

CITY COUNCIL
CITY OF NEW YORK

----- X

TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH JOINTLY WITH
COMMITTEE ON HOUSING AND BUILDINGS

----- X

October 23, 2018
Start: 10:06 a.m.
Recess: 12:13 p.m.

HELD AT: Committee Room - City Hall

B E F O R E: ROBERT E. CORNEGY, JR.
Chairperson

MARK LEVINE
Chairperson

COUNCIL MEMBERS: Alicka Ampry-Samuel
Inez D. Barron
Fernando Cabrera
Margaret S. Chin
Mathieu Eugene
Keith Powers
Barry Grodenchik
Mark Gjonaj
Bill Perkins
Helen K. Rosenthal

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

Dr. Demetre Daskalakis
Deputy Commissioner for Disease Control
New York City Department of Health and Mental
Hygiene

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

Russell Bastik [phonetic]
(Microphone off so unidentified as to company
from)

Daryn Cline
Director of Technology and Science
Alliance to Prevent Legionnaires' Disease

Laura Belt-Ponomarev
Chair of the Advocacy Committee
BOMA New York

1 COMMITTEE ON HEALTH JOINTLY WITH
2 COMMITTEE ON HOUSING AND BUILDINGS

3

UNIDENTIFIED: Test, test.

3 CHAIRPERSON CORNEGY: Test 1, 2, test,
4 test.

5 UNIDENTIFIED: Test, test, this is the
6 Committee on Health joint with Housing and Buildings.
7 Today's date is October 23, 2018 and this recording
8 is being recorded by [Inaudible].

9 CHAIRPERSON CORNEGY: Good morning,
10 everyone. I'm Council Member Robert Cornegy, chair
11 of the Committee on Housing and Buildings and I'm
12 joined today by the chair of the Committee on Health.
13 Today we'll discuss the city's cooling tower
14 inspection regime with testimony from the
15 administration, advocates and other interested
16 members of the public. We'll hear a package of bills
17 that will strengthen the city's oversight and
18 enforcement of policies to prevent Legionnaires'
19 disease. Legionnaires' disease is usually called by
20 inhalation of the Legionella bacterium which is
21 naturally present in our environment but thrives in
22 poorly maintained cooling towers used to provide air
23 conditioning. According to the CDC, those who are
24 older or have a compromised immune system are at a
25 higher risk of getting sick when exposed to the

3 bacterial, although worth noting between 2015 and
4 2017, the incidents of Legionnaires' disease was
5 highest among black and Latino New Yorkers. Finally
6 Legionnaires' disease is most common in neighborhoods
7 experiencing high levels of poverty and cases have
8 been on the rise. In response to the 2015
9 Legionnaires' outbreak that affected 133 residents
10 and resulted in 12 deaths, the Council passed Local
11 Law 77 which requires owners cooling towers to
12 register them with the DOB and develop plans for
13 their maintenance. It also requires regular
14 inspections and provides clear and strict guidelines
15 for building owners if a test indicates that microbes
16 are present. Local Law 77 was set up in the right
17 direction but its requirements and enforcement have
18 ultimately been insufficient as outbreaks of
19 Legionnaires' disease continue to disturb communities
20 throughout the city. Today I hope that we'll make
21 substantial progress towards stopping this disease
22 once and for all. I'd like to have remarks from my
23 Co-Chair, Mark Levine.

24 CHAIRPERSON LEVINE: Thank you Chair
25 Cornegy. Excited to finally be kicking off our first
joint hearing together, hopefully it will be the

3 first of many. As the Chair mentioned, I'm Mark
4 Levine, Chair of the City Council's Health Committee
5 and pleased to discuss this important topic today.
6 Legionnaires' is not the disease which kills the most
7 New Yorkers by a long shot. Those unfortunate titles
8 would go to conditions like heart disease and stroke
9 and cancer but because of the fact that you can
10 contract Legionnaires' by breathing, people are
11 understandably scared and we don't minimize that and
12 we take it very seriously. This is an issue which
13 appears to be mounting in severity in New York City
14 and nationally. As the City's data shows, the number
15 of cases is increasing. There are a lot of possible
16 explanations for that both here and nationally but
17 that trend has also been a source of alarm to many
18 New Yorkers. My own concern on this issue which
19 would be considerable as it would be for any New
20 Yorker and especially for the Chair of the Health
21 Committee has been heightened by the fact that we've
22 had not one but two clusters in my district just in
23 the last couple of months. We've had unfortunately
24 fifty people approximately who've contracted the
25 disease in these two clusters and tragically so far
there have been two deaths in these clusters which we

3 take very, very seriously. The recurrence of a
4 cluster in almost exactly the same location causes me
5 to ask whether there could be defects in the
6 equipment. I know that DOH is asking that same
7 question. This strikes me as a question that we
8 haven't explored adequately and haven't accounted for
9 perhaps in our broader strategy to combat this
10 disease and I think I speak for everyone when I say
11 we need to stop at nothing to understand the source
12 of Legionnaires', to mitigate it when there are
13 clusters or outbreaks, to prevent future clusters and
14 outbreaks and, of course, to keep the public informed
15 in every way possible. Passage of Local Law 77 in
16 the last term really catapulted New York City into
17 the forefront nationally, perhaps even
18 internationally in how we contract and combat
19 Legionnaires' and we acknowledge that but today is
20 about asking what we can do to be even better, what
21 we can do to better enforce the existing law and what
22 ways do we need to make, as Chair Cornegy said, the
23 existing law even stronger. We're looking at a total
24 of four bills today really focusing on strengthening
25 the inspection regime. I'm pleased to be sponsoring
Intro. 1158 which would require the Commissioner of

3 DOHMH in conjunction with the DOB to hold information
4 sessions at least twice annually for building owners
5 regarding maintenance, cleaning and inspection of
6 cooling towers and to post the information on line.

7 We want all building owners to be informed about how
8 properly to care for cooling towers and to ensure

9 that all New Yorkers, especially those who are the
10 most vulnerable, are protected from harmful exposure

11 to Legionella. I do just want to take a minute to

12 correct a couple of the rampant misperceptions about

13 Legionnaires' which I'm sure the Commissioner will be

14 addressing: 1) is to clarify that there's a

15 difference between cooling towers which are these

16 bulky modern looking things that run central air

17 conditioning and good old fashioned oak water tanks

18 and we're actually doing another hearing on the water

19 tanks issue I believe next week. When is that? On

20 the 30th, that's about your drinking water.

21 Legionnaires' is a airborne disease so I just want,

22 from the outset and I myself sometimes get tripped up

23 over the language. We're talking about cooling

24 towers and other sources of Legionnaires'. It is

25 true that not every case of Legionnaires' comes from

cooling towers. Some of them can come from hot water

3 systems and some come from other sources that we
4 might not even know so we'll talk about that today
5 but just want to make sure we understand that and the
6 last misperception which is just we can't repeat
7 enough, this is not a contagious disease. You don't
8 have to worry about a patient with Legionnaires'
9 sneezing on you or hugging you or anything like that
10 because that's not how this disease is spread so a
11 little bit of relief for New Yorkers who are worried.
12 I'm very pleased that DOHMH is here with two very
13 capable senior leaders. I have to say that I'm
14 disappointed, Mr. Chair, that DOB is not here because
15 DOB does have a role in administering these so
16 perhaps you folks can explain why that is but I would
17 have liked to have seen a representative of DOB here
18 to join the leadership of DOHMH and I'm gonna pass it
19 back to you, Mr. Chair.

20 CHAIRPERSON CORNEGY: I just want to
21 acknowledge that we've been joined by Council Member
22 Barry Grodenchik from the great borough of Queens. I
23 just wanted to acknowledge that. Yes sir. If you
24 could affirm the testimony of the administration.

25 COMMITTEE COUNSEL: Do you affirm to
tell the truth, the whole truth and nothing but the

3 truth in your testimony before this committee and to
4 respond honestly to Council Member questions?

5 DR. DASKALAKIS: Yes.

6 CHAIRPERSON CORNEGY: So we'll begin with
7 a round of questions. I'll start. The CDC projects,
8 oh, we might want to let them testify first.

9 [Laughter]

10 CHAIRPERSON CORNEGY: That's a novel,
11 that's a novel approach.

12 DR. DASKALAKIS: I'm gonna try to answer
13 some of those before we start.

14 CHAIRPERSON CORNEGY: It's been one of
15 those mornings, I'm sorry. Please begin your
16 testimony.

17 DR. DASKALAKIS: Great, thank you. Good
18 morning Chairs Levine and Cornegy and members of the
19 Health and Housing and Buildings Committees. I'm
20 Dr. Demetre Daskalakis the Deputy Commissioner for
21 Disease Control at the New York City Department of
22 Health and Mental Hygiene. I'm joined by my
23 colleague, Corinne Schiff, Deputy Commissioner for
24 Environmental Health. On behalf of Corinne Schiff,
25 Deputy Commissioner for Environmental Health, on
26 behalf of Acting Commissioner Oxiris Barbot, thank

3 you for the opportunity to testify on cooling tower
4 systems and Legionella pneumonia, also known as
5 Legionnaires' disease in New York City, bacteria
6 including Legionella bacteria are found naturally in
7 the environment. Although many species of Legionella
8 exist in the environment, just a few are known to
9 cause human disease. These bacteria are acquired by
10 exposures to water mist in nature or by human made
11 water systems. When inhaled into the lungs, the
12 bacteria may cause Legionella pneumonia. Legionella
13 pneumonia, as you heard, is not contagious so it is
14 not passed from person to person, nor can it be
15 acquired from drinking water. Most healthy people do
16 not become ill if exposed to Legionella and
17 Legionella pneumonia is treated with common, well
18 tolerated and often oral antibiotics. Legionella
19 pneumonia is most common acquired by individuals with
20 risk factors that may make them generally more
21 susceptible to pneumonias such as having chronic
22 disease or a weakened immune system or being over 50
23 years of age or a tobacco smoker. Although the vast
24 majority of Legionella pneumonia are sporadic and
25 related to unidentified natural or human made
environmental exposures, cooling towers are

3 recognized as one of the water systems with high
4 potential for dispersion of Legionella containing
5 water mist. To review, cooling towers are water
6 systems found generally throughout, though not
7 exclusively, on the top of buildings and are
8 responsible for regulating the temperature of cooling
9 systems such as central air conditioning or
10 refrigeration. These towers release water mist or
11 vapor into the environment in order to regulate the
12 temperatures of building cooling systems. Although
13 the vast majority of cooling towers perform these
14 functions without threat to human health, these
15 towers may provide Legionella bacteria with an ideal
16 environment for growth if not correctly maintained.
17 With proper maintenance including the use of
18 chemicals or biocides that sterilize the water, these
19 conditions may be disrupted and bacterial growth can
20 be prevented. In 2015 after an outbreak of
21 Legionella pneumonia in the south Bronx, the
22 administration and Council worked together to enact
23 Local Law 77 which for the first time in the United
24 States set standard for cooling tower system
25 maintenance for building owners and enables the city
to better reduce and contain Legionella in cooling

3 tower systems. In 2016, the department created a new
4 office to oversee building owner's compliance with
5 the local law promulgated agency regulations setting
6 out detailed implementation requirements and expanded
7 the department's laboratory and disease surveillance
8 activities and cooling tower systems on regulatory
9 oversight capacity. We hired a highly skilled team
10 including specialized water ecologists who perform
11 annual inspections of registered cooling tower
12 systems. New York City now has the most rigorous
13 cooling tower oversight in North America and it's
14 seen as a national and international model for this
15 work. The department's water ecologists annually
16 inspect all registered cooling tower systems. These
17 highly strained staff inspect all cooling tower
18 equipment, assess the chemical treatment of the water
19 in the cooling tower systems and review maintenance
20 and operational records including water quality
21 testing records for Legionella bacteria. These
22 inspections are conducted to determine compliance
23 with Local Law 77 and summons are issued to building
24 owners who failed to comply. To improve compliance,
25 the department also provides training, technical
assistance and resources for building owners, cooling

3 tower operators and water treatment vendors including
4 guidance on how to safely bring the systems on and
5 offline. Since 2016, the department has performed
6 over 11,000 inspections covering over 6,000
7 registered active cooling towers. In addition to
8 cooling tower system oversight, we have a
9 comprehensive disease surveillance system in place to
10 identify and monitor disease. The surveillance
11 system identifies possible cases of Legionella
12 pneumonia in New York City and it combines a review
13 of mandated reportable disease results with syndromic
14 surveillance which is information such as patient
15 symptoms and use of medications that signal the
16 possible presence of disease. We receive mandated
17 reports on approximately 100 different diseases of
18 public health concern including Legionella and daily
19 reports of syndromic data from emergency departments,
20 urgent cares, EMS, pharmacies and school nurses. Day
21 in and day out, our expert staff work diligently to
22 analyze these data from these sources to identify any
23 signals that may indicate a potential increase,
24 cluster or outbreak. Legionella pneumonia is one of
25 the diseases for which we get automated lab reporting
meaning we are notified of every positive test for

