David Hawkins, and April McIver. Okay, as I stated earlier, to the extent that you can keep your testimony to two minutes, would be

appreciated. We have a lot of people that want to testify, and you can certainly submit the testimony, and we're looking at everything because this is like—this is obviously very important. So we'll start over on this side.

APRIL MCIVER: Thank you. Good morning. I'm April McIver, Executive Director of the Plumbing Foundation, nonprofit trade association representing the New York City licensed plumbing industry. Our mission is to ensure the passage and enforcement of safe plumbing codes. First, I give my condolences to the families of the 11 who have lost their lives this summer from the recent outbreak. We are here today to demand a shift from reacting to Legionnaires' disease to proactively preventing it. While the city has hyperfocused on cooling towers since 2015, recent deadly outbreaks including the seven in Harlem last year and the 11 on the Upper East Side this year, prove this approach is severely inadequate. The bacteria is actively spreading through internal building water systems. Speaker Menin mentioned the Haven Plaza today, and Council Member Farias spoke about Parkchester. We want to look at this holistically, comprehensively. So potable water

systems where New Yorkers shower, wash their hands, brush their teeth are a frequent source of Legionella exposure. Furthermore, well-intentioned green building laws that lower hot water temperatures, promote low-flow fixtures, and most recently encourage the use of plastic piping in the mayor's block-by-block housing plan as an alternative material create the perfect breeding grounds for this deadly bacteria. Our written testimony has comments on most of the legislation on the agenda today, which we explain as supporting but with amendments to each of the bills. I do want to bring us to our primary focus today, reintroduction of Intro 434 of 2024. We urgently call on the Council to reintroduce this bill with critical provisions restored as provided to the council. We must mandate proactive maintenance and testing for entire building water systems. A truly comprehensive bill will require clear, strict standards and direct the Department of Health. As we know, they are struggling with enforcement. A reintroduction of 434- okay, thank you.

CHAIRPERSON SCHULMAN: Finish, go ahead. But then-

APRIL MCIVER: It's okay, it's much longer. I just very quickly like to say, you know, I have been working at this organization for nine years, working on this issue for seven years. I have met so many, so many experts and people. I'm an attorney, but I've spoken to so many people. I've read a lot. I do a lot of research. And I think New York City is really focusing this in a bubble on the cooling towers. And I think we really do need to expand this and look at this holistically.

CHAIRPERSON SCHULMAN: Okay.

APRIL MCIVER: More in my written testimony.

CHAIRPERSON SCHULMAN: Thank you.

APRIL MCIVER: Thank you.

MELLISA BARBOUR: Hi. Thank you for the opportunity to testify at this hearing. Before I begin, I want to extend my sympathy to everyone affected by the recent outbreak. My name is Melissa Barber, and I'm the Assistant Director for the Mechanical Contractors Association of New York. Our members install, service, test, repair, and maintain heating, ventilation, cooling, and air conditioning, refrigeration, and fire sprinkler systems throughout

New York City and Long Island, employing Steamfitters Local 638 building trades and metal trades members to perform this work. Collectively, we have over 250 contractors and 6,000 union members working daily on the central nervous systems of our city's buildings. Our mechanical contractors, along with their water treatment subcontractors, are at the forefront of installing, testing, and maintaining new and existing cooling towers. We offer the following testimony on this oversight hearing and corresponding bills. The regulations that began to be enforced this past spring were a correct step in addressing recent Legionnaires' disease outbreaks. However, this summer's outbreak shows that current requirements may warrant some further review. We support the intention of Intro 1006, and we have some minor language changes that we would like to submit for consideration. However, we also do believe that it's imperative that the city further study and review the volume and type of chemicals introduced into systems, particularly the amount of chlorine and bromine used. For example, excessive levels of these chemicals could cause piping corrosion and pitting, which are precisely the conditions in which Legionella thrives.

So more is not always better. We also support Intro 1017, but we would also ask that the Council develop an advisory board or panel that's part of this conversation. Our contractors are installing and servicing these systems day in and day out and can offer unrivaled field experience and boots-on-the-ground insight. One unintended consequence of more energy-efficient buildings has been reduced water movement in cooling towers and often at lower velocity. This is a result of energy-saving pumping reductions. Sorry, I'll make it quick. Less frequent water or lower flow pumping can mean that water can sit longer instead of properly circulating, which encourages biofilm buildup on walls. So in response, our contractors are already seeing a shift towards cooling tower and pump designs that run pumps faster to reduce stagnation, along with upgrades that reduce aerosolized water. As we all work to curb Legionnaires' disease outbreaks, discussions on the impact of energy code mandates, system redesigns, new technology, and remediation techniques should occur on a regular basis. Finally, we urge the Council to ensure that all agencies have sufficient staff to fulfill city mandates. When

agencies face limited workforce resources, communities are left at risk. And New York City must ensure that agencies providing vital public health and safety services can attract and retain staff and the staff levels required to do so. Thank you very much for the opportunity.

