



Testimony

of

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New York City Department of Health and Mental Hygiene

before the

New York City Council Committee on Health

on

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

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Good morning, Speaker Menin, Chair Schulman, and members of the Committee. I am Dr. Alister Martin, Commissioner of the New York City Department of Health and Mental Hygiene. I am joined today by Deputy Commissioner of Environmental Health Corinne Schiff and Deputy Commissioner of Disease Control Dr. Andrea Howard. Thank you for the opportunity to testify today on the Department's response to a Legionnaires' disease cluster on the Upper East Side.

In connection with the cluster this summer, 11 people died. My deepest condolences are with the families and friends of the people we lost. We do not take any loss of life lightly, and one of the priorities for today's hearing is to honor their lives. I am grateful for the opportunity to outline the City's response to the Legionnaires' cluster with that in mind.

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

Especially in the summer months, when we experience higher temperatures, *Legionella* bacteria can grow easily in cooling towers often located on top of buildings. With climate change, New York City is experiencing longer, hotter summers and more frequent and intense heat waves every year—and that increases the risk of *Legionella* growth in cooling towers.

It's important to note that cooling towers are separate from indoor plumbing and potable water. Cooling towers are mostly used to remove heat from buildings and cool equipment. While the towers operate, they release mist into the open air outside. If the cooling tower is contaminated, that mist may carry *Legionella* bacteria. All of the evidence indicates that is what happened this summer.

As part of the Upper East Side cluster, 94 people were diagnosed with Legionnaires' disease, and tragically, 11 people died. At the Health Department, we do everything we can to prevent Legionnaires' disease clusters from happening in the first place—and to respond urgently when they do.

That is exactly what we did. On the afternoon of July 2nd, our waterborne disease surveillance experts—who monitor our data every day—identified a potential cluster of Legionnaires' disease cases, even before our sophisticated surveillance analytics tools showed a signal. This allowed us to quickly mobilize our team at the earliest possible moment. Our team's decision is a credit to their years of experience and expertise. Their quick thinking and ingenuity likely saved lives.

Over the historically hot Fourth of July weekend, we mobilized to start testing all 183 cooling towers in 3 ZIP codes for *Legionella* bacteria. Our team of water ecologists recently expanded to 56 budgeted positions, including 23 new hires authorized in November of 2025. In total, 55 members across our Environmental Health division supported the response, including the effort to collect samples from each cooling tower and take them back to the lab.

There, we immediately began a two-pronged testing process. Every sample was subject to PCR tests, which yield results quickly to determine whether *Legionella* bacteria are present. Crucially, these tests cannot determine if the bacteria are dead or alive, and only living bacteria can make people sick.

We also began the culture testing process, which is the gold standard in detecting live *Legionella* bacteria. These tests more precisely detect the presence of the type of live *Legionella* bacteria that can cause illness—but they take up to two weeks to produce results.

We did not wait two weeks to act. For each of the 83 preliminary PCR tests that came back positive, we ordered building owners to fully drain, clean, and disinfect their cooling towers, and all of them complied.

That is a more aggressive strategy than our City has ever taken. Cooling tower cleaning and disinfecting effectively eliminates *Legionella* bacteria, but cleaning without testing first poses its own set of risks. That's why we did not recommend blanket biocide for every cooling tower in the investigation area.

The frequent and aggressive use of biocide can corrode cooling tower systems and strip protective materials, ultimately making way for more *Legionella* growth. The CDC recommends a balance of strategic testing and remediation rather than blanket treatments. This summer, we struck that balance.

The data indicates any source of bacteria causing this cluster was likely eliminated within a week of launching the investigation. Over 90% of people in this cluster developed symptoms before July 7th. That was just five days after the Health Department launched its investigation. Symptoms typically appear two to ten days after exposure and can take up to two weeks. That means the majority of people who got sick were likely exposed in the week or two before we discovered the cluster.