3 Legionella in New York City and we investigate each
4 case through interviews with patients or their
5 families and a thorough review of their medical
6 records. On a daily basis, advance computer
7 algorithms are used to rapidly identify patterns of
8 Legionella that may suggest a possible cluster of
9 infections to be investigated for a common source of
10 exposure to the bacteria. The system takes into
11 account time, space and expected numbers of
12 Legionella pneumonia to determine the possibility of
13 what we call a community cluster. Community clusters
14 are most suggestive of a single source such as that
15 resulting from a mist generated by a contaminated
16 cooling tower system. Cooling towers are the most
17 commonly identified source of Legionella pneumonia in
18 New York City. When our disease surveillance
19 indicates an unusual cluster of Legionella pneumonia,
20 the department quickly mobilizes to investigate that
21 geographic area. While in the field for
22 investigation efforts and on a routine basis, our
23 experts are looking for cooling towers that may not
24 be registered by observing surrounding rooftops and
25 analyzing on-line satellite imagery. During an
investigation, water ecologists are dispatched to

3 collect samples of water from the cooling tower,
4 review cooling tower system records to assess the
5 compliance with maintenance requirements and perform
6 compliance activities. If a water sample tests
7 positive for Legionella bacteria, the Commissioner
8 issues an order to require timely disinfection,
9 cleaning or other appropriate corrective action. We
10 typically investigate several community clusters each
11 year and are currently investigating a community
12 cluster in lower Washington Heights. The two prongs
13 of our approach, cooling tower system oversight and
14 disease surveillance and response are complimentary
15 to each other and enable us to quickly identify
16 potential community clusters and work with property
17 owners to ensure that issues are addressed
18 immediately. We also encourage New Yorkers to seek
19 medical attention for flu like or pneumonia symptoms
20 such as fever, cough or difficulty breathing. In the
21 event of a cluster, the department actively conducts
22 outreach in the effective area via media alerts,
23 community meetings and on the ground outreach to help
24 ensure awareness and vigilance by community members
25 and we send health alerts to medical providers city
wide. Before turning to the legislation, I want to

3 reiterate some key messages for the public. New York
4 City's drinking water supply is safe as are home air
5 conditioning units. Walking into air conditioning
6 environments is also safe. This Council has been
7 instrumental in helping the department disseminate
8 this messaging to New Yorkers and I want to thank you
9 for your commitment. Regarding the bills being
10 considered today, Introduction 1164 proposes mandated
11 reporting on cooling tower oversight and Legionella
12 pneumonia cases. The administration fully supports
13 the intent of this bill and is committed to
14 transparency for New Yorkers. The department issues
15 an annual report on cooling tower system inspections
16 and is happy to expand upon that report. The
17 department is also creating a public facing website
18 to provide information about building specific
19 inspection results that we think meets the intent of
20 this bill. This website should go live in early
21 2019. Introduction 1158 requires the department to
22 provide education and information to building owners
23 and operators about cooling tower maintenance
24 requirements. We support this bill. The department
25 currently hosts a regular cooling tower academy and
community based education sessions and we have an on-

3 line self-assessment tool that has been very helpful
4 for building owners and compliance improvement.

5 Introduction 1149 requires the Department of
6 Buildings to digitize the certification process and

7 send an electronic reminder to building owners and
8 operators in advance of certification deadlines and

9 it requires owners to send inspection results

10 directly to the Health Department. The

11 administration supports the intent of updating this

12 process to be more user-friendly and streamlined. We

13 have concerns about using a prepopulated

14 certification form as this form provides important

15 operational information that may change year to year

16 such as components of the maintenance program and

17 plan and staffing and we want the owner or operator

18 to take the time to complete this form accurately to

19 help improve compliance with the law. We look

20 forward to speaking with Council further regarding

21 this proposal. Finally, Introduction 1166 would

22 require the department to conduct an assessment of

23 potential determinants of Legionella pneumonia in the

24 city and report on these findings to the Council. We

25 support this bill and welcome the opportunity to

share findings from the department's existing and

3 robust surveillance system. Thank you for the
4 opportunity to testify on this issue today and we're
5 happy to take questions.

6 CHAIRPERSON LEVINE: Okay, I'm gonna kick
7 it off. Thank you Commissioner. I do want to
8 reiterate my concern that the agency that's charged
9 with receiving certifications from building owners
10 isn't here. The reason why Chair Cornegy and I are
11 co-chairing the hearing is because the bills go
12 through both committees because there's agency work,
13 both agencies do work. Can you offer an explanation
14 for why DOB is not here?

15 DR. DASKALAKIS: I'll start by saying
16 that we are in communication with the Department of
17 Buildings and have really ongoing communication and
18 I'm gonna ask Commissioner Corinne Schiff to go
19 deeper into that.

20 CHAIRPERSON LEVINE: Okay.

21 CORINNE SCHIFF: So we work very, we work
22 closely with the Department of Buildings. We
23 designed together the structure for registration. We
24 think we can, hopefully we will be able to answer
25 your questions including those that might relate to
Department of Buildings work. If we can't, we're

3 happy to pass that on to them and we will pass on
4 your concerns about them not being here as well. I
5 will say that while they have responsibility for
6 registration and certification as you note, we do
7 collaborate so when we're out in the field for
8 example and we find a tower that is not registered,
9 there's a violation that we can issue. We do that,
10 we work with the owner to register and then we refer
11 to the Department of Buildings so there is connection
12 between the two agencies.

13 CHAIRPERSON LEVINE: Okay, I'm sure
14 you're very capable of answering most questions and
15 I'll move on, but I want to register my feeling that
16 they should have at least had a person here in the
17 room available for questions which will inevitably
18 come up. I want to emphasize that having now worked
19 with both of you and your teams on two clusters
20 uptown, it's pretty clear we have surveillance
21 systems that are world class. I have a lot of
22 confidence that we're catching Legionella cases and
23 that we're responding very quickly to identify
24 suspect tanks and to communicate to the public. I
25 think our concern here and the point of this hearing
is how to prevent it ever getting to that point. Our

3 ideal world is that we don't need you to have to
4 spring into action because by then, by definition,
5 people have already gotten sick, right. The
6 incubation period of the disease and the nature of
7 the disease is by the time your red lights are
8 blinking in mission control, people are already sick
9 and so the goal is to prevent you ever getting to
10 that point and that's really what this is about today
11 and what these bills are about and I'm pleased that
12 we're joined by two members of the Housing and
13 Buildings committee, Fernando Cabrera from the Bronx
14 and Alicka Ampry-Samuel from Brooklyn. Thank you
15 both. I've learned to parse the language of the
16 administration when you talk about bills and so for
17 1164 when you say you support the intent of the bill,
18 I've learned to read that as being something short of
19 a full support and, in fact, I was pleased by
20 contrast on 1158, you just said you support the bill
21 so 1164 again is mandated reporting on cooling tower
22 oversight and could you explain why you're a little
23 bit short of unreserved support for that bill if
24 indeed you are.

24 CORINNE SCHIFF: Yes, so we do, we
25 support the intent. There are some, I think we're

3 very close. We, as was mentioned in the testimony,
4 we are building a very user-friendly website that
5 will report inspection information and so there are
6 pieces of the bill that would require us to report
7 the same information that's on the website in a
8 report to you and so we want to think with you about
9 whether that makes the most sense or it makes more
10 sense. There will be thousands and thousands of
11 entries to do that on the website so I think we're
12 very close and it's really some, probably what you
13 could think of as nuance to get to an agreement.

14 CHAIRPERSON LEVINE: Okay, so then on
15 1149 you were even more reserved.

16 CORINNE SCHIFF: So on 1149, you know, we
17 understand and we appreciate the notion which I think
18 is to make it easier for building owners to get in
19 the annual paperwork. Some of our concern we have
20 if, for example, is it's designed intentionally to
21 kind of, not to be so easy. We want to almost sort
22 of press pause there. We want the building owner to
23 take that moment annually to think about is my
24 maintenance program and plan, which is really the key
25 to the environmental health program, is there
anything that needs to be updated. Have my staff

3 changed? Did I learn anything in the past year that
4 makes me want to tweak my plan and so we're concerned
5 that having kind of a prepopulated, something that
6 too easy, skips that very intentional step so again,
7 you know, I think we, there's a lot in the bill that
8 we understand, we appreciate

9 CHAIRPERSON LEVINE: But so just, so you
10 think that bill makes it too easy for the building
11 owner because it's prepopulated, the form?

12 CORINNE SCHIFF: Right, so parts of it
13 are sort of boilerplate. We understand that and we
14 might be able to, but we'd like to think with you
15 about whether we can do that but we don't want to
16 prefill everything because it's designed not just to
17 be a form that you submit but it's intentionally
18 designed to be a moment because otherwise every year
19 you just sort of keep your plan in place but the
20 point of that exercise is for the building owner just
21 to reflect on the past year, make sure that there's
22 nothing that needs to be updated so there's really a
23 kind of a, as a press pause at that moment so we, we
24 appreciate, we don't, we are not, we don't want this
25 to be burdensome in terms of filing but we want to
make sure that we don't go too far so we'd like to

3 think with you about how we can meet your goals of
4 not being burdensome but also making sure that we ask
5 owners to take that moment to make sure that last
6 year's plan is ready for this year.

7 CHAIRPERSON LEVINE: Okay, I want to air
8 some of the big picture facts here because there's a
9 lot of confusion about it. How many cooling towers
10 are there in New York City and how many do you
11 estimate remain unregistered at this point?

12 CORINNE SCHIFF: So there are just over
13 6,000 that are registered with us in direct
14 jurisdiction. Note, it's an important question how
15 many are unregistered. We really feel that since,
16 since the Council enacted Local Law 77, we're closing
17 in on the end of the unregistered as you

18 CHAIRPERSON LEVINE: But in both the
19 clusters in my district, you identified unregistered
20 towers just in that little neighborhood so there must
21 be many around the city.

22 CORINNE SCHIFF: So, that's probably
23 true. I don't know about many but there are
24 certainly some and let me tell you how we approach
25 that in two ways. First is part of our routine work,
our water ecologists, those are our inspectors as

3 part of their routine inspections they are trained to
4 look around as they're doing those inspections to do
5 a visual inspection of the surrounding area looking
6 for cooling towers that we may not have and when we
7 identify those, we can work with that owner. We
8 figure out what that building is to bring those on
9 the grid you could say. In the cluster
10 investigations, it's an important part of the work.
11 Our inspectors are out there doing the activities
12 that Dr. Daskalakis explained but also looking for
13 towers that we don't know about. As we have gained
14 experience, it's also part of why we do this public
15 outreach that you also described. We want to get the
16 word out because we want people to seek medical care
17 early but it's also an opportunity for us to be
18 alerting building owners in the community that if you
19 have a cooling tower and you're not registered,
20 that's a problem. We need you to get registered so
21 we're doing all of these different activities. We
22 also continue to look at satellite imagery. We can't
23 answer the question how many do we not know about but
24 we think we're getting closer and closer to that full
25 [crosstalk].

3 CHAIRPERSON LEVINE: This matters because
4 we have this great regime. We passed a law, Local
5 Law 77, to mandate inspections and reporting and
6 cleaning if necessary but if the owner just ignores
7 the whole thing and doesn't even report the existence
8 of the tower to the city then they could be doing
9 nothing there and that's scary because we know
10 Legionella could thrive in that scenario so what are
11 the penalties if we discover an unregistered tower.
12 What are the fines? What are the repercussions?

13 CORINNE SCHIFF: So failing to register a
14 cooling tower before operation is a \$2,000 fine. I
15 should add also another strategy that we are using is
16 to work with trade organizations, the vendors who are
17 part of this process as well who provide the services
18 to the building owners so as you note, it is a key
19 part of our enforcement activity and it's a key part
20 of the program working and we think we're really
21 getting to the end of the group that is not
22 registered.

23 CHAIRPERSON LEVINE: Okay, so for those
24 that are registered, the mandate is weekly
25 inspection, is that right? Help me out here. Is it
weekly inspection?

3 CORINNE SCHIFF: So I think there's a
4 couple ways to think about this. The most, the crux
5 of the requirement is that every building has to
6 develop a maintenance program and plan and we do a
7 lot of technical assistance about that. There's a
8 template on our website. That is tailored to every
9 building as it needs to be because every cooling
10 tower is different, buildings are different, the
11 usage is different. That plan, and there are
12 requirements for different types of routine
13 maintenance that are set out in the local law and in
14 our regulation and then an individual maintenance
15 program and plan might add to those and make
16 additional routine monitoring.

17 CHAIRPERSON LEVINE: Okay so, in other
18 words, your answer is it depends based on the size of
19 the unit or the

20 CORINNE SCHIFF: There's sort of, there
21 are defaults that are in the regulation and then it
22 depends. There can be additional things depending on
23 that particular operation.