CHAIRPERSON SCHULMAN: Thank you.

SAMUEL ELUTO: Good afternoon. Thank you, Chair Schulman, for the opportunity to testify. My name is Samuel Eluto, Member Relations Director for the Building Trade Employers Association, former Council Member Elizabeth Crowley, president and CEO of the BTA. Regret she couldn't be here today. The BTA is an umbrella organization of New York's construction industry representing 24 member associations, more than 1,200 contractors who build and maintain New York's building and infrastructure. And today's testimony comes at a somber moment for— with 11 New Yorkers who lost their lives to Legionnaires' disease, and our recommendations are designed to make New Yorkers safer. First, we support MCA of New York's recommendation for an advisory board or panel, and we ask that they examine two things: the volume and types of chemicals introduced

into these systems, particularly chloride— chlorine and bromine, since excessive levels cause corrosion and pitting, in which the disease thrives, and how also the green building mandates from the city and state are contributing to the stagnation of water, which creates biofilm, and which never reach the temperatures needed to kill bacteria. And contractors should be on this panel. A lot— sometimes these kinds of boards leave off contractors, which is problematic. Second, we urge the council to ensure agencies' staff fulfill the city mandates to conduct inspections, review registrations, and process sign-offs. New York City must ensure that agencies providing vital public health and safety services can attract and retain the staff levels required to do so. Third, we support intro— the reintroduction of Intro 434 of 2024 to expand the testing of existing cooling towers, but also the entire building's water system where bacteria frequently grows. Potable water is not currently tested, yet research has found that Legionella grows as well. It needs to be reviewed and inspected. Any reintro of the bill should also carry amendments that I believe the Plumbing Foundation has laid out, including mandatory risk management

assessments, addressing dead legs and stagnant water, a defined testing interval, and clear qualification standards.

CHAIRPERSON SCHULMAN: Can you summarize?

SAMUEL ELUTO: Yeah, yeah. I also support MCA's amendments on Intro 1006, which they've submitted as well. That's all. Thank you.

CHAIRPERSON SCHULMAN: Next.

DAVID HAWKINS: Good afternoon, Chair Schulman. My name is David Hawkins, and I am the training director of the International Union of Operating Engineers Local 94. Before I begin, I would like to send my union's condolences to the families of the people that passed away in the latest outbreak. Local 94 represents approximately 7,000 members who work as engineers, helpers, fire persons throughout New York City, serving in commercial buildings, hotels, New York City public schools, power plants, and a wide variety of other facilities. Local 94 engineers are on the front lines of many safety-related mechanical issues in our city. There are no greater responsibilities than protecting the lives of our residents. Local 94 represents some of the best-trained stationary engineers in the country,

and with our extensive training and firsthand experience operating and maintaining New York City's complex building systems, our members are uniquely positioned to assist the city in both the prevention and mitigation of Legionnaires' disease. Cooling tower water treatment is a complex issue and requires true partnership between city building owners, engineers, and water treatment companies. Because Legionella is prevalent in cooling towers and other building systems, the FDNY refrigeration machine operators Q01 certificate of fitness holders must receive the highest levels of education and training effectively to contain and prevent future outbreaks. For this reason, Local 94 urges the city to mandate specific water treatment training for operation and maintenance of cooling towers and other building systems to suit— with Legionella. Our recommendation, New York City Department of Health and Mental Hygiene create a streamlined version of the existing New York State 7G certification rebranded as DOHA 7C cooling tower operator certification. The certificate would focus on new requirements under Chapter 8 which require building owners with cooling towers to collect and report dates of Legionella samples at

least monthly, as well as proper oversight and administration of cooling tower maintenance as it relates to minimizing the presence of Legionella. The CTOC will also focus on responsible person's role that is outlined in Chapter 8 cooling tower rules. Education on these requirements is essential in success of Chapter 8 and safety of our citizens in New York City. This additional certification should—

CHAIRPERSON SCHULMAN: Summarize the rest of it and then submit, and then you'll submit it.

DAVID HAWWIN: Okay. I'm sorry. 7C cooling tower certification could also serve as a prerequisite. We recommend 7C required for all Q01, Q99 as recertifications. Thank you.

CHAIRPERSON SCHULMAN: Thank you. Next?