As soon as we learned about a possible cluster, we took action. While our team of epidemiologists, microbiologists, and water ecologists worked long hours to pinpoint and contain this cluster, we were also working to keep the public informed. My team and I were in close communication with our colleagues across city government, including members of this Council, our partners at City Hall, and the mayor directly.

We also worked collaboratively with community partners and health care providers, who have longstanding relationships on the Upper East Side and are well-suited to be trusted messengers in moments of crisis. Above all, we spoke directly to the public, and to New Yorkers who live and work on the Upper East Side in particular.

Starting the Friday of the holiday weekend, we canvassed neighborhoods in the investigation area. There, we handed out flyers and answered questions. I joined my team on the streets of the Upper East Side to speak directly with New Yorkers.

We worked closely with members of the press to make sure New Yorkers were hearing the most

up-to-date information from me across all platforms: on TV news, in the headlines, and on the radio. We placed ads on LinkNYC boards and on radio stations, and pushed alerts to New Yorkers' devices through Notify NYC in collaboration with our partners at New York City Emergency Management.

At every stage of the investigation process, we were direct and transparent. In total, more than 260 Health Department staff members supported the response. That includes scientists who interviewed and reviewed records for more than 150 potential cases, collected samples from more than 180 cooling towers, and performed more than 360 different tests on the samples.

In addition, our community health workers and communications specialists distributed over 6,000 informational flyers and palm cards in three languages; hosted a webinar for healthcare providers; held multiple public briefings and town halls, which had approximately 2,000 attendees across all events; issued nine public updates; and provided daily updates on nyc.gov/legionnaires and on social media, which received more than 2 million impressions.

At the Health Department, our work to try to prevent clusters like these from happening is about oversight. Ultimately, it is up to individual building owners to comply with the legislation this Council creates. To enforce those laws, we create targeted regulations and educate, train, and provide guidance to building owners with cooling towers. We conduct inspections to promote compliance and mitigate risk. When owners are not meeting their obligations, we hold them accountable.

The owners of buildings that house the more than 5,000 cooling towers in our city are responsible for monitoring, maintaining, and remediating building equipment when necessary to reduce the risk that *Legionella* bacteria will grow.

Over the past decade, New York City has stood up and enforced the most comprehensive cooling tower program in the United States. I am grateful to Chair Schulman and the members of this Council for the collaborative effort to create Legionnaires' risk-mitigation laws that serve as a model for the world.

That legislative process began in earnest during the 2015 cluster in the South Bronx which sickened 138 people and killed 16. After subsequent clusters—including the one in Central Harlem last summer—City Council has repeatedly amended and tightened those regulations. The latest revision of our oversight program is a Local Law that took effect on May 8th of this year.

The central change of the Local Law was to increase the frequency of legally-mandated *Legionella* tests of cooling towers that owners must conduct from once every 90 days to once every 31 days. While the law did not take effect until May, we began preparing for that new requirement to take effect in the winter of 2025. That included updating our online guidance materials for cooling tower compliance; contacting owners of thousands of registered cooling towers to inform and later remind them of the coming changes; issuing a press release when the new regulations took effect; providing individualized phone consultations; reviewing the upcoming requirement at inspections; and holding three training sessions on testing practices.

The new requirements were just under two months old when we began our Upper East Side investigation this summer. In this instance, one of our most effective enforcement tools was public pressure and transparency.

This summer, for the first time, our agency published the addresses of buildings that had a cooling tower test positive on PCR tests. When culture test results became available, we published those addresses as well.

On July 10th, we released the first list of PCR-positive addresses. At that point, 74% of the Upper East Side towers our inspectors visited were meeting the new monthly testing requirement. Two weeks later, it was 97%. That unprecedented level of transparency pushed building owners into action. Citywide, compliance rose from 77% before the cluster to 81% by late August.

To contextualize those numbers, I want to clarify that the percentage of noncompliant cooling tower operators can be artificially high. That number includes all cooling tower operators who are not submitting documentation of taking the sample, even if the cooling tower is not currently running or if building owners are testing but fail to document it.