24 CHAIRPERSON LEVINE: Is it mostly, for
25 most units, is it a weekly inspection?

3 CORINNE SCHIFF: I don't know about most
4 units, but I can say that the law does require
5 certain things to be done weekly. Different types of
6 activities are on different cadences.

7 CHAIRPERSON LEVINE: Got it, okay, so for
8 those units that are registered, how many health
9 violations are we actually issuing for failure to
10 inspect or failure to clean?

11 CORINNE SCHIFF: So we received that
12 question at the end of the day yesterday and we'd
13 like to actually get back to you and make sure we're
14 understanding that question because it's hard to say
15 what you mean by inspection because there are all of
16 these different kinds of activities so we have
17 reported, we report to you annually, we're in the
18 middle obviously of 2018. We don't have all those
19 data yet but I think it might be more productive if
20 we had a chance to follow up with you. We're happy
21 to get all of that information to you. It's on open
22 data and as we noted

23 CHAIRPERSON LEVINE: But sorry, what's
24 the ambiguity there? Any violation related to a
25 cooling tower?

3 CORINNE SCHIFF: Do you want to know
4 total violations?

5 CHAIRPERSON LEVINE: Related to cooling
6 towers, yes.

7 CORINNE SCHIFF: Total violations related
8 to cooling towers. Okay, I don't know that we have
9 that number.

10 CHAIRPERSON LEVINE: Which number do you
11 have?

12 CORINNE SCHIFF: I don't know that I
13 have, we don't have the number because we didn't
14 understand exactly what your question was asking.
15 I'll see if we can, I don't know that we can get that
16 right now. I'll see if we can get it. If we can't,
17 we'll follow up with you.

18 CHAIRPERSON LEVINE: But what, why was
19 that an ambiguous question?

20 CORINNE SCHIFF: Because the question was
21 violations for inspections of cooling towers.

22 CHAIRPERSON LEVINE: What other
23 categories of violations are there?

24 CORINNE SCHIFF: Of cooling towers, well
25 so failing to use, so sufficient quantities and

3 combinations of chemicals not added as specified in
4 the maintenance program and plan. So

5 CHAIRPERSON LEVINE: So, not cleaning it
6 properly, you mean? Is that what that is?

7 CORINNE SCHIFF: There's a long list of
8 violations. What you mean by inspections, we're
9 happy to provide the information. It's on open data.
10 We're building a website to make it transparent. We
11 would just like to be sure that we're understanding
12 and answering your question. If the question is
13 total number of violations issues, I can see if we
14 have that. I don't know.

15 CHAIRPERSON LEVINE: It seems like maybe
16 someone's gonna jump in to save us here.

17 CORINNE SCHIFF: So we can find also what
18 we submitted to you in the annual report which would
19 be the 2017.

20 WOMAN FROM DOHMH: Give us a minute,
21 we'll get it.

22 CHAIRPERSON LEVINE: People are really
23 scared about this disease for reasons that I
24 explained earlier, right. Anything that you can
25 catch by breathing, people are scared about. There's
a ton of misinformation and I think one of our most

3 important jobs here at the Council is to just give
4 people the information they need to understand the
5 scale of this and what the city's doing to fight it
6 so these kinds of questions are super important.
7 Looks like you might have an answer for me.

8 CORINNE SCHIFF: So what we can provide
9 right now is the number that we reported in our
10 annual report for 2017 which was a total of 75,822
11 violations.

12 CHAIRPERSON LEVINE: So that's a really
13 big number, right. That's in 6,000 units so you're
14 averaging 11,000 or 12,000, you're averaging 12,000
15 to 13,000, sorry 12 to 13 violations per unit.

16 CORINNE SCHIFF: I don't have the per
17 unit average but I also think

18 CHAIRPERSON LEVINE: But you said 75,000
19 and it was 6,000 units.

20 CORINNE SCHIFF: But it's important also
21 to note the types of violations. Almost 43,000 plus
22 of those were for general violations. Those are
23 really sort of more like record keeping violations.
24 Critical violations were 26,000 and the public health
25 violations, which are the ones we're most concerned
about, were 5,000 violations. Also recall that

3 that's the very first year of the program so it's the
4 first year that we're out there. It's the first year
5 that we're checking on all, all registered cooling
6 towers and there's a learning curve. In any new
7 enforcement program, we're not gonna see instant
8 compliance.

9 CHAIRPERSON LEVINE: I certain hope and
10 expect that will come down but what are the, are
11 their fines attached to each violation?

12 CORINNE SCHIFF: There are fines. The
13 Council in Local Law 77 set out a penalty range and
14 the department has set fixed penalties, a penalty
15 schedule in our regulations to be sure that there's
16 consistency. Those violations are heard at OATH and
17 we wanted to be sure that the penalties imposed are
18 consistent no matter. For example, the borough that
19 the operator has the violation, where the operator
20 has the violation

21 CHAIRPERSON LEVINE: Right and presumably
22 the fines go up as, for repeat offenders. Is that
23 right?

24 CORINNE SCHIFF: They go up for repeat
25 offenders and they're also tied to the public health
importance so the public health hazards for example,

3 failing to have a maintenance program and plan which
4 as I noted is sort of the crux of the entire system.
5 That's a thousand dollar violation and they're
6 typically doubled for repeat violations. The fine
7 structure for this program is high. Operating a
8 cooling tower is expensive so we think that combining
9 high penalties along with our really robust education
10 program, which is why we're also supporting the
11 education bill is really the way for us to drive up
12 compliance.

13 CHAIRPERSON LEVINE: And look I get it
14 that this is the first year and there's a learning
15 curve and we're gonna be anxious to get 2018 numbers
16 as soon as you have them, even partial year, but what
17 we see a lot of times with building owners is that
18 they take these fines as a cost of doing business
19 and, you know, a thousand here, two thousand there,
20 they say well, you know, it just what you gonna do.
21 Of course, in this case, that is public health
22 implication so that would be really bad if that's
23 what's happening so I have to say it's really
24 worrisome to hear a regulatory regime in which we're
25 averaging 12 to 13 violations per unit and that it
makes me think, makes me worry about landlords just

3 being cavalier and so I think it's really important
4 that that number come down or something is not
5 working right.

6 CORINNE SCHIFF: So we're also looking
7 forward to it coming down. I will say that I don't
8 think it's fair to characterize the building owners
9 as being cavalier as shown by, for example, the
10 educational programs that we have we call cooling
11 tower academy where we have hundreds of owners,
12 building operators, vendors turning out to learn
13 about what our requirements are, how to comply so I
14 think they're on a learning curve. We're there to
15 provide technical assistance and on-going education.
16 We do that at every inspection. We've, are the self-
17 assessment tool which I think we've so far gotten
18 really great feedback about. We launched that in
19 February so that's new too. When we have clusters,
20 all of that outreach is also a signal to building
21 owners. This is important so we really do feel like
22 everything's going in the right direction. We see
23 more and more buildings with maintenance programs and
24 plans in place so, you know, I think what we were
25 able to present to you in 2017 was year one.

3 CHAIRPERSON LEVINE: I'm gonna pass off
4 to my co-chair in a second. Just to finish up on
5 this point, what is the rate at which, what was the
6 term, like what's our collection rate on these fines?
7 Are all 75,000 paid, and what's the dismissal rate if
8 that's also relevant when the go to OATH?

9 CORINNE SCHIFF: So we'll get, some of
10 those questions are OATH questions so we'll have to
11 get back to you.

12 CHAIRPERSON LEVINE: So they're OATH
13 questions, so meaning that you don't necessarily have
14 that data? DOHMH doesn't

15 CORINNE SCHIFF: I don't have collection
16 rate data with me. I don't have dismissal rates with
17 me either. I'll say that in some of the way that we
18 issue violations, we are saying that, for example,
19 there are not, you don't have documents and they can
20 come to OATH and produce those documents so even our
21 summons plan, that in itself promotes immediate
22 compliance but we'll have, we'll get you those
23 numbers. Those are with OATH.

24 CHAIRPERSON LEVINE: It just happens we
25 have the chair of the Committee on Government
Operations here and I believe OATH reports into your

3 committee so I think we need to find out whether. It
4 would be really scary if they're just not paying the
5 fines or if they're all being dismissed. That would
6 indicate something defective in the system so we
7 definitely need to get to the bottom of this. I'm
8 gonna pass it off to Chair Cornegy. Thank you
9 Commissioners.

10 CHAIRPERSON CORNEGY: So I want to begin
11 by also expressing my concern and disappointment in
12 the absence of DOB. As the chair of Housing and
13 Buildings, I had a reasonable expectation that DOB
14 would be here so I could direct my questions from a
15 Department of Buildings perspective directly at them.
16 You seem to feel like you can answer those, field
17 those questions so we're going to ask a round of
18 questions that were tailored for or to be answered by
19 DOB and let's see how this goes. So does the city
20 provide notification of property owners when a
21 certification date is due?

22 CORINNE SCHIFF: We have been providing
23 courtesy information to building owners.

24 CHAIRPERSON CORNEGY: I'm sorry, I
25 couldn't hear you.

3 CORINNE SCHIFF: We've been providing
4 information to courtesy, as a courtesy to building
5 owners to remind them of the annual certification.

6 CHAIRPERSON CORNEGY: So can you just
7 describe for me what that looks like, what the, how
8 it's administered, in what methodology? Is it a
9 mailing? Is it an email? Is it a text?

10 CORINNE SCHIFF: Just give me a minute to
11 get that detail. We send an email.

12 CHAIRPERSON CORNEGY: Do you know how
13 many emails constitutes an actual outreach?

14 CORINNE SCHIFF: How we would define
15 outreach? I mean how many emails would we define as
16 outreach? We email, I assume we email every, let me
17 just check, hold on. So we email everyone that we
18 have an email address for. It's an on-line process
19 so we have good email information.

20 CHAIRPERSON CORNEGY: So speaking of
21 that, DOB now has the new self-service on-line tool
22 to view permits and review filings. Can this new
23 system send reminders to property owners? Is that
24 the way it happens? It happens through the on-line
25 system, once they've registered? All right, I'm
assuming that a building owner registers with the

3 system, the new on-line system and then from that you
4 can generate a correspondence with that building
5 owner?

6 CORINNE SCHIFF: So we will have to ask
7 DOB to get back to you about their particular system.
8 We're sending emails out through the registration
9 system which we are able to manage.

10 CHAIRPERSON CORNEGY: So I'm reluctant to
11 even continue in this line of questioning if those
12 simple things can't be answered and this is not your
13 fault. This is just an illustration of why it would
14 have been important to have DOB here and I'm a little
15 distressed to find out that that was a conscious
16 decision on their part that was made prior to the
17 hearing and we weren't made, we weren't notified that
18 that was going to be the case right, so not to beat
19 you up, but certainly I'm going to have some
20 questions directed, directly at DOB for making a
21 conscious decision not to be present and not
22 informing my office as the chair that that was going
23 to happen, prior to this morning. I will defer my
24 questions now to my colleagues. Council Member
25 Cabrera.

3 COUNCIL MEMBER CABRERA: Thank you so
4 much to both of the chairs and for your leadership
5 and for all the sponsors of these bills and I'm
6 already checking with my office to try to get you
7 that answer hopefully during this hearing. Thank you
8 to both of you and I wanted to express my thanks to
9 the work that you did at Fort Independence. You were
10 responsive. I can't say the same thing for NYCHA.
11 You were always there and you always got back to us.
12 Can you give me just briefly because I have a couple
13 of questions here, what was the final outcome in
14 regards to Fort Independence if you have that answer
15 right now would be very helpful?

16 DR. DASKALAKIS: So the Fort
17 Independence, thank you for your question, so the
18 Fort Independent houses, the evaluation began in
19 August, August 30. There were two cases that were
20 identified within a 12 month period. Based on that,
21 we did a routine building investigation of the water
22 which means that we work with engineers to identify
23 places in the building where we sample water to see
24 if there's evidence of Legionella bacteria. We did
25 do those samples and the environmental cultures were
positive for Legionella. A letter was submitted and

3 then subsequently remediation was requested as well
4 as a post for mediation sampling so I think we're
5 still in the process of working with the building.
6 One of the things that's important about building
7 investigations is the answers never come very quickly
8 so what will happen is we evaluate the building.
9 We'll get the water samples and it takes two weeks
10 for the cultures to grow so that's an important
11 comment so when we do building investigations, we get
12 the water samples and there's no quick test to
13 identify Legionella so what we do is we put the water
14 on culture, it grows. When it grows, we then work
15 with the building and with engineers to come up with
16 a plan to try to address the fact that Legionella is
17 growing in the system. After something is done, a
18 remediation step, we then have to resample and then
19 resample again and if we see that there's a trend
20 that Legionella, the amount of Legionella is going
21 down or clears, we then work with the building to
22 make sure that they have a plan for on-going
23 maintenance of the building.