LYDIA DIANA: Good afternoon. I want to thank the council Members this morning as well as thank you, Chair Schulman, for convening this oversight hearing on the city's response to this summer's Legionnaires' outbreak. My name is Lydia Diana, and I am an organizer with the Hotel and Gaming Trades Council Union. I have spent over a decade committed to ensuring hardworking hotel workers are guaranteed the wages, safety, and dignity

they deserve, as well as a voice. And that's why I'm here today. I represent the workers at the High Line Hotel, a luxury property right in downtown Manhattan— Manhattan, sorry, excuse me. Operated by MCR. Earlier this summer, the hotel building received a test showing higher than average rates of the Legionella bacteria cooling towers on the property. Management did not notify the union or the workers and refused to provide evidence that they were following the law until after the union took them to arbitration. However, even after taking the steps required by law, follow-up tests two weeks later showed that the Legionella density had increased fourfold. Under New York City law, 10 colonial forming units per milliliter is considered acceptable, and immediate action and reporting to the city is only required if the rates exceed 1,000 CFU. Rates at the High Line Hotel after management first remediated it over 700. Because it was below that red line threshold, the law only requires that the building either increase or change the chemicals in the system and to perform a visual inspection. There was nothing else the city could do. With the current responses in place, workers and guests were left uninformed and

vulnerable to the potential health crisis. Management tried to keep business running as usual. Workers with pre-existing respiratory conditions or weakened immune systems were threatened with retaliation when they expressed concerns over their safety. May I continue?

CHAIRPERSON SCHULMAN: Just summarize to the extent that you can.

LYDIA DIANA: It's critical to maintain strict standards. We want to keep building ha world's number one tourist destination in New York City. So thankfully no one got sick. The lack of proper oversight and enforcement mechanisms to keep workers and guests informed and healthy were inadequate. We have learned time and time again that the Legionnaires' is not an issue to take lightly and delay in action. Solutions we suggest, like a hotline for workers to voice concerns without fear of retaliation, enforcement measures to hold non-compliant businesses accountable, will significantly help keep workers and guests safe. I implore the city to reform its protocols and make sure responsible parties are held accountable when

health and safety standards are not adhered to. The risk is too high not to. I want to thank you.

CHAIRPERSON SCHULMAN: Thank you. And I also— I— you may know this, I worked with Megan on this too. She had called me when that first happened. It was over a weekend, so I was able to assist on that. And I want to thank everyone here for your testimony. It's really important. And please tell Elizabeth I said hello.

LYDIA DIANA: Thank you.

CHAIRPERSON SCHULMAN: Thank you, guys. The next panel, and please again, we have a lot of people to testify, please keep it to two minutes to the extent that you can. We look at everything, I guarantee you, when you submit the testimony. All right, next panel is Marco Tomayo, Maria Freeman, Wafa El-Sadar, and William Spitz, and Kristen Ankuta. Okay. Is everybody here? One, two, we're missing someone. She's coming up, so we're just missing one. Yeah, no, no, it's just wherever. So which one is Marco? That's you. I just, I'm just trying to figure out who we're missing. Maria, that's you. Wafa? Oh, that's, that's who I'm missing. Okay. William Spitz,

right. And Kristen. Okay. So we're missing one person. All right. Okay. Okay. All right. You start.

MARCO TOMAYO: Thank you, Madam Chair. My name is Marco Tomayo. I'm an architect. Resident of the Upper East Side. I'm an expert in sustainability. The recent Legionella outbreak in our community should make us reconsider how we design and operate our buildings. Cooling towers require continuous maintenance, water treatment, inspections, and strict regulatory compliance like you are doing today. But though even the strictest regulations cannot completely eliminate the human error. Rather than relying on better maintenance, we should consider technology that reduces the source of risk. Geothermal systems can provide heating and cooling without conventional cooling towers, reducing the potential for Legionella exposure. Geothermal systems also require less mechanical room spaces, reducing equipment and infrastructure at the top of the buildings. At the same time, geothermal systems substantially reduce energy consumption and carbon emissions, helping buildings comply with the New York City Local Law 97, which requires reductions in building emissions. Although initial construction

costs may increase by approximately 17 percent. Long-term energy and maintenance savings can make this investment economically worthwhile. For these reasons, I propose that geothermal systems shall be mandatory for new buildings and projects receiving discretionary approval in these chambers where they can replace conventional cooling towers. This is not about replacing regulations. It is about eliminating unnecessary risk at their source while creating buildings that are healthier, safer, lower carbon, and more efficient. Thank you.

CHAIRPERSON SCHULMAN: Thank you very much. Next?

WILLIAM SPITZ: Thank you. Can you hear me? No. Okay, thank you for the opportunity to testify today. I am William Spitz. I have a degree in mechanical engineering from NYU. I've been in the water treatment business since 1971. In 1983, I started Wesco Technologies, and in 2025, I merged with Metro Group, a larger company servicing some 1,000 New York City cooling towers. I applaud New York City's proactive response to the 2015 Legionnaires' outbreak. Previous to the enactment of Law 77, one out of 10 of our clients would allow us

to disinfect and clean their towers once a year. The local law is good but not perfect. It is my understanding that the Harlem outbreak in 2025 involved Harlem Hospital and an adjacent construction site. The Harlem outbreak brings up two issues. Harlem Hospital is owned by New York City. Do New York City-owned properties adhere to Local Law 77, and are they inspected? The second, how do you treat a tower in new construction sites? Typically, the towers are installed and when the piping and refrigeration equipment are in place, they are flushed with an alkaline cleaner and disinfected and cleaned. Then they may be idle for up to a year before they are put into service. It's hard to treat a tower that's not operating. I would recommend having towers drained until they are put out of service— put into service. And when they are going to be operated, they should be disinfected and cleaned per Local Law 77 and registered with the DOH. I concur with the proposal that the towers should be cleaned three times each year.