We recognize that there is always something to learn from each cluster. This summer is no exception, and we are advancing five new measures I will address shortly.

That said, our staff have conducted more inspections than this time last year, and we are grateful for the additional funding to expand our team of water ecologists. Our water ecologist team has grown to 56 budgeted positions, including 23 new positions funded in November of 2025. The majority of those positions are filled today, and we are actively recruiting for the remaining six positions.

This process takes time. These are highly specialized roles, and candidates must have specific credentials to comply with civil service requirements. If the Council can help us reach qualified candidates to fill the handful of remaining water ecologist positions through your district networks, we would welcome it.

They are the foot soldiers of this process, and I have spoken with many of them directly this summer—some of those conversations happened at rooftop inspections across the city. They are doing incredible work to ensure that building owners stay vigilant about *Legionella* growth. I am very grateful for their work and that of the entire Health Department team this summer.

While my testimony thus far has outlined our response in the past tense, there is still one outstanding step in our accountability process. On July 31st, we were confident any bacterial source had been eliminated. Two weeks—the incubation period for Legionnaires' disease—had passed since anyone who lives, works, or had visited the area began feeling symptoms. But our work has not yet finished.

We continue with genetic analysis aimed at pinpointing a source of bacteria that actually made people sick. We know that not every cooling tower that harbored *Legionella* bacteria ultimately

caused an infection. To trace the bacteria that may have caused this illness, our Public Health Laboratory experts are comparing the DNA in *Legionella* cultured from patient samples collected by doctors to the DNA in *Legionella* cultured from cooling tower samples collected in the investigation zone. We expect that analysis to be complete this fall. If there are genetic matches, we may have more information on what happened on the Upper East Side to cause this summer's cluster.

Coming out of this cluster, we worked with City Hall to shape a series of new measures to strengthen the City's education, enforcement, and response to *Legionella* bacteria in cooling towers. These new measures include:

1. Identifying potentially unregistered cooling towers by developing synergy between the Health Department and the NYC Department of Buildings in the City's registration and tracking systems.
2. Enhancing public visibility and transparency regarding cooling tower regulations by adding a mapping feature to the NYC Health Department's address-based cooling tower lookup tool.
3. Exploring faster culture testing methods and novel testing approaches to decrease the amount of time it takes to test and confirm positive results.
4. Accelerating enforcement of cooling tower violations by assigning the earliest Office of Administrative Trials and Hearings (OATH) hearing date that rules permit.
5. Convening a scientific advisory panel to evaluate new cooling tower technology and explore alternative cooling systems.

We are committed to delivering all five and look forward to working together across city government to realize them. We did not wait to act on the Upper East Side this summer, and we are not waiting now.

Turning to the legislation under consideration today, we are supportive of some of the Council's proposals, and we have some concerns about other bills.

We support Pre-introduction 2364, which would require the Health and Buildings Departments to collaborate to identify unregistered cooling towers. In the last two cluster investigations, unregistered cooling towers have been discovered at buildings that were under construction or newly constructed. The NYC Health Department and DOB have the capacity to work together to create an efficient way to cross-reference our data between DOB NOW and the NYC Cooling Tower Registration Portal.

That would allow us to identify gaps in registration and reveal when a cooling tower exists but is not registered. This will enhance our City's ability to check compliance with cooling tower regulations, ultimately reducing risks of *Legionella* exposure.

We have concerns with Introductions 181, 999, and 1006.

Introduction 181 would require owners of buildings where one resident has Legionnaires' disease to provide shower hoses and information to tenants within 24 hours of that person having

been diagnosed. There are hundreds of cases of Legionnaires' disease in NYC each year, and our case investigators review every one.

A pattern of cases grouped in space and time suggests that *Legionella* bacteria may be growing in the built environment and we can act to cut it off. Most of the time, our investigators do not observe a pattern and the cases are sporadic. We would not have evidence that there is any heightened Legionnaires' disease risk for tenants and that a shower hose would serve to reduce their risk.