24 COUNCIL MEMBER CABRERA: So where are we,
25 in what week are in terms, so we went through the two

3 weeks. We are waiting for the four weeks? I think
4 the second stage is four weeks if I understand right.

5 DR. DASKALAKIS: Yeah, let me just double
6 check.

7 CHAIRPERSON CORNEGY: While you're
8 getting that answer, I do want to acknowledge the
9 presence of both Council Member Helen Rosenthal and
10 Council Member Bill Perkins.

11 DR. DASKALAKIS: So we're still working,
12 we're in the middle of the investigation so we have
13 limited so of updates for you at the moment except
14 that we're working with the building to make sure
15 that their plan is working and we're gonna be
16 resampling so it's one of those that we're still in
17 the midst.

18 COUNCIL MEMBER CABRERA: So the reason
19 I'm asking, I'm going to bring their attention to my
20 two chairs today. It's because of the very thing
21 that you just mentioned that I think is critical. It
22 baffles me that we have a process that you have to
23 have at least two people identify to make it, I
24 guess, a crisis, right so you can go ahead and
25 investigate, test the water and so forth. Wouldn't
it make, then we have to wait all that time before we

3 start cleaning the water. I mean, cleaning the
4 pipes, the tank. In this case, it was the pipes. It
5 was not the water tank as I was informed. Doesn't it
6 make more sense because, as a matter of fact, before
7 I even ask, finish with this question, what's the
8 percentage of buildings where at least two people
9 were identified, you know where I'm going with this,
10 where two people are identified and it was proven
11 positive coming from that building?

12 DR. DASKALAKIS: So this is a really
13 great question and really does frame the answer to
14 your next question so every year we identify between
15 eight to ten buildings with two or more cases of
16 Legionella in the same building within one year so if
17 you sort of look at scale for a moment, thousands and
18 thousands of buildings in New York City and every
19 year we find around eight to ten that potentially
20 have cases that could be linked to the building but
21 the next sentence that's important about our finding
22 is critical which is that we've not actually ever
23 linked a building's water directly to cases so the
24 work that we do is actually hypervigilant so if we
25 see the potential of disease in a building because of
a couple of cases within twelve months, we mobilize

3 an effort that is designed to make sure that that
4 water is healthy, the hot water system in the
5 building is healthy so even though we don't have a
6 link directly between the building and the cases, we
7 take that as a signal and you actually commented
8 about it being a crisis when we have two. It's
9 actually not. It's really one of our very routine
10 investigations that we do in an abundance of caution
11 so in effect, we don't really ever have a sign so far
12 that building water has actually been connected to
13 any of these duets of cases that we see in buildings
14 but we don't, we don't want to wait and see a third
15 and fourth case so even though we don't have that
16 proof, we're hypervigilant. We have this really
17 aggressive stance towards investigating building
18 water so even though we can't prove that there's a
19 connection, it's important to go in there and
20 investigation when there's a signal so I go back to
21 that other comment again. Thousands of buildings in
22 New York and we only see eight to ten a year so from
23 the perspective of the problem, investigating every
24 building's water supply probably doesn't make a lot
25 of sense because also Legionella is a bacteria that
is in the environment and it would not be surprising

3 to find it in water. That's where it likes to be so
4 really the disease signals tend to be ways that we
5 can target places that really focuses our effort and
6 resources on really what the size and scale of the
7 problem is.

8 COUNCIL MEMBER CABRERA: So help me
9 understand, doesn't it make sense that once we
10 identify, just like we found at Fort Independence,
11 right. We had two people. Doesn't it make sense at
12 that point instead of waiting to test the water and
13 so forth to say what are the chances when you have
14 two people in one building that it's not related to
15 the building, that at that point for example NYCHA
16 will begin the cleaning procedure instead of waiting
17 another four weeks or whatever it takes so your
18 department. What do you suggest? Do you think it's a
19 good idea to go ahead and to start cleaning right
20 away when you have at least two people?

21 DR. DASKALAKIS: So we really start with
22 the first phase which is if we identify a building
23 that has two cases within 12 months, our first step
24 is to work with the building to identify ways to see
25 if there's even Legionella in their water so
sometimes the answer is, there's not Legionella in

3 their water and they're cases especially in really
4 big buildings so imagine thousands of people live in
5 this development. By chance alone, we could have two
6 cases in this building not connected to the water so
7 what we do at a first step before we sort of create a
8 lot of, you know, recommendations not based on data
9 is that we tell people, we don't really know what's
10 happening with the water yet. We're working out that
11 now but in the meantime if you're over 50, if you're
12 a tobacco smoker, if you have chronic diseases, if
13 your immune system is low because of HIV or because
14 of any medicine that you take or cancer chemotherapy,
15 you should try to avoid things that produce mist
16 where you could be exposed to Legionella and so we
17 tell people, you should potentially think about not
18 showering and taking a bath instead so that's like a
19 really, it's sort of a step wide strategy so then if
20 we do find Legionella in the water, then we really
21 kick into overdrive and say, you know, let's make
22 sure that your water is healthy and we can sort of
23 make a plan.

24 COUNCIL MEMBER CABRERA: Last question,
25 and thank you so much for the time is, how expensive

3 is it to clean either towers or if there is no
4 towers, in the pipes or in the showerheads?

5 DR. DASKALAKIS: Let me, I want to just
6 add one point of clarity. Your questioning is great.
7 Cooling towers don't cause those double cases in
8 buildings so it's when we see the pattern of multiple
9 cases in a lot of buildings in a geography we go, uh,
10 cooling towers. Now, because we're super cautious,
11 if there's a cooling tower in a building that has a
12 water investigation going on because of those couple
13 of cases within 12 months, we'll grab a sample from
14 those cooling towers just so we know even though
15 that's how people get those cases all in one building
16 so from the perspective of how much it costs, I'm
17 gonna defer to our environmental crew to see if they
18 can give us an estimate. I think that what I can say
19 while they're working on it is, there's gonna be
20 different interventions based on what we see so, you
21 know, there could be interventions as simple as
22 increasing the temperature which is probably not very
23 expensive and then more complex interventions where
24 systems are placed to sterilize the water sort of
25 copper silver system which is more costly that
creates an environment less conducive to Legionella

3 growth but let's see if we can have a cost estimate
4 come to you.

5 COUNCIL MEMBER CABRERA: Okay, thank you.

6 CORINNE SCHIFF: So that's exactly right.

7 I mean, it's a hard question to answer because it's
8 just really variable to the system, no for a cooling

9 tower, and the remedial choice which also depends on

10 the particularities of the situation so it's just a

11 really question to answer. I can tell you that for a

12 cooling tower it can be as much as \$10,000 but it can

13 be less so it's just, it's a hard question to answer

14 because it just really varies.

15 COUNCIL MEMBER CABRERA: I understand.

16 Thank you so much and your answers were very helpful.

17 Thank you so much for the chairs.

18 CHAIRPERSON LEVINE: Thank you.

19 CHAIRPERSON CORNEGY: So I just have a

20 brief question, Mr. Daskalakis. Are you a medical

21 doctor?

22 DR. DASKALAKIS: Yes, sir.

23 CHAIRPERSON CORNEGY: So this whole time,

24 I've been not referring to you with your correct

25 title. I apologize.

3 DR. DASKALAKIS: You can call me Demetre.

4 [Laughter]

5 CHAIRPERSON CORNEGY: I apologize.

6 DR. DASKALAKIS: Don't worry, not a
7 problem.

8 CHAIRPERSON CORNEGY: And I just wanted
9 to ask if the threshold or if the trigger point for
10 cleaning is not two, what is the trigger and excuse
11 my ignorance.

12 DR. DASKALAKIS: Oh no, great question.

13 CHAIRPERSON CORNEGY: This is a joint
14 hearing and these health issues haven't come before
15 me before so if the question's been answered before,
16 I apologize but I'm curious.

17 DR. DASKALAKIS: Maybe what I should do
18 is back up and talk about how our surveillance works
19 and how that triggers our investigation and then that
20 will sort of get us down the road. I think that's
21 probably the best way so New York City Department of
22 Health has the most robust surveillance system for
23 Legionella of any jurisdiction so I'll sort of back
24 up and tell you that when there's a positive test
25 result in any laboratory in New York City for
Legionella pneumonia, we get that report in automated

3 fashion into our Bureau of Communicable Diseases so
4 we know by name, by hospital and then ultimately by
5 address where the person lives.

6 CHAIRPERSON CORNEGY: How long does that
7 take?

8 DR. DASKALAKIS: It's nearly real time so
9 within usually 24 to 36 hours so we get that report
10 and what happens is then we have astute
11 epidemiologists who look to see where the cases are.
12 We also have very great computer algorithms that look
13 at how those cases interact in time, space and then
14 also to compare how much Legionella happens in the
15 area regularly versus what is happening at the moment
16 to see if there's a signal for something going more
17 beyond sort of the baseline ambient level that
18 happens just because Legionella bacteria are
19 everywhere and people do get Legionella pneumonia
20 though they way more commonly get other pneumonias
21 that are vaccine preventable like influenza and
22 pneumococcus so that's another important comment that
23 other pneumonias are way more common and preventable
24 so when we get the signal, we're able to sort of look
25 at them geographically but not only in neighborhood
but also to the level of building identification

3 number and so when we find that there are two cases
4 within 12 months within a building, it then triggers
5 a communication between the epidemiologists and the
6 folks in environmental health to come up with a plan
7 to pursue the building and talk about doing an
8 evaluation of their water. When we see a pattern of
9 two cases within one building, that's different than
10 when we see a pattern of multiple cases in multiple
11 buildings over a geography so when we see a couple of
12 cases in one building, that triggers the idea that
13 there may be something in the building's hot water
14 system that may be exposing people to Legionella
15 versus when we see Legionella cases in a broader
16 geography such as what we're seeing in lower
17 Washington Heights in multiple buildings over an
18 area. That then triggers the idea that we need to
19 look for something that's creating mist in the
20 environment and the most common thing that does that
21 is cooling towers so back to the building so when we
22 see two cases, the two cases could be sporadic when
23 means that they are not related to the building or
24 they could be related theoretically to building water
25 so we err on the side of caution and pursue the
building water to make sure that the hot water system

3 is not colonized with Legionella bacteria. What that
4 means then is that our water team goes and works with
5 the building to come up with a plan to sample the
6 water. The water is sampled and is then sent to the
7 laboratory for culture, so why culture and not some
8 other test that may be more rapid at identifying
9 Legionella. We don't really care about dead
10 Legionella. We only want to know if there is living
11 Legionella and only living Legionella grows on
12 culture. In fact, Legionella is all over the
13 environment and if a building has a water system that
14 is doing its job, it should kill Legionella and so
15 it's really important to see whether it's alive or
16 dead so if it grows it then triggers conversations
17 with the building and with contractors that they have
18 to come up with a plan to address the Legionella
19 levels in the water and you do whatever is
20 appropriate for that specific hot water system to
21 address the issue. We use the threshold of two cases
22 because we don't want to investigate buildings just
23 for a sporadic case so if there's something really
24 going on with the water theoretically, you'd expect
25 to see more than one case and we've set our threshold
really, really permissively so we're not looking for

3 a couple cases in one or two months. Any case even
4 within 12 months, if there are two of them, triggers
5 the investigation so we're erring on the side of over
6 investigating buildings and even with that threshold
7 being such as it is, we investigate about eight to
8 ten a year.

9 CHAIRPERSON CORNEGY: Oh, thank you and
10 lastly for me, why is it then cause this seems very
11 scientific which I can appreciate and respect, why is
12 it that there's an increase in black and Latino
13 communities and directly associated with poverty. I
14 don't know how, you know, theoretically that can
15 correlate with the scientific way that you're
16 describing the presence of Legionella pneumonia.