CHAIRPERSON SCHULMAN: You need to summarize the rest of it.

WILLIAM SPITZ: The disinfection cleaning should be done spring, summer and fall. The summer disinfection should replace the summertime hyperhalogenation. Legionella testing every 31 days should be changed to monthly, not to exceed 40 days. Water treatment companies are in partnership with the city. It's hard to keep track of 31-day intervals for each of the thousands of towers. With respect to the fines, I recommend a five-day grace. Meter regulations allow a five-minute grace period, and speed cameras up to 10 miles leeway. The city used Q—

CHAIRPERSON SCHULMAN: We— you need to wrap up.

WILLIAM SPITZ: The city used PCR tests to preliminary test the towers. These tests do not distinguish— these tests distinguish— do not distinguish between living and dead organisms. It's a useful tool. The actual tests can be performed in the field in as low as 25 minutes.

CHAIRPERSON SCHULMAN: That level of detail, I can't— we have to go on to the other people. So please submit your testimony to us. Thank you. Go ahead.

MARIA FREEMAN: Yes. Hi, I'm Maria Freeman from Harlem Legionnaires Task Force, founding member. I support the Councilman Harvey D. Epstein'S Legislation 999, a local law to amend the Administrative Code of New York City in relation to establishing temporary Legionnaires' disease testing sites and a digital map of testing sites. I support the establishment of testing sites as they could be a good first place to land for people confused about where to go for Legionnaires' help. Also known as pop-up screening, these testing centers could help many since Legionnaires' cases have typically occurred in communities of low income or with high senior populations where local clinics may not be prepared to address Legionnaires'. Many may not have insurance or may not have their papers, so may feel intimidated going to Health + Hospitals. Also, it was reported that calling 311 did not help people get to where they needed to go next. Many walking around with flu-like symptoms could be walking around with the flu or Legionnaires', and they could be— they should be diagnosed so they could get further help. The temporary testing sites could be a first place to

land for people confused about what next and where to go next for help and counseling.

CHAIRPERSON SCHULMAN: Thank you so much. Next?

KRISTIN CARA ANKUTA: Hello, my name is Kristin Cara Ankuta. Thank you so much for this time. Thank you so much for saying what you just said because that is precisely what I wanted to bring to light. I will bullet point this. I didn't know that this was going to happen. I came last minute and I'm writing on an envelope. Most importantly, maybe please have some free testing within— I'm from— so I'm Kristin Cara Ankuta. I live at Two Haven Plaza, apartment 10H, 10009. I kind of was a little bit of a whistleblower to New York One saying, why are they taking care of Upper East Side and not Lower East side? Also, too, I will speak for the tenants. I don't— I'm having a little bit of a difficulty with the president of the tenant association. Everything that you just said is 100 percent exactly what I'm asking for, some testing. Bellevue has put $700 bills to people that have gone there to get the Legionnaires' testing. I'd like to set up some testing for everybody. Because as you know, there's

been multiple— anyhow, you heard everything. It's in our pipes. We also have cooling towers below. That's how we have central air within the Haven Plaza. There are five Haven Plaza buildings. So the cooling towers, absolutely, but it's in our pipes. We have roaches coming out of them now. Mice coming out of them now. We have an amazing plumbing company from Howard Beach that is doing all of this. But what are the chemicals that are being used? They just said that they're going to get— September 1st, today's Wednesday the 2nd. They said September 1st that they were going to get the final— finally, not final, the final— finally we got equipment to go forward with the remediation. It's been since May. Two people actually Silvio on— Silvio [sp?] died on my, on, on my floor. I would just love to be a part of helping with getting free testing and really figuring out what are the chemicals that are being used, what does remediation mean, how do we proceed with this process instead of just being angry that Upper East Side is being taken care of because they're paying more money for rent and this is for low income and for, you know-

CHAIRPERSON SCHULMAN: [interposing] Have you- have you spoken to your council member?

KRISTIN CARA ANKUTA: I'm very, very close. I was speaking with Harvey, which I've been a little bit-

CHAIRPERSON SCHULMAN: [interposing] Good.

KRISTIN CARA ANKUTA: a little bit ignored, but I think that that will surpass. That'll be great.

CHAIRPERSON SCHULMAN: I'll have a conversation with him as well.

KRISTIN CARA ANKUTA: Thank you. And then also Department of Health. And one, one thing I'd really, really love to bring up, please, if I may, Con Edison.

CHAIRPERSON SCHULMAN: I— there's nothing that-

KRISTIN CARA ANKUTA: They are running the pipe system.

CHAIRPERSON SCHULMAN: Just so you know, that's a state agency, so we can't— there's nothing I can do.

KRISTIN CARA ANKUTA: Right. So how does that work?

CHAIRPERSON SCHULMAN: But talk to— talk to your council member. I'll mention it to him.