We are also concerned that the bill does not consider the types of plumbing within a building, which could create challenges, potentially including additional expense, to utilizing a hose. We want to be sure that the expense associated with the bill would not be passed on to tenants and aligns with risk. We have suggestions for ways the bill can better target the concerns and look forward to discussing with Council.

Introduction 999 would establish temporary Legionnaires' disease testing sites. Legionnaires' disease is not COVID-19—there is no clinical or public health benefit to pop-up testing sites, and in fact it could lead to inappropriate care. Pop-up clinics are not appropriate for screening and testing for Legionnaires' disease, which requires symptom screening, triage, a physical exam, and diagnostic testing, as necessary, which could include other tests such as chest X-ray and blood tests.

Furthermore, there is no public health benefit to testing people with no symptoms, as Legionnaires' disease is not transmitted person to person. For those with signs and symptoms, they should be tested and cared for by a doctor in a healthcare setting—they should not be waiting for test results to get care and possible treatment.

Introduction 1006 sets cleaning requirements for cooling towers at least three times per year. There are already two required cleanings and a summertime clean and disinfection, and owners are required to clean and disinfect when their monthly *Legionella* sampling results are positive.

As I have outlined, unnecessary cleaning and disinfection using biocide can damage cooling tower system equipment over time by causing corrosion. That can make the systems more conducive to harboring bacteria and harder to clean. The new requirements for monthly *Legionella* sampling are available to validate water treatment in the cooling tower and drive the corrective action requirements to clean and disinfect.

Of the remaining bills, Introductions 1005, 1016, 1017, and Pre-introduction 2422, we are supportive of their intent and have some recommendations to the Council for how to improve the legislative proposals.

Introduction 1005 would require education and outreach about Legionnaires' disease and outbreaks. This bill largely codifies routine, crucial work of the agency. We support the proposal and would want to clarify the language within the bill.

Introduction 1016 establishes a Legionnaires' disease hotline. Our call center agents can answer

inquiries about Legionnaires' disease after 311 routes them to us. We are happy to provide general guidance to New Yorkers—but if individuals have clinical concerns, they should always consult their healthcare provider.

Introduction 1017 requires analyses of cooling towers associated with Legionnaires' disease clusters. We are open to reporting information that could be helpful to the public regarding community clusters of Legionnaires' disease. We look forward to working with the Council regarding the details of the analysis and report.

Lastly, Pre-introduction 2422 would require us to maintain a public database of locations impacted by *Legionella*. As I outlined in the five new measures put forward by the Mamdani Administration, the Health Department will provide a map to supplement our existing address-based online lookup tool for cooling tower inspections. That tool allows any New Yorker to enter an address and see the registered towers at or near it, with each tower's registration status, inspection history, and *Legionella* sampling compliance. The map will show the cooling tower locations, and the look-up tool provides recent inspection results. However, mapping diagnosed cases in building investigations or community clusters of Legionnaires' disease could jeopardize patient confidentiality.

We look forward to discussing all of the legislation further with City Council.

Thank you, Speaker Menin, Chair Schulman, and members of the Committee, for your attention and commitment to this issue. We look forward to working together to further strengthen our City's Legionnaires' disease prevention and response infrastructure.

Before I conclude my testimony today, I would like to direct your attention to the appendix in the printed copies you all have in front of you. I have walked through the major points in our response to the Upper East Side Legionnaires' cluster this July—but this testimony is not a comprehensive report. To that end, we have included a timeline detailing every step in our response, day by day. I hope you will find it a useful record.

Each step we took to cut off any bacterial source was in service of keeping as many New Yorkers out of harm's way as possible.

I want to end today where I began: this hearing is ultimately about honoring the people who died in connection with this summer's cluster. As we continue to discuss the technical details of our interventions, I want to keep their memory at the heart of this work. Thank you and I look forward to your questions.