17 DR. DASKALAKIS: So working on health
18 equity throughout the city is really one of the core
19 tenants of what we do at the Department of Health and
20 Legionella investigations and work are actually no
21 different. From the epidemiologic perspective, I
22 want to first talk about just how diseases in general
23 map to areas of poverty in New York City so when you
24 think about Legionella, it's not just about bacteria
25 and mist. It's also about who's breathing the mist
so just top remind you from our epi data brief which

3 thank you for showing that up. I'm glad that you're
4 using that. That's the intent that people who are
5 older, people who are smokers, people who have
6 chronic diseases and that includes diabetes and lung
7 disease are potentially at higher risk for
8 Legionella. What you'll see is that when you look at
9 the maps and I come from an infectious disease space
10 with disease control I also think of HIV. These
11 diseases tend to correlate really well with areas of
12 poverty because of issues of health access, etc. so I
13 think that one of the explanations for why it's
14 happening more commonly in those areas is that we
15 have more people who are potentially susceptible to
16 Legionella where they live. The second point which I
17 think is really important is that all of this work
18 that we're talking about here today, Local Law 77 and
19 all of the conversations about improving how we're
20 approaching cooling towers is actually really
21 critical in the story of how to change that. Rather
22 than sort of looking at cooling towers and saying
23 cooling towers that are in area that are affluent are
24 getting really well serviced versus those that aren't
25 in the affluent areas are not getting well services,
this law created an equalization, a standardization

3 of how cooling towers are addressed which I think is
4 a really key step in addressing the inequity that
5 you've really accurately pointed out so just to be
6 less sciency about it and just to be straightforward,
7 it's about hosts like people who are at risk
8 potentially also live in higher poverty areas and may
9 also be black or Latino which is one of the reasons
10 that you see that signal in our epi data brief
11 because of also the prevalence of these other
12 comorbid conditions that put them at risk for
13 Legionella and then I also want to comment again and
14 also thank the Council that the work that we're doing
15 to improve maintenance of these cooling towers is
16 actually great equity work because a tower in upper
17 Manhattan needs to be held to the same standard as a
18 tower in Midtown and this is what this data sort of
19 creates, that equity moment to try to improve the
20 health of New Yorkers no matter where they live.

21 CHAIRPERSON CORNEGY: Well, I thank you
22 for bringing me up to speed in that period of time.
23 You didn't take one breath it seemed like the entire
24 time.

25 DR. DASKALAKIS: [Laughter]

3 CHAIRPERSON CORNEGY: But it also
4 demonstrated the passion that you have for this work
5 which I appreciate. Thank you.

6 DR. DASKALAKIS: Thank you.

7 CHAIRPERSON LEVINE: I just want to pick
8 up with a couple questions. Given that we know
9 certain populations are more vulnerable tends to be
10 older populations, more low income and unfortunately
11 disproportionately people of color. That almost
12 perfectly describes who lives in NYCHA and we've had
13 several incidents of what we think are cases arising
14 from the hot water systems in St. Nicholas,
15 particularly just outside of my district and one or
16 two other developments. It's in the district of my
17 colleague, Councilman Perkins. Thank you. It seems
18 to me if there's any way, we have a million buildings
19 in the city. I think that's the number, right so
20 that would be a lot of inspections but if there's
21 anywhere we're gonna focus our resources, it would be
22 in those buildings where people are the most
23 vulnerable based on the criteria that you identified
24 so it seems to me we should be upping the game in
25 NYCHA and I got to tell you as the Council Member
probably knows, in St. Nicholas houses people are

3 concerned and they feel like if they're older that
4 taking a shower where you breathe in the mist is a
5 risk and you know, there were two cases on the campus
6 and they then flushed out the systems. We're joined
7 by Council Member Barron on the Health Committee.
8 Thank you and we flushed out the systems and
9 apparently then a subsequent test came back positive
10 so you can understand that an elderly person in that
11 situation is gonna be scared to take a hot shower
12 because of the possibility they could breathe in the
13 mist. I understand that statistically the likelihood
14 of someone contracting it, even someone who's elderly
15 if they're not otherwise dealing with smoking or
16 chemotherapy or something else is very, very low but,
17 you know, those fears are understandable. How could
18 we up our game? What would that look like to up our
19 game in NYCHA? It is more proactive testing, not
20 waiting for an incident of two cases in the building?
21 What would it mean to proactively up our game in
22 NYCHA?

22 DR. DASKALAKIS: I think our baseline of
23 what we're doing is actually upping the game so
24 compared to any other jurisdiction, our surveillance
25 is the most robust. You know, I go back to the

3 comment about, you know, there are a million
4 buildings in New York City and even with populations
5 that are potentially more immuno comprised or have
6 other risk factors that may put them at risk for
7 other pneumonias including influenza and
8 pneumococcus, we're not seeing signal to the
9 magnitude that would say that we need to change the
10 scale of the response, at least in my opinion so
11 we're, despite the fact that we do have a couple of
12 NYCHA buildings that we're currently evaluating, I
13 also want to step back and think about the size of
14 those buildings and, you know, the fact that, St.
15 Nicholas for example. That's a really good example
16 so St. Nicholas has a couple of cases that happened
17 in that complex. It happened in separate buildings
18 and those buildings don't have connected water supply
19 so based on that, you know, from our perspective,
20 we're talking about a lot of people living in one
21 space and the statistical possibility of having
22 sporadic cases in that building is high and from the
23 perspective of how the water system works though I'm
24 not a water engineer or water ecologist, we don't
25 have a linked water system in that building so it's
potentially that we have chance alone that has put

3 those cases in that giant structure. I think it's
4 ten or thirteen buildings. It's a really large
5 complex and with a rate of one to five cases per
6 hundred thousand for Legionella pneumonia, so
7 biologically and structurally those cases aren't
8 linked by a water supply.

9 CHAIRPERSON LEVINE: I think this is an
10 issue we're gonna want to continue to push on. I
11 certainly am for this extremely vulnerable segment of
12 the city and again, I understand our surveillance is
13 world class. The question is what can we do to
14 prevent any of these cases even coming up on your
15 radar.

16 DR. DASKALAKIS: I do want to plug one
17 thing which is that those populations are at
18 exquisite risk for pneumococcal pneumonia and
19 influenza which are way more frequent so just to
20 compare Legionella, five in 100,000 people in New
21 York will come down, may have Legionella. That's a
22 rate. It could be up to 250 per 100,000 for
23 influenza so I think one really important message if
24 folks are listening is definitely that if you're at
25 risk, you should have a pneumococcal shot. That
means age over 65 or comorbidities and also everyone

3 should get the flu shot. Eighty thousand people in
4 the U. S. died of the flu last year so it's really an
5 important message especially for populations
6 everywhere in New York but I think it's a great
7 message for NYCHA because, you're right, they are a
8 more susceptible populations there.

9 CHAIRPERSON LEVINE: I do want to ask
10 about the equipment here and did you want to jump in,
11 Council Member?

12 COUNCIL MEMBER PERKINS: [Inaudible]

13 CHAIRPERSON LEVINE: Please, if you want
14 to use the mike, too.

15 COUNCIL MEMBER PERKINS: That's a nice
16 term, what does that mean in common language?

17 DR. DASKALAKIS: So from the perspective
18 of water, of cooling tower maintenance? Well, I can
19 just back up and sort of explain it again.

20 CHAIRPERSON LEVINE: You're after the
21 equity angle, right.

22 COUNCIL MEMBER PERKINS: Yeah.

23 DR. DASKALAKIS: So first we'll talk
24 about cooling towers and sort of what the importance
25 is of the local law that has really helped us
standardize how we approach cooling tower maintenance

3 in New York City so, you know, I think the point of
4 it is that a cooling tower in an affluent area of the
5 city needs to be maintained in the same way as a
6 cooling tower in a less affluent area of the city and
7 before this law, we really didn't have a sense of
8 what was going on in these cooling towers.

9 COUNCIL MEMBER PERKINS: I apologize for
10 interrupting so a cooling tower in an affluent has to
11 be equal to a cooling tower in a less affluent?

12 DR. DASKALAKIS: Right, its maintenance

13 COUNCIL MEMBER PERKINS: I thought it
14 would be the other way around. Whoever has less
15 should be equalized to who has the best, not
16 equalizing to the less.

17 DR. DASKALAKIS: We're saying the exact
18 same thing and so

19 COUNCIL MEMBER PERKINS: [Inaudible]
20 because it sounded kinda ass backwards to me.

21 DR. DASKALAKIS: Yeah, so I'll say it,
22 maybe I'll unwind it a little bit more so the
23 standards that we hold towers in an affluent part of
24 the neighborhood need to be the same as, let me flip
25 that. The standards that we hold the tower in a less
affluent part of the neighborhood need to be

3 identical to the standards that we hold towers in a
4 more affluent part so it's exactly what you said.

5 COUNCIL MEMBER PERKINS: Okay.

6 DR. DASKALAKIS: And so that I think is
7 different and has been changed by the local law
8 because before the local law we really didn't have
9 our finger on the pulse of what was going on in
10 towers all across the city and so now no matter where
11 the tower is located, they have to hit a set of
12 requirements to demonstrate that their maintenance is
13 adequate and so from my perspective looking at
14 equity, really by saying that these towers in less
15 affluent parts of the city and towers in more
16 affluent parts of the city are set to the same high
17 standard. I think that's how we're going to see over
18 time an improvement in the disparity that we see in
19 Legionella.

20 COUNCIL MEMBER PERKINS: May I ask one
21 more quick question? So in some of these communities
22 where it's not so much equity, there's also the
23 asthma issues and other respiratory kind of issues
24 that I would imagine aggravate the possibilities. So
25 how are factoring that into our efforts to remediate
or to eliminate this type of crisis?

3 DR. DASKALAKIS: So, your question is
4 great and it does reflect that really it's not just
5 about the towers and the mist but also about who's
6 breathing it and so the fact that people who are over
7 50, who are tobacco smokers, who have chronic lung
8 disease and asthma potentially can count as one of
9 the chronic diseases

10 COUNCIL MEMBER PERKINS: Some of our
11 communities are chronically asthmatic

12 DR. DASKALAKIS: Yes.

13 COUNCIL MEMBER PERKINS: By Department of
14 Health standards. Are we focusing on those type of
15 communities that tend to be sort of over exposed?

16 DR. DASKALAKIS: Yeah, so the first is to
17 make sure, right, we do have the most robust strategy
18 for maintenance of cooling towers in the nation, if
19 not the world, so the first step is to minimize the
20 risk of possible exposure to Legionella from sources
21 that we know could potentially cause it. With that
22 said, it's important to remember that Legionella
23 bacteria are actually all over the environment and
24 it's not possible to 100% prevent exposure to
25 Legionella. It's everywhere so, you know, the answer
really is that where we know there's risk, we need to

3 do what we're doing now to improve the cooling
4 towers' maintenance because that in long term will
5 prevent, you know, a place where Legionella could
6 potentially grow and disseminate. I'll go back and
7 say that among asthmatic population, I am a doctor.
8 I see patients and I have plenty of folks with asthma
9 and they're at higher risk for pneumonia in general
10 so I think that as we're dealing with cooling towers
11 to make sure that they remain healthy another really
12 important message to our asthmatics, a couple
13 important messages, is that if you're not feeling
14 well and you have asthma, it's important to go see a
15 doctor because before it gets too far in the
16 perspective of an exacerbation of that asthma, seeing
17 a doctor could actually help interrupt it from
18 getting worse and also it's worth getting evaluated
19 because people who have chronic lung disease have
20 increased risk for pneumonia. I'll remind you again
21 that, you know, Legionella causes about two to 500
22 cases of pneumonia a year in New York. We estimate
23 that about 35,000 people are actually admitted to the
24 hospital every year with pneumonia and many of those
25 are preventable by influenza vaccine and pneumo vacs
and so independent of age, having chronic disease is

3 an indication for a pneumonia vaccine so I think the
4 answer is from a Legionella perspective, really
5 hankering down on these towers and making sure that
6 we're really following Local Law 77 and have
7 increasing adherence to good maintenance no matter
8 where in the city is important but then also, you
9 know, the baseline message of get your vaccines
10 because you're gonna prevent them way more common
11 causes of pneumonia.

12 COUNCIL MEMBER PERKINS: One quick final
13 question, so are we mapping like where it's really a
14 problem community and where it's less so so that we
15 can sort of strategize and attack that says the rates
16 of this problem are gonna be higher in these areas
17 and there's a campaign that focuses on those areas to
18 inform those families that by the way, with all due
19 respect, you might have a higher rate potential of
20 this then someplace else and therefore we want to
21 inform you and help you understand how best to
22 protect yourself, especially your children and your
23 elders that are most vulnerable. Are we looking at
24 that as an approach that makes some kind of health
25 sense?

3 DR. DASKALAKIS: So we're, one of our
4 strongest suits is surveillance and telling people
5 what's happening with infections and other diseases
6 and so the first thing I'll point out is our epi data
7 brief that actually gives this in really high level
8 detail around neighborhoods where Legionella and
9 populations where Legionella may be on the rise and
10 also again, I just go back to Introduction 1166 and
11 so I think that this Introduction also would
12 encourage us to sort of do this more and I think
13 we're very supportive of being more transparent with
14 our data so the answer is yes.

15 CHAIRPERSON LEVINE: Thank you Council
16 Member and I want to acknowledge we've been joined by
17 our colleague on the Health Committee, Council Member
18 Keith Powers. Regarding this equipment, these
19 cooling towers, is there not a filter or some other
20 mechanism that could capture the mist so that it
21 doesn't waft out into the neighborhood potentially
22 infecting people?

23 CORINNE SCHIFF: The equipment, there's a
24 lot of different kinds of cooling tower equipment and
25 there are techniques to reduce mist, I think is what
you're asking. I'll have to get back to you whether

3 there's literally a piece that captures that but
4 there's just a variety of towers and selecting them
5 depends for the building as it's being developed on
6 the needs of that building and the operations of that
7 building. I don't think that there's a quick fix
8 like that which is why Local Law 77 was so important.