KRISTIN CARA ANKUTA: Talk to Harvey, and then–

CHAIRPERSON SCHULMAN: [interposing] Yes, yes, he can coordinate all that. Thank you.

KRISTIN CARA ANKUTA: Wonderful. Thank you so much for your time.

CHAIRPERSON SCHULMAN: Thank you.

KRISTIN CARA ANKUTA: Madam, thank you.

CHAIRPERSON SCHULMAN: Thank you, everybody.

KRISTIN CARA ANKUTA: Thank you very much for your time, and everybody. It all makes sense now.

CHAIRPERSON SCHULMAN: Okay, next, Heaven Berchain— Berhane, sorry, and Kim Smith. Okay, you go first.

HEAVEN BERHANE: All right, good afternoon. My name is Heaven Berhane. I am a resident of 3333. We've been— which is on the west side of Harlem on 135th and Broadway. We have been living with Legionnaires' since January. We have had water restrictions in our building since January. One of the things that I want to bring up, unfortunately, I

didn't have a time. I will write a full testimony and submit it.

CHAIRPERSON SCHULMAN: That's okay.

HEAVEN BERHANE: But I do want to—

CHAIRPERSON SCHULMAN: [interposing] You can— you have, by the way, you have 72 hours from when this hearing ends to submit.

HEAVEN BERHANE: Okay, perfect. Thank you so much. My biggest concerns that I want to mention are the failures of the Health Department. And I heard earlier today the Health Department speak, and it was quite frustrating to hear the things that they were saying that were not actually happening in reality for those of us that were experiencing Legionnaires'. I want to note that when we first found out that we had Legionnaires' in our building, when the Health Department showed up, they sent one community health worker. She did not understand what she was talking about. She shared incorrect information with us, which I think leads to the— I saw in the legislation regarding having a hotline, right, where people can speak to those who understand what Legionnaires' is. The fact that you had a community health worker show up and she was speaking

so cavalier about this, about the fact that we had Legionnaires' in our building and was not providing any resources. She had no literature with her. She had nothing. She just had herself. And as she was speaking, the management was there and we asked them, I said, what is— what are you going to provide in regards to a timeline regarding how you're going to address this issue? Because now you're telling us that we're going to have water restrictions in our building and this is during the wintertime. Telling us that we can't use our hot water, telling us that we have to take cold showers and a cold bath. That part- though, I don't know if you've ever had to use a shower hose, which is literally the same hose that you use when you're out in your back garden to shower yourself. It is the most demeaning thing. And as someone that has literally migrated here from another country, I come here to not have to deal with those things. And it's extremely frustrating to have to literally shower with the shower hose. So thank you for mentioning that because that was disgusting. I— let me just say these last things, a couple of things that I do really want to mention about the failures of the Health Department, because I think that when

they were up here, they were just being disingenuous. When they showed up to our meeting, they did not have— our building has predominantly Spanish speakers. They had nobody there to translate in Spanish the converse- the health issues around what Legionnaires' were. They had to have a resident from our building translate health issues, like talking about Legionnaires', and there was massive confusion in that meeting. In addition to that, the fact that nobody from Mayor Mamdani's office showed up was disturbing. To this date, nobody from his office has showed up. And the fact that we have the conversations around what are the resources that you're going to provide residents post-putting water restrictions— I don't care that you're giving free US Open tickets for $100. When you— when for the, for the last six months I've had to accumulate an additional cost. I've had to go to the hairdresser to shower, to wash my hair. I've had to go to friends' houses. I've had to buy water. I've had to get a gym membership that has a shower, all of these additional costs. I'm currently in housing court because our landlord refuses to give us a discount on our rent. These are the things that are just extremely

frustrating. In addition to that, the Health Department has not shown up since that time that we had the meeting, because we made a— because we had a huge press conference. And I really want to shout out the Harlem Legionnaires Task Force, because if it wasn't for them and their support, we would have been drowning. We would have had no attention. We would have had nothing. But it was us as residents that stood together to stand up. And the failures of the fact that Mayor Mamdani and the Health Department, they have not shown up once since that meeting. They have not tabled. And to hear that the Upper East Side has had all of these resources, but those of us in West Harlem, Black and Brown people, have not had anything. It's disgusting. And honestly, I want to call out also our Council Member Shaun Abreu. I haven't heard from him. I haven't seen him. He hasn't said anything. We don't even know where we are. I am still under current water restrictions.

CHAIRPERSON SCHULMAN: I'll bring that— I'll bring this back. Alright?

HEAVEN BERHANE: But I just want to make sure that you guys bring this back to-

CHAIRPERSON SCHULMAN: [interposing] And please make sure you submit the testimony.

HEAVEN BERHANE: I will to the Health Department. I just want to make sure that they have additional training for their staff because their staff does not understand what Legionnaires' is. They don't understand what equity is when it comes to addressing health concerns in Black and brown communities, which means that you should have translators, that you should have materials that are speaking in Spanish and other languages. The simple fact that these little things are not being done post what's being happened is disgusting to me. And the last time they showed up to our building, which was like a couple of months ago, the person that was tabling didn't know why they were there.