9 CHAIRPERSON LEVINE: There may not be yet
10 but we should really be monitoring the cutting edge
11 on this. The prospect of a technological solution
12 would solve a lot of problems and it seems
13 reasonable. I don't see why you can't capture mist.
14 Is it not possible that a defect in one of these
15 units could make it susceptible to repeat infection?
16 You know, I look at two outbreaks, two clusters in
17 almost exactly the same location in southern
18 Washington Heights and I mean, we only get like two
19 clusters a year in the whole five boroughs. The odds
20 of that happening in the exact same location just two
21 months apart are like 6,000 to 1 and I can't think of
22 any possible explanation other than the fact that you
23 have a defective unit that even if you maintain it
24 and monitor and clean it, there's something wrong and
25 it just becomes a hot bed of Legionella again and is
that not a phenomena that we're aware of and if so,

3 that opens up a whole new line of inquiry to make
4 sure not only that we're cleaning these things but
5 that we're monitoring whether they break.

6 DR. DASKALAKIS: I'll start and say that
7 we're still in the midst of the investigation in
8 Lower Washington Heights so we don't really have any,
9 you know, definitive answers about if there's a
10 repeat source. I'll just remind, something that we
11 talked about when this cluster began again is that we
12 act aggressively even based on preliminary data
13 before we actually know the full story because it
14 does take time so I think

15 CHAIRPERSON LEVINE: And, and sorry to
16 interrupt. I don't need you to reveal an ongoing
17 investigation. I look forward to hearing whatever
18 you come up with but this, has this concept not
19 occurred to DOHMH? I mean, maybe the problem is it
20 overheats in some capacity and Legionella loves that.
21 Maybe there are cracks that allow the bacteria to get
22 in or out. I mean, I don't know. I'm not an
23 engineer but is this not, is this concept not even
24 one that we've grappled with? Are we in new
25 territory here with a cluster in the same location
that's never happened before?

3 DR. DASKALAKIS: So, we, this is our
4 first experience of a community cluster in the same
5 location so we're, this is not something that we've
6 had in the history of our sort of increased
7 surveillance around Legionnaire's pneumonia so I
8 think the investigation is going to be really
9 important and follow up to sort of better assess what
10 the real source of this new cluster is about.

11 CHAIRPERSON LEVINE: Okay, well this is a
12 conversation I think we're anxious to have. Your
13 investigation results will help inform it but it
14 feels like an unresolved.

15 DR. DASKALAKIS: I think that's right. I
16 think that a lot of what we would be sort of talking
17 about would be pure conjecture until we have more
18 definitive answers from the investigation.

19 CHAIRPERSON LEVINE: I just have one more
20 big picture question and then I'll pass it to our
21 colleague, Council Member Powers. New Yorkers see a
22 graph like this one which shows the bars going up,
23 the number of cases going up and they say, well, you
24 know, the City Council passed this law. We're
25 investing \$6. Something million a year and

3 surveilling and responding to these and the numbers
4 are still going up. What's the explanation here?

5 DR. DASKALAKIS: So I think that there's
6 a lot of explanations and it's multifactorial so I'll
7 try to give you some ideas of some of them so one of
8 the really important things that happened with Local
9 Law 77 and the outreach that's gone around our
10 community clusters is that the message has gone out
11 to medical providers that Legionella is out there and
12 that it's important to screen for Legionella in
13 individuals who have pneumonia so now I'll just back
14 up for one second to remind you that Legionella is a
15 common enough cause though not a very common cause of
16 pneumonia that every first line regimen recommended
17 by any organization or guidelines committee for
18 pneumonia includes coverage for Legionella so all
19 those antibiotic regimens include that coverage
20 because it's a possibility as one of the causes of
21 community acquired pneumonia so within just a couple
22 of years the amount of urine Legionella antigen
23 testing which is the main test that people use
24 because it's easy and fast has increased by about 43%
25 and so if you test more, you potentially will find
more so that's one piece of the picture. The other

3 piece of the picture is that we're not the only ones
4 experiencing increases in Legionella pneumonia around
5 the country. Of jurisdictions that are reporting
6 these data, 83% of them have reported an increase in
7 Legionella pneumonia in the last few years. There
8 are a lot of reasons why this may be happening. One
9 of them may be, and again we're going very big
10 picture now, one of them may be that there's warming
11 of the climate and potentially more environments
12 where Legionella may be able to live happily and then
13 potentially cause disease and then there's also the
14 factor that one of the great pieces of extending
15 people's lives is that they live longer but then they
16 also have longer time at risk for Legionella so
17 there's more people who are sort of living better
18 healthy lives but who are in age categories that they
19 increase their risk for Legionella and also
20 potentially may be taking therapies that may reduce
21 their immune system and potentially increase their
22 risk so it's one of those medical answers that is
23 sometimes unsatisfying that there are multiple
24 reasons why it may be. Some of them have to do with
25 mother nature and some of them have to do with the
amazingly good messaging the Department of Health and

3 City Council have done in getting people aware of
4 Legionella pneumonia and getting tested for it.

5 CHAIRPERSON LEVINE: Thank you for that.

6 I assume also that with new construction there's more
7 internal air conditioning out there and more cooling
8 towers that may also be a factor. I just I assume.

9 DR. DASKALAKIS: Don't really have data
10 on that.

11 CORINNE SCHIFF: Perhaps but I think it's
12 also really important to recognize that we just in a
13 completely different place than we were in in 2015
14 when the Council enacted this robust, really
15 groundbreaking law. You will all remember in the
16 south Bronx we didn't know where the cooling towers
17 were. We now know where they are. We are still as
18 you noted, we are still on the lookout for
19 unregistered towers but the vast majority of cooling
20 towers are now known to us. Buildings have plans,
21 they have vendors ready to do remedial action so now
22 when my colleagues in disease control, with their
23 extremely sophisticated system very early on get a
24 signal, we are, our group teams are working together
25 really within hours. We are out there within hours,

3 we know where to look and we know how to direct those
4 buildings.

5 CHAIRPERSON LEVINE: And we appreciate
6 that and I acknowledged that. We just want this bar
7 graph to start bending in the other direction.
8 That's what we want and that's what the public wants.
9 Council Member Powers.

10 COUNCIL MEMBER POWERS: Thank you, thank
11 you. Sorry I was late. I wanted to just follow up
12 on and to the degree you have information because I
13 know it's also Department of Corrections. There was
14 two incidents last week at Ryker's Island where folks
15 were, contracted Legionnaires and was wondering if
16 you could give us any new information or any updates
17 on what happened, the source and any other steps
18 being taken to make sure that it doesn't continue to,
19 people don't continue to get Legionnaires.

20 DR. DASKALAKIS: So I'll start with an
21 update so Ryker's, the building, has been really very
22 similar to stories of other building and water
23 investigations so our surveillance system detected
24 there were two cases within twelve months that were
25 related to the same building I.D. number so that
triggers for us an investigation, an evaluation of

3 the water in a building where these two cases could
4 occur. Now, I'll also back up and say thousands and
5 thousands of people go through this building every
6 year so in an abundance of caution even though
7 there's so much through put in that building, we
8 still go and pursue a building evaluation just like
9 we would any building whether it's at Ryker's or
10 another part of the city so once we see that signal
11 we discuss with our environmental health colleagues
12 who then reach out to Department of Corrections to
13 come up with a plan for sampling the water in the
14 environment as well as coming up with strategies to
15 reduce risk of exposure. The most common way that in
16 a building with a hot water system being evaluated
17 that we perceive people to be exposed to water mist
18 is through showers so we worked really closely with
19 the Department of Corrections to come up with a
20 strategy to alter some showers to reduce water mist
21 so that it made who were at and employees who were
22 identified as potentially, by themselves, having risk
23 for Legionella so over 50, tobacco smoker, weakened
24 immune system, etc. would have an option for bathing
25 that would reduce the mist exposure. While we were
in the process of doing that, we had just, I think it

3 was on Friday, got our samples so cultures are
4 cooking. They're gonna take a couple of weeks but we
5 also remediated with just local disinfection, a
6 couple of showerheads that we wanted to make sure
7 were clean while we were waiting for data so that's a
8 long winded way of saying we're still in the midst of
9 the investigation but have provided appropriate
10 guidance for inmates and employees for how to
11 mitigate what is probably already a very, very low
12 risk.

13 COUNCIL MEMBER POWERS: And just a
14 follow-up question, you had a mention to the question
15 I had which is you have thousands of people who use,
16 that go into that jail facility every single year and
17 use the showers and so forth, so can you identify why
18 it's only two then if it's being heavily used and
19 it's a shower and people are using it all the time.
20 Is it the risk factors with the individual? Is it,
21 what is, what would be the explanation for why?

22 DR. DASKALAKIS: Yeah, I think the
23 explanation is that we're really aggressive in
24 investigating when there's anything more than one
25 case per building. It may be seen potentially as
overkill that we're sort of pursuing an investigation

3 based on two cases given the through put in that
4 building but we stay true to our criteria no matter
5 where that, what building we see a signal in, we
6 pursue to make sure in an abundance of caution that
7 the hot water supply in that building is not
8 potentially a source of disease so a lot of it is
9 theoretical, a lot of it is based on potentials and
10 so those two cases alone are enough to trigger the
11 investigation in pursuing sort of what the water is
12 looking like, the hot water is looking like in that
13 building so really I'll also restate that we have
14 about eight to ten of these investigations of
15 buildings per year and there are thousands and
16 thousands, well we heard about a million buildings in
17 New York City so they actually tend to be pretty rare
18 and despite the fact that we do these investigations
19 in an abundance of caution, we've never linked the
20 water from a building to these little duets of cases
21 that we see in buildings so again it has to do with
22 the fact that New York City is hypervigilant and we
23 really want to ensure the safety of New Yorkers,
24 especially and including the vulnerable New Yorkers
25 who are going through Ryker's.

3 COUNCIL MEMBER POWERS: Thank you and
4 just one follow-up question, or it's a two parter,
5 but what is the requirement that you go inspect when
6 there's an incident, two incidents that seem to be
7 related? Is that what it is? Can you just explain
8 the threshold and also is that your own, is that an
9 agency determination or is that a local law that
10 created that? The second question would be just
11 information on how far apart were those two
12 incidences from each other?

13 DR. DASKALAKIS: So I'm gonna start with
14 the first question which is our threshold of two so
15 let me actually ask one quick question. One second
16 so I make sure I'm answering accurately. So the
17 threshold of two cases within twelve months is one
18 that comes from the CDC so we're actually pursuing
19 that standard so we have high fidelity to our own
20 protocols for dealing with those two cases so when we
21 see two cases we then pursue a building investigation
22 and the second question was how far the cases were
23 apart. I need to ask one quick question so you're
24 asking specifically about the two cases in Ryker's or
25 just in general?

3 COUNCIL MEMBER POWERS: The two at
4 Ryker's specifically, how far apart were they from
5 each other cause it's a 12 year, 12 month period so
6 was it, you know, the same week or was it, you know,
7 12 months apart?

8 DR. DASKALAKIS: I know the answer but
9 because of patient confidentiality I'm not allowed to
10 reveal it which is what I was consulting about just
11 to make sure but yeah, unfortunately I can't give you
12 that data.

13 COUNCIL MEMBER POWERS: Okay, thank you.

14 CHAIRPERSON CORNEGY: So if there are no
15 more questions by my colleagues, I'm gonna call the
16 next panel. I want to thank you so much for your
17 very in depth and thorough testimony. So I'd like to
18 call the next panel. Laura Belt-Ponomarev, okay,
19 thank you, Russell Bastik [phonetic] and Daryn Cline.
20 Sure, so she can join when she comes back. You may
21 begin your testimony when you're ready. I just ask
22 you to identify yourself.

23 (MICROPHONE NOT ON BRIEFLY) - RUSSELL

24 BASTIK (UNIDENTIFIED AS TO WHO HE IS WITH):

25 Building, oh, that's better, a small residential
building to a large commercial building, is that the

3 violations are reducing. Some of the buildings in
4 the beginning were getting in access, 13, 14
5 violations from the start. I'm happy to report that
6 nearly in every case, they are down to two or three
7 violations where sometimes, most of the time, we're
8 getting zero violations at this point cause we have
9 been vigilant, we have been listening to the
10 Department of Health and all their inspectors so I'm
11 pretty happy to report that if you have a responsible
12 water treatment company, responsible to compliance, I
13 feel very confidently that we're seeing a reduction
14 in violations and also a more vigilant building owner
15 who cares about the property and they are not looking
16 to avoid violations by paying the violations, for the
17 most part. I wouldn't say, I can't say if there's
18 nobody doing that but certainly on the most, for the
19 most part, they are not doing that. The cost
20 associated with the violation is more than the cost
21 associated with the compliance aspect and the testing
22 of Legionella and the increase in products that are
23 used to combat Legionella and the also cleaning that
24 they should be doing at least twice a year on these
25 cooling towers. On the comment of other sources,
cooling towers yes is a major source of the spread of

3 Legionella bacteria. In the summer time especially,
4 there's other sources, anything from down the shore
5 to misting and Great Adventure and all the other
6 amusement parks to showers to fountains to a lot of
7 other places and that's probably why the Department
8 of Health waits for that second case to pop out
9 because you don't know if this was contracted at
10 another location versus the building itself. As far
11 as tower cleaning costs, I can add some more
12 definitive numbers. It depends on the actual size
13 and complexity of the cooling towers but they're
14 generally cleaned with two people to approximately
15 six people to clean a cooling tower. The rates are
16 somewhere around \$2,500 to \$3,000 per crew so it
17 could be as high as \$9,000 to \$10,000 to clean a
18 cooling tower or as low as about \$2,500 and also the
19 disinfection work that should go on during the
20 cleaning is approximately \$200 per thousand gallons
21 of water within these cooling systems. To comment on
22 mist illumination, and you were discussing filtration
23 of the outside of these cooling towers, cooling
24 towers are fitted, nearly all cooling towers are
25 fitted with mist elimination so that the water
actually stays in the cooling towers. If they are

3 not properly maintained and replaced as required,
4 that's when the mist actually leaves the cooling
5 tower and gets drawn in through fresh air intakes
6 into buildings and if that would actually get into
7 the ventilation system and proliferate in condensate
8 pans or something where water builds up in the
9 ventilation system, this could reflect a problem but
10 currently, I've seen screening on towers but nothing
11 exorbitant that holds in the mist of these towers in
12 my 30 years' experience working in this. As far as
13 the comments of defective units making clusters in
14 New York, it is not just the cooling towers that need
15 to be maintained. It's the entire system that needs
16 to operate properly, meaning that you must run all
17 the units within the cooling system so if you have
18 one chiller hooked to a cooling tower system and you
19 don't run the other, it's sitting there as a stagnant
20 piece of equipment. Building owners and building
21 supers need to be educated and need to understand the
22 actual mechanics of their systems. There's plenty of
23 redundant equipment and in the law, in Local Law 77,
24 it does call for 24/7 operation of all of the water
25 within the building unless you can prove how your
water management plan can eliminate Legionella growth

3 from proliferating in the system so it's more than
4 just the tower needing maintenance. It's also the
5 entire system, running of auxiliary pumps, auxiliary
6 chillers, auxiliary heat exchangers, auxiliary
7 package units for cooling. You know, as it gets
8 cooler, in the cooler months, parts of these systems
9 start shutting down, start turning off and that's
10 what creates a proliferation of this bacteria. The
11 last comment I want to make is that I don't know if
12 it's known to this committee but there has been
13 significant changes in the domestic water coming to
14 these buildings in New York, mainly in Manhattan,
15 some of the outer boroughs and definitely in the
16 Bronx. What this means to the building owners and
17 this Legionella thing is there's new water mains
18 opening and closing, bringing in Croton water instead
19 of Catskill that's been being used for domestic
20 drinking water and cooling towers for years. Prior
21 to the outbreak in the Bronx in 2015, there was a new
22 water line brought online to the Bronx. Don't know
23 if it, I can't speak if it has any correlation to
24 Legionella but I will tell you that when you're
25 turning things on, turning things off in 100 year old
pipes, you are definitely disorganizing all the

3 material that's in those pipes. If you were ever to
4 look inside a pipe, a hundred year pipe in New York
5 City, it's strands of iron, filamentous iron just
6 hanging down in the middle of the pipe. It looks,
7 you would never drink out of that pipe if you ever
8 looked at it. It looks that bad but also when you
9 change things, when you change water sources, when
10 you bring water up through the 48 wells that are in
11 Manhattan, that can significantly change what's going
12 on. I am not suggesting that New York City water is
13 causing the Legionella problem in all these buildings
14 but I'm saying when you turn things off and turn
15 things on just as if you do in a cooling system, you
16 could be causing the same exact problem within the
17 domestic water system and if you turn on a water main
18 in the Bronx and you get several cluster cases in the
19 Bronx two months after a new water main has gone on
20 line, there might be some correlation with moving
21 that particular water. I have reached out to the DEP
22 to try to get some kind of information on why the
23 water keeps changing. It's significant and it will
24 cost these owners, not even in Legionella, it will
25 cost them significantly in water. There will be
pieces of equipment that will be going down, failing

3 and the capital costs to these building owners will
4 be so significant by far outweighing any water
5 treatment, any tower cleaning, anything else as far
6 as maintenance goes. We will physically ruin three-
7 quarters of the boilers in this city if the water
8 does not maintain a stability that it has for 28
9 years of my existence in New York City and I am
10 deeply concerned that the water must maintain the
11 quality that it's been. These buildings in New York
12 City have been designed based on the water quality
13 that comes into the city. To change it now is gonna
14 create significant problems, significant increases in
15 water uses. These boilers and cooling towers run on
16 cycles of concentration. Right now to have a
17 efficient running system for a cooling tower, you're
18 using the water ten times. With this new water that
19 comes in, you will be using the water two and a half
20 to three times meaning that you will increase the
21 water usage by a factor of three coming into these
22 buildings. That's significantly gonna require some
23 new resources. I know they were talking about some
24 filtration projects and so forth. Imagine if you use
25 three times the amount of water that you're using
today because of the change so that's all my

3 comments. I hope that they were useful and helpful.
4 I'm sure my colleagues here will be able to further
5 go on this.

6 CHAIRPERSON LEVINE: Those were very
7 useful, quite alarming reports on the change in water
8 quality which we've heard about. The implications
9 are way beyond Legionnaires. In fact, it's not
10 entirely clear to me there's necessarily a
11 Legionnaires connection there.

12 RUSSELL BASTIK: I would be at amiss to
13 say that there actually is one but it is alarming to
14 find that when the water main's changed and you have
15 a cluster, it's concerning to me.

16 CHAIRPERSON LEVINE: I think we need
17 Chair Constantines who chairs the Environmental
18 Committee, oversees the DEP, about this. Has DEP
19 offered answers or explanations to date?

20 RUSSELL BASTIK: We did have some
21 explanation that they did open the Croton reservoir
22 to the outskirts of Manhattan. They showed a map of
23 the actual water mains. I did submit it to the
24 committee but that has since changed. The water has
25 gone back and forth at least two or three times since
June of 2018. They did this at a water shortage back

3 in 2010 for about six months. They changed
4 reservoirs. We have that documented but the DEP does
5 not send out a regular response that anything is
6 changing and we have boots on the ground. We have
7 over 25 people in New York City that's testing water
8 every single day so we're actually setting up
9 electronic alerts to tell us, we're putting probes in
10 domestic water lines to actually tell us when an area
11 of the city is actually changing.

12 CHAIRPERSON LEVINE: Okay, we do want to
13 let your colleagues also testify and I want to
14 acknowledge that we've been joined by Council Member
15 Mark Gjonaj as well as Council Member Margaret Chin.

16 CHAIRPERSON CORNEGY: I did want to ask
17 just one thing. You mentioned that in the cooler
18 months when those cooling towers ultimately go off
19 line, in your estimation, what's the correct amount
20 of time that they should be either serviced or
21 inspected before proper usage when they've been down
22 for three months or whatever, the winter, probably
23 more five months that there's no usage and then you
24 start them up. What's the likelihood that the
25 reservoirs in them now have stagnant particles that
could cause Legionnaires? What's, what's sort of, it

3 seems to me like I'm not an engineer or scientist,
4 but it seems to me that there would be some sediment.

5 RUSSELL BASTIK: Correct, so let me put
6 you at ease first of all, the Local Law 77 does cover
7 this fact. If a cooling tower's gonna be off line
8 for more than five days, there's a complete protocol
9 that must take place including cleaning, inspecting,
10 Legionella testing and disinfecting. The same holds
11 true for startup. You cannot turn on a cooling tower
12 if it has not been cleaned, disinfected, inspected
13 and Legionella tested so your laws do cover that but
14 I would say the likelihood is that there could be
15 something there if something is sitting stagnant for
16 the period of November thru April. I think more of
17 the concern is when it goes from 70° to 40° and
18 pieces of the system actually shut down during that
19 timeframe, things go off on temperature. You cannot
20 run a system that's operating a thousand tons when
21 you only need 100 tons of cooling so parts of the
22 system need to shut down and this is done
23 automatically. It's not even done manually, just
24 can't run the same equipment so what we do and what
25 most responsible water treaters do is they make sure
the entire system is running on the days and times

3 when the buy sites go in so they turn the system on
4 maybe from 9 a.m. to 10:30 a.m., make sure the
5 chemical circulates and then they go back down to a
6 dormant situation. That's the best that, you know,
7 anybody can do and it does well. It does work well
8 no doubt.

9 DARYN CLINE: Thank you, good morning
10 Chairman Levine and Cornegy, Jr. and members of the
11 Committees on Health and Housing and Buildings. My
12 name is Daryn Cline. I'm the director of technology
13 and science for the Alliance to Prevent Legionnaires'
14 Disease. I appreciate this opportunity to provide
15 testimony today regarding the four bills. The
16 Alliance is a non-profit public health advocacy group
17 dedicated to reducing the occurrence of Legionnaires'
18 disease. We promote public research, education, best
19 practices for water management and advocating for
20 comprehensive public water supply strategies to
21 combat this preventable disease. I understand that
22 Intros

23 CHAIRPERSON LEVINE: Mr. Cline, I'm so
24 sorry to cut you off. You're doing great. I just
25 know that we have a colleague who has to leave in a

3 minute and just wanted to make, I think a comment
4 very quickly. Please.

5 COUNCIL MEMBER CABRERA: Absolutely, as
6 you know I was here earlier and you asked a really
7 important question to the Department of Health and
8 you've asked our committee to check and my office did
9 and it was in regards to dismissals and the outcome
10 of all the OATH tickets issued as a result of a water
11 tank and the answer we were given was less than
12 correct because the answer that we were given,
13 actually essentially was that we have to check with
14 OATH but the department, my office has confirmed that
15 the Department of Health, as a matter of fact, every
16 agency of the City of New York that writes summonses
17 to OATH gets an automatic feed from OATH every night
18 pending the number of dismissals and penalties
19 involved and those who don't have computer access,
20 they actually get a CD so actually the Department of
21 Health does have the answer and they get it on a
22 daily basis so I just wanted to make that point of
23 correction.

24 CHAIRPERSON LEVINE: Very disappointed
25 that they weren't able to produce those important
numbers. Thank you for clarifying that. We'll have

3 to pursue that. Thank you and sorry Mr. Cline for
4 the interruption, please continue.

5 DARYN CLINE: Sure, so I understand that
6 Intros 1149, 1158 and 1164 aim to increase compliance
7 of Local Law 77 of 2015, however, we remain concerned
8 that due to its very narrow focus, even 100%
9 compliance with the law will not result in reduction
10 of Legionnaires' disease cases in New York City.

11 This fact was made evident in the presentation
12 provided by your former Director of Building, Water
13 Oversight, Dr. Chris Crawford at the Second Committee
14 on Management of Legionella and Water Systems at the
15 National Academy of Sciences in Washington, DC where
16 he provided a presentation that New York City had
17 over 90% compliance with the law but he failed to
18 note that Legionnaires' rates continue to skyrocket.