CHAIRPERSON SCHULMAN: Okay. Alright, thank you for sharing that, but make sure, please make sure to submit something. It's testimony@council.nyc.gov. Okay. And you can- if you forget, you can go up on the council website, it's there. Go ahead.

KIM SMITH: Hello, I am Kim Smith, founder of the Harlem Legionnaires' Task Force. Once again,

thank you, Chair Schulman. I was here last year testifying with another founding member-

CHAIRPERSON SCHULMAN: [interposing] I remember.

KIM SMITH: of the Harlem Legionnaires Task Force. So I'm here first and foremost to extend my deepest condolences. When I heard of the first deaths on the Upper East Side, I literally wept because it didn't make a difference because it occurred on the Upper East Side. It's humanity. When it happened last year in 2025, we were literally petrified in our community because we didn't receive all of the information that thankfully the Upper East Side is receiving. And I've said to our community, because we had our senator advocating on our behalf and we worked closely with the former administration to make sure that we said, God forbid if this were to happen again, please give information, and that has been done. So I keep saying we have to make sure that we highlight the pros and the cons. So I'm just hoping, A, that we get greater accountability, greater enforcement, more transparency, because I'm concerned it's about 5,000 cooling towers across the five boroughs and 56 water ecologists are supposed to

be enough? Like, right there, I'm saying to myself, wow, there may need to be more. That's very minimal. And additionally, how to ensure that information is disseminated properly? Like, when they had their issue at 3333, you know, I reached out to contacts at the Health Department to say, hey, you know, they may not understand. And thankfully, with the rapport that we've built, the Legionnaires' Task Force, DOHMH, they did step up. They made sure of that stuff. But it can be more at the end of the day. So I just wanted to say I'm here because I pray to God that 2027 is not a trifecta. We had '25, '26. We hope nothing in 2027.

CHAIRPERSON SCHULMAN: I agree with you, and we'll take all of this back. So I really appreciate both of you giving that testimony. And I do remember- I do remember the address because I get notified as the Chair of the committee about— so I remember when this- I remember when this happened, but I'm sorry that it's still happening. So I'll take a look too. Okay? Alright.

KIM SMITH: Thank you so much.

CHAIRPERSON SCHULMAN: Thank you. Thank you both. We will now move to virtual testimony.

Please wait for your name to be called to testify, and please select unmute when prompted. Please keep the testimony to two minutes. If it's— if you have lengthy testimony, you could submit it to testimony@council.nyc.gov within 72 hours of the end of this hearing. The first person we have is Ronald Katter, K-A-T-T-E-R.

SERGEANT AT ARMS: You may begin.

RONALD KATTER: Good afternoon, Speaker Menin, Chair Schulman, and members of the Committee on Health. My name is Ronald Katter. I am here today to give a voice to Upper East Side residents who were poisoned by Legionnaires' disease, an invisible recurring menace. And to hold negligent cooling tower owners and the Department of Health accountable for the lives they failed to protect. I represent many Upper East Side residents who were sickened, who suffered, and who now live with the long-term consequences of this disease, as well as the families of loved ones whose loved ones were tragically and fatally succumbed to the illness. My clients' lives have been permanently shattered by this summer's preventable Legionnaires' disease outbreak, leaving them with severe lifelong trauma. Behind the

Department of Health's clinical statistics, with its reported 94 cases and 11 deaths, are real New Yorkers whose futures were stolen. I represent Ida Goldstein, the widow and sole survivor of her late husband Robert, a proud Air Force veteran and retired security consultant. Their vibrant 50-year marriage and future plans were abruptly stolen, leaving Ida to suffer profound loss and injury all alone. I also represent the loved ones of retired Judge Charles Thomas. Judge Thomas spent his life serving the public, and intended to fully enjoy his retirement surrounded by his family, friends, and music. Instead, his song was cut short by a toxic mist. This tragedy stems from a profound shared responsibility. First, the cooling tower owners failed fundamentally. They are legally required to properly inspect and maintain their cooling towers—

SERGEANT AT ARMS: Thank you. Your time has expired.

CHAIRPERSON SCHULMAN: Could just summarize, sir.

RONALD KATTER: [inaudible] bacteria into our streets. Instead, they allowed their machinery to broadcast-

CHAIRPERSON SCHULMAN: [interposing] Can you summarize? So we have to, we have to move on.

RONALD KATTER: Sure. That the Health Department shares equal culpability. They failed to ensure towers were registered, failed to conduct annual inspections, and were severely understaffed when the outbreak hit. And this is my conclusion. After the 2015 Bronx Opera House outbreak, the city enacted cooling tower regulations. After last year's Central Harlem outbreak, it made them stricter. How can laws that are not enforced remedy this dire problem? A Department of Health that cannot cure a recurring annual plague is failing to protect the very lives of its citizens. We demand strict enforcement and immediate accountability. Thank you for giving me this opportunity.

CHAIRPERSON SCHULMAN: Thank you. And you could submit the length of testimony to us at testimony@council.nyc.gov. Okay, thank you. Next is Demetre Daskalakis.

SERGEANT AT ARMS: You may begin.

DEMETRE DASKALAKIS: Good afternoon, and thank you, Chair Schulman. I'm Dr. Demetre Daskalakis, a physician and public health

professional who has helped lead responses to Legionella and other communicable disease emergencies in New York City and nationally. First, I want to express my deepest sympathy to the families who lost loved ones and to every New Yorker who became ill or afraid during this outbreak. Every death matters, every hospitalization matters, and every family deserves answers. Legionella outbreaks are hard. They move quickly, they require action before every answer is known, and they demand coordination among clinicians, epidemiologists, laboratorians, inspectors, building owners, communications teams, and community leaders. Best practice is to move fast, communicate clearly, and act on evidence, identify possible environmental sources, test cooling towers and other water systems, issue clinician alerts, tell residents what symptoms to watch for, and make sure people with fever, cough, shortness of breath, muscle aches, or confusion seek care. When a Legionella-positive cooling tower in the outbreak geography is associated with cases and Legionella is detected, the response must be decisive. Remediation means taking the tower offline when indicated and fully cleaning and disinfecting it. A shock treatment

or temporary biocide boost may reduce risk in the moment, but it is not the same as a complete remediation. The goal is not symbolic action. The goal is control of the outbreak and prevention of the next one. I'm excited to be here today because oversight has a very important role, but I urge that oversight be rooted in the spirit of programmatic improvement and outbreak experience. Ask what worked, what did not, where regulations, inspections, reporting systems, communication, or resources can be strengthened, and how the city can respond even faster next time. This is accountability, and it's also how public health gets better during an outbreak. Trust is not a luxury, it's a control measure. Public health workers should be questioned, audited, and held accountable, as they are being today by City Council, but they should not be treated as targets by clickbait-seeking media outlets that distort messaging from elected officials and health leaders while they're working to protect New Yorkers. Science—

SERGEANT AT ARMS: [interposing] Thank you, your time has expired.

CHAIRPERSON SCHULMAN: [interposing] Just— no, just finish, Demetre, it's okay. Go ahead.

DEMETRE DASKALAKIS: Transparent communication and continuous improvement will save lives. That should be the shared objective as elected officials and public health experts and practitioners continue to improve how our city responds to this ubiquitous health threat. Thank you.

CHAIRPERSON SCHULMAN: Thank you very much. Okay. Next is Meghan Peterson.

SERGEANT AT ARMS: You may begin.

MEGHAN PETERSON: My name is Meghan Peterson, and I'm the President of DC 37 Local 3005. We represent scientists, including water ecologists, at the Health Department. I am testifying about labor issues that are impacting recruitment and retention of inspectors, which are longstanding and predate the present administration. The city could not recruit a full headcount of water ecologists because the salaries are too low to live on in New York City. As of July 15th, the city was advertising Level 1 positions for a starting salary of $52,000 per year. These staff are told that they should serve New York when they cannot afford housing costs in the city.

While the union was recently awarded equity funds to modestly increase the salary, water ecologists have expressed to me that they are worried that new hires will leave. Staffing problems will persist so long as the salary is not competitive. Secondly, OMB delays prevented timely staff recruitment. OMB regularly takes over a year to approve candidates. This was a best-case scenario with media attention from last summer's outbreak. Still, the Monday after the outbreak was announced, a group of water ecologists were finally approved for onboarding by OMB. Dragging out hiring is often used by the city as a mechanism to save costs, and it must end. For instance, the fiscal 2027 Executive Budget plan includes savings of $2.5 million in fiscal 2026 due to slower than anticipated ramp-up of Legionella prevention funded in November 2025. The agency stated these savings would not result in any programmatic impact. However, we saw this was not the case. Using drawn-out hiring timelines as a budgeting trick is harming our neighbors. OMB delays are also a major reason for the privatization of city services, as the agency will hire contracted services to circumvent hiring delays. Third, water ecologists level 2 and below have been

left out of the flexible work pilot that was bargained in 2023 between the city and DC 37. Flexible scheduling—

SERGEANT AT ARMS: [interposing] Thank you. Your time has expired.

CHAIRPERSON SCHULMAN: Can you summarize the rest of it and then submit it and submit whatever else you have. Thank you.

MEGHAN PETERSON: Yeah, the summary is that these staff were left out of the flexible work pilot. They could increase the number of inspections that they're doing in a week if they had flexible scheduling, from 10 inspections to 12 per week, which would really increase the amount. We need Labor Relations to seriously talk with us in the union in good faith about working conditions position. I'll forward the rest of my testimony.

CHAIRPERSON SCHULMAN: Alright, thank you so much, really appreciate it. William McQuade?