19 It is anticipated that New York City will have 600
20 cases of Legionnaires' disease this year, well over
21 your average. Clearly, compliance with Law 77 in New
22 York City has not reduced LD cases. However, we do
23 strongly support the direction that Intro 1166 takes
24 by calling on the city and Health and Building
25 Departments to assess all potential determinants of
Legionnaires' disease in the city including potential

3 sources and associated risk factors with a report to
4 the Council and Mayor within one year. Specific to
5 this bill, we have included our recommendations for
6 what such an assessment should include and policy
7 changes that could result in a meaningful impact on
8 LD rates across the city. First, equipment focus
9 requirements will not address New York City's LD
10 issues. Legionnaires' disease has plagued New York
11 City for years and rates continue to climb. Since
12 enactment of Local Law 77 which is exclusively
13 focused on building equipment that uses the publicly
14 supplied water flowing in and throughout their
15 buildings, LD rates are at their highest. Recently
16 several outbreaks have hit the city and dangerous
17 levels of Legionella bacteria have been found at
18 NYCHA operated other buildings across the city. For
19 review, I have a chart which demonstrates year to
20 date the LD rates in New York City. You have that in
21 your folder, as compared to recent years. While the
22 Health Department continues to tout its response
23 efforts, we are seeing the highest rates of LD per
24 capita in the country and New York City. It is
25 expected to reach an all-time high this year. The
Health Department responds to this saying the

3 increased rates are due to increased awareness and
4 diagnosis but LD rates declined in 2016, the year
5 following the outbreak, the largest outbreak in New
6 York City when awareness was high and I have a chart
7 for that as well. You can look at that. Further,
8 national experts agree that there has been and
9 continues to be an actual spike in rates over the
10 last decade likely due to aging infrastructure and
11 aging and more susceptible population and other
12 factors. The overwhelming number of LD cases are
13 sporadic in nature, 96% of cases, in fact, are single
14 or sporadic according to the Federal Center of
15 Disease Control for which epidemiology points to the
16 the drinking water. A recent article in the *New York*
17 *Post* revealed that the DEP is switching water
18 supplies in the Catskills due to work on an aqueduct
19 and the water quality complaints have started to come
20 in. I would venture to say that the cases of LD will
21 see a large spike as well during this water change.
22 It is quite common to see increases in LD rates after
23 major events. According to the CDC, about 35% of all
24 Legionnaires' outbreaks can be attributed to events
25 which take place outside the building including
disruptions due to construction or water main breaks

3 and even excessive rain. Such events disrupt
4 Legionella bacteria that live in biofilm in the
5 piping of public distribution systems pushing a slug
6 of the bacteria into homes and buildings as water
7 enters them for use. Therefore, proper management
8 and monitoring of the water from source to tap is
9 critical to attack a waterborne illness like LD and
10 others. We would note that New York City is one of
11 five localities in the country that has been granted
12 a waiver from filtering its water by the federal EPA.
13 While a filtration plant has been recently installed
14 which filters 20 to 30% of the city's water, the
15 remainder is unfiltered and treated with UV. We
16 believe this should not be an either and or
17 situation, filter all the city water. I recently
18 returned from meetings with city officials in
19 Vancouver, Canada. They use both filtration, UV and
20 high chlorine levels throughout their distribution
21 system. Vancouver is known for the pristine nature
22 of their water and their LD rates are very low. As
23 part of the assessment called for in Intro 1166, we
24 recommend that water source, distribution systems and
25 piping, building management and water using equipment

3 all be studied as potential sources of Legionella
4 bacteria.

5 CHAIRPERSON LEVINE: And Mr. Cline, I'm
6 sorry to jump in only because this testimony is
7 longer than usually public would deliver.

8 DARYN CLINE: Yeah, I wasn't given a time
9 limit so that's fine.

10 CHAIRPERSON LEVINE: And we do have your
11 entire written statement which is going to be entered
12 on the record and the staff and the Chair and I have
13 been reviewing it. I think we get your point which
14 we were happy to hear. I don't think anyone disputes
15 the presence of Legionella in drinking water. I
16 think the Commissioner himself described it as
17 ubiquitous in the environment. That certainly
18 includes the water but he also pointed out that
19 there's a very small number of cases a year in which
20 a person contracts the disease out of the water that
21 we're able to identify. He said the number was eight
22 to ten.

23 DARYN CLINE: CDC says that 96% of the
24 cases are sporadic which most are attributed to the
25 drinking water so I don't know where he gets the data
but CDC

3 CHAIRPERSON LEVINE: Right, but you're
4 not claiming that if someone takes a glass of water
5 and drinks it and gets it. It's a lung disease,
6 right?

7 DARYN CLINE: Talking from showerheads
8 like Ryker's Island. We're talking about NYCHA.
9 There's no cooling tower on that building so it's in
10 the water in these public housing buildings.

11 CHAIRPERSON LEVINE: Right, but so I
12 guess your assertion is that there must be single
13 case situations because if there's two, then it sets
14 off alarms, the Health Department investigates.

15 DARYN CLINE: Right, it's probably more
16 single cases out there.

17 CHAIRPERSON LEVINE: Right

18 DARYN CLINE: Two, only the cluster or
19 the outbreak according to the CDC will bring in and
20 the investigation.

21 CHAIRPERSON LEVINE: And I do think it
22 would be fair to establish the name of your entity
23 The Alliance to Prevent Legionnaires' Disease. I
24 mean, you definitely are not looking to focus on
25 cooling towers, right?

3 DARYN CLINE: We're looking at the whole
4 system so from source to tap, which includes the
5 cooling tower which is not attributed to most of the
6 cases. Most cases are drinking water

7 CHAIRPERSON LEVINE: And can I ask,
8 Mr. Cline, who are the funders of this Alliance?

9 DARYN CLINE: We have several. We have
10 the Allergy and Asthma Institute. We have the
11 Cogency Group which is an environmental testing
12 agency and we also were founded by manufacturers of
13 cooling equipment, experts in the field for years
14 because we've been appointed to so.

15 CHAIRPERSON LEVINE: I understand but I
16 think it's important to know that the cooling tower
17 industry is largely behind this and we don't minimize

18 DARYN CLINE: Fair enough, we're the
19 experts in the field.

20 CHAIRPERSON LEVINE: Fair enough. I
21 appreciate that. I want to acknowledge that we've
22 been joined by another Health Committee member,
23 Dr. Mathieu Eugene. Thank you very much. Okay,
24 we're gonna pass it off to our final witness.

25 LAURA BELT-PONOMAREV: Good morning,
Chairman Cornegy and Chairman Levine and esteemed

3 members of the two committees. My name is Laura
4 Belt-Ponomarev and I am the chair of the Advocacy
5 Committee at BOMA New York, the Building Owners and
6 Managers Association of Greater New York. I thank
7 you for this opportunity to testify on existing
8 cooling tower regulations and on several proposed
9 pieces of legislation regarding cooling towers.
10 First, allow me to give you a little background
11 information on BOMA New York. BOMA New York
12 represents more than 750 property owners, managers
13 and building professionals who own or manage 400
14 million square feet of commercial space in New York
15 City. We are an association within BOMA
16 International, a federation of 90 U. S. associations
17 and 19 international affiliates that own and operate
18 10.5 million square feet of office space in the
19 United States. Back in 2015 after a deadline
20 outbreak of Legionnaires' disease, the City Council
21 passed Local Law 77 in record time and later added
22 Chapter 8 of Title 24 to the rules of the City of New
23 York to implement the bill. All or most of BOMA New
24 York buildings had long treated cooling towers to
25 prevent Legionella and the monitoring and treatment
protocol mandated did not seem significantly

3 different from what we were doing so we were in a
4 good place to comply with the new rule and laws.
5 Nonetheless, implementation and enforcement of the
6 law have been difficult and frustrating, even as
7 we've continued to work closely with our partners at
8 the Department of Health to try to surmount those
9 difficulties. In our view, the primary issues are
10 that enforcement has been inconsistent and inspectors
11 tend to give out a lot of penalties primarily for
12 what we consider small administrative matters. Many
13 violations are in fact incorrect and our members have
14 spent a great deal of time at the ECB getting
15 violations overturned. I should note, however, that
16 it seems and at least anecdotally like the number of
17 violations has dropped as of late. Meanwhile, tests
18 routinely come back as in compliance and even non-
19 detect. In addition, the regulations have led to
20 significantly higher costs for monitoring and testing
21 cooling towers. In general, we have pushed the DOH
22 to focus less on micromanaging every building in the
23 city and instead to work with building sectors most
24 likely to be struggling with Legionella management.
25 In addition, we have asked them to establish a system
for approving Legionella management books that each

3 building has to have so that their certainty about
4 meeting the administrative requirements of the rules
5 and/or to move to a performance based approach
6 whereby good test results indicate that proper
7 management practices are in place and lengthy
8 inspections are not necessary. Neither of these
9 approaches have yet been adopted but we continue to
10 have productive talks with the Department of Health
11 about these and other matters. As for the specific
12 laws under consideration, they tend to move in the
13 direction of greater administrative burdens for both
14 buildings and the city with no clear evidence that
15 they will actually protect health. Regarding Intro
16 1149, we are neutral on the provision that the city
17 notify buildings 30 days prior to require 90 day
18 inspections, although it seems like a significant
19 burden that could easily take away from other city
20 efforts and resources. As to filing all 90 day
21 inspection reports within five days of inspection, we
22 are opposed. First, the inspections include
23 Legionella testing take at least 15 days to incubate
24 test sample and generate a test report which the lab
25 then sends to a qualified person. Therefore, five
days is completely unrealistic. In addition,

3 currently only test results that show non-compliance
4 need to be reported to the Department of Health. The
5 test results and reports are extensive and would not
6 be up loadable to the current portal due to their
7 size. These reports and results must be kept on site
8 for at least three years and are available to
9 inspectors. We believe that these current reporting
10 requirements are entirely adequate for protecting
11 human health. Regarding Intro 1164, this bill
12 largely cleans up and updates reporting requirements
13 under Local Law 77 of 2015. It does, however, add
14 the requirement that the results of each 90 day
15 inspection be posted electronically. Again, these
16 reports are extensive and technical and it is not
17 immediately clear how posting every one of them
18 electrically will forward the goal of protecting
19 human health. The vast majority will show compliance
20 with Legionella results and normal functioning
21 cooling towers. Non-compliant tests, mitigation
22 efforts, and mitigation results are already submitted
23 to the Department of Health. Therefore, we oppose
24 this new requirement as unnecessary and burdensome.
25 Once again, thank you for this opportunity to testify
on the oversight of cooling tower regulations and on

3 these proposed laws. I'd be happy to take any
4 questions.

5 CHAIRPERSON CORNEGY: Thank you for your
6 testimony. In your testimony you speak of the recent
7 decrease in fines. Earlier, Department of Health
8 testified that that was directly attributed to the
9 period of compliance and people getting to know the
10 law and now complying. Do you agree with that or is
11 there another way you'd attribute the decrease?

12 LAURA BELT-PONOMAREV: I think it's a
13 little bit of both. The Department of Health has
14 done a great job, better training some of their
15 inspectors but some of the violations that you're
16 seeing down at OATH, for example. I'm a building
17 owner and I spend half a day at OATH to clear
18 violations that were administrative. They were
19 actually cited for drinking water but this was on a
20 cooling tower violation so some of them are cited
21 incorrectly and then they were dismissed but again,
22 they were administered if they had nothing to do with
23 the safety of public health and I spent half a day
24 down at OATH clearing a violation that really had
25 nothing to do with public safety or health.

3 CHAIRPERSON CORNEGY: So, co-chair, they
4 reported a very high number of fines. What was it,
5 75,000 or something and then when we broke it down,
6 we came to find out that a lot of those, maybe the
7 vast majority was administrative. That's the way I
8 understood the Department of Health's testimony as it
9 related to the fines and fees.

10 CHAIRPERSON LEVINE: We actually had a
11 breakdown that our wonderful staff showed me. I
12 guess only about 4,000 or so are being paid in full
13 every year. A lot of them are dismissed,
14 preponderance, maybe even close to half. I don't
15 know the exact number.

16 LAURA BELT-PONOMAREV: Right and I was
17 here during the Department of Health's testimony and
18 if I scribbled my notes correctly, they said 73,000
19 violations annually, only about 5,000 are public
20 health violations which are 6%. These two laws,
21 these local laws that you are proposing are
22 additional administrative burdens on building owners
23 and managers. It is additional time that we spend
24 out of our buildings protecting our tenants on a
25 variety of different issues that come across and just
add more administrative work and do not protect

3 public health which is the purpose of these laws so
4 that's why we are commenting just on these two
5 because we oppose this additional administrative
6 burden not to mention when we go to OATH, there is no
7 Department of Health representative there so it's up
8 to the OATH clerk, which is under the jurisdiction of
9 the DOB to be trained on these cooling towers which
10 is not their area. It's the Department of Health's
11 area.

12 CHAIRPERSON CORNEGY: I just want to say,
13 I respect and appreciate that perspective on those.
14 Thank you for your testimony.

15 LAURA BELT-PONOMAREV: Thank you very
16 much.

17 CHAIRPERSON CORNEGY: So we thank you for
18 your testimony. It was quite thorough and adds a lot
19 to the narrative. I hope there's someone from the
20 Department of Health, we know nobody from the
21 Department of Buildings is here, but the Department
22 of Health was here to hear your testimony. If not,
23 it is on the record and I will be able to cite
24 especially from the perspective of small business
25 owners, that perspective.

3 LAURA BELT-PONOMAREV: Thank you very
4 much.

5 CHAIRPERSON CORNEGY: Thank you and this
6 hearing is adjourned. [gavel]

7 CHAIRPERSON CORNEGY: I would like to
8 announce the presence of Council Member Jumaane
9 Williams from Brooklyn.

10 COUNCIL MEMBER JUMAANE WILLIAMS: Thank
11 you very much and I just want to ask to be added on
12 to all the bills. Thank you very much.

13 CHAIRPERSON CORNEGY: Thank you. This
14 hearing is once again concluded. [gavel]

15
16
17
18
19
20
21
22
23
24
25

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 November 12, 2018