SERGEANT AT ARMS: You may begin.

WILLIAM MCQUADE: Okay, Chairman Schulman and members of the Committee on Health, thank you for the opportunity to testify today on New York City's response to the 2026 Legionella disease cluster. My

name is Bill McQuade. I've been a professional engineer in Pennsylvania for 28 years. I'm also a fellow, a distinguished lecturer, and the immediate past president of the American Society of Heating, Refrigeration, and Air Conditioning Engineers, also known as ASHRAE. ASHRAE standards and guidelines are used around the world to help building owners, engineers, public health officials, and operators reduce risk in the built environment, including the risk of Legionnaires' disease. The central lesson from New York City's experience is that prevention cannot be limited to one device or one point in the system. Cooling towers matter, and compliance with existing requirements is important, but cooling tower is only— a cooling tower approach has clearly not been enough. Most Legionnaires' disease cases are not part of large outbreaks. In fact, the CDC has found that 96 percent of all cases are sporadic and not associated with an outbreak. The thing that connects all of them is the potable water system. Exposure can occur through many water-using components in that system, including building plumbing, showers, faucets, decorative fountain water features, hot tubs, humidifiers, and many other aerosol-generating

equipment. I heard the health department officials say that cooling towers are separate and that- from the potable water system. This is absolutely not correct. Cooling towers get their water from the potable water system. That is how it gets into the cooling towers. It's a waterborne disease. It does not come from the air. That is why ASHRAE urges New York City to move toward a comprehensive source-to-tap strategy, just as we did 10 years ago when the outbreak occurred in the South Bronx. A fundamental approach in disease prevention is the precautionary principle.

SERGEANT AT ARMS: Your time has expired.

CHAIRPERSON SCHULMAN: Can you summarize, please?

WILLIAM MCQUADE: Yes, this means that risk must be managed from the water source through the public distribution system into the building plumbing and finally to the fixtures and equipment where people may be exposed. Municipal water quality, disinfection residuals, pressure changes, construction main breaks, treatment changes, storms, and building conditions can all have an influence, can all influence risk and must be managed.

CHAIRPERSON SCHULMAN: Thank you very— thank you very much. And you could submit more extended testimony at testimony@council.nyc.gov.

WILLIAM MCQUADE: Yeah, I've already done that. Thank you.

CHAIRPERSON SCHULMAN: John Mullen?

SERGEANT AT ARMS: You may begin. You may begin.

JOHN MULLEN: How you doing? Good afternoon. My name is John Mullen, and I'm here today to speak in favor of enhanced remediation efforts to combat the growth of Legionella, the bacteria that causes Legionnaires' disease. 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— to combat the growth and spread of bacteria. The recent outbreak in New York City's Upper East Side, with over 90 cases and at least 11 deaths following last year's deadly outbreak in Harlem, clearly demonstrates the effort undertaken by the city to mitigate the bacteria has not been sufficient. This is likely attributable to, in part, the fact that

building water systems can serve as environmental opportunistic pathogens to proliferate, and aspects have not been fully sufficiently addressed in other current mitigations. As this— as the City Council considers additional steps to alleviate the building outbreaks, IAPMO encourages the city to use best practices available through Legionella remediation in building water systems. This includes a full adoption of the ASHRAE Standard 188 and ASHRAE Standard Guideline 12. Additionally, the ASSE Series 12000, particularly the Standard 12061 and Standard 12080, these establish unique training programs to educate the pipe trades, craftspeople, employers, building water management teams, and other construction maintenance personnel on how to effectively, safely in their environments with potential exposure to these pathogens. These evidence-based practices have been designated by the National Standard Institute for Canada and also the SCC. We strongly encourage passing stronger legislation with fully adopting these standards. The importance of having building water management plans cannot be overstated. Having staff certified with these standards can regularly test water outlets, and it could help prevent future

outbreaks and take some of the burden off the health inspectors. So I am here to provide any additional information to the staff and committee you might have on this situation. Thank you for your time and consideration today.

CHAIRPERSON SCHULMAN: Thank you very much. And if you have more testimony, you can actually submit it at testimony@council.nyc.gov. You have 72 hours. You could do that. So if you want to give us more information, that's fine. Alright. Thank you very much. Lindsay Goss?

SERGEANT AT ARMS: You may begin.

CHAIRPERSON SCHULMAN: And Etosha Arlene Johnson?

SERGEANT AT ARMS: You may begin.

CHAIRPERSON SCHULMAN: Thank you to everyone who has testified. If there's anyone present in the room or on Zoom that has not had the opportunity to testify, please raise your hand. Okay. Seeing no one else, I would like to note that written testimony, which will be reviewed in full by committee staff, may be submitted to the record up to 72 hours after the close of this hearing by emailing it to testimony@council.nyc.gov. And I want to thank

the staff. I want to thank my staff for helping to put this meaningful hearing together today. And with that, we're closing out.

[gavel]

C E R T I F I C A T E

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

Date September 8, 2026