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NEW YORK, NY 10007

FOR IMMEDIATE RELEASE: August 4, 2015

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RUSH TRANSCRIPT: MAYOR DE BLASIO PROVIDES UPDATE ON LEGIONNAIRES' DISEASE WITH CITY OFFICIALS

Mayor Bill de Blasio: I want to give everyone an update on the recent series of cases of Legionnaires' disease that we've experienced here in the South Bronx, and how the city is addressing the situation now, and how we intend to improve our policies going forward to address what is a growing problem.

First, I want to acknowledge my colleagues who have been acting on this issue. I want to thank them for their work – First Deputy Mayor Tony Shorris; Deputy Mayor Lilliam Barrios-Paoli; OEM Commissioner Joe Esposito; Buildings Commissioner Rick Chandler; CAU Commissioner Marco Carrion. You'll hear in a moment from some of our other colleagues. I also want to thank the elected officials who have joined us – Public Advocate Tish James and Council Member Vanessa Gibson. And I want to thank Frank Prosaic, the president of the Doctor's Council who's here.

Since July 10th – these are updated numbers now – since July 10th, we have 86 cases reported – 86 cases reported – and, sadly, seven deaths. Our hearts go out to everyone who's afflicted, and their families, and particularly the families of those that we've lost. Here at Lincoln Hospital, several individuals with the disease are being treated now. I want to thank all of the hardworking staff here at Lincoln Hospital for all they're doing to support these patients and their families.

Now, I want to remind everyone up front about the realities of Legionnaires' disease. Most importantly – and thank God – it is not a contagious disease. In other words, it cannot be passed from person to person. And there is no risk to our drinking water. There is no risk to our water supply from Legionnaires' disease. Another crucial point – it can be treated. It is treatable with antibiotics. It's crucial that each case be identified early on, and that treatment be reached quickly, and achieved quickly. And obviously, that's particularly true for anyone who may have preexisting conditions or other vulnerabilities. It's crucial that any such individuals get treatment immediately. And we're going to keep emphasizing to all New Yorkers, particularly folks who live here in the South Bronx – if you have symptoms that might be associated with Legionnaires' disease, please seek treatment immediately, whether it's through your own private doctor or through an emergency room like the one here at Lincoln. Symptoms include fever, cough, and shortness of breath.

Now, again, for people who live in the South Bronx, particularly if you have these symptoms, please immediately seek treatment. It is much smarter to not dismiss the symptoms, even if you think it might be something else. Given what we've seen in this community, it makes sense to get treatment right away.

Now, we've been aggressively investigating and testing any and all possible sources of this outbreak. 17 buildings in the cluster area were identified as having cooling towers. And I want to emphasize, we're talking about cooling towers, which is not the same as water towers – the classic water towers that we see on many New York City buildings. Cooling towers are actually pretty advanced cooling systems, more associated with bigger buildings and more modern buildings. So, typically you won't see this on a smaller residential building. That's why of the five buildings, so far, where we found contamination and where we undertook and completed decontamination – all of them were non-residential buildings, and bigger buildings.

So again, five buildings have tested positive for Legionella, and decontamination has been completed at all five sites. So the only five sites that we have evidence of contamination for – one of the sites, here on the roof of Lincoln Hospital – one of the cooling towers here, and again, has been decontaminated.

Now, we passed out a chart – and I think everyone got it. This is something that's important to understand – the peak of this outbreak was on July 30. And we're seeing a reduction over the last few days. We don't have perfect information. And we're still working on a number of fronts to confirm what we're seeing.

But what we do know is this was the clear peak, and the number of cases has been slowly reducing. As I said, since yesterday, five more cases, but it suggests a reduction in the rate of increase – and that is good news.

Secondly, again, the five sites that we have found – at this moment, we are confident, based on the medical and the scientific evidence that we have, that we have identified the only sites that are causing this outbreak. And again, they have all been cleaned.

We need additional information to 100 percent confirm that view. There is testing still going on of the samples taken from those five sites, and that will give us definitive information, but that is still days away. The testing is quite cumbersome, unfortunately. That's the reality scientifically.

And that will not stop us from seeking any and all additional potential sites, inspecting them, and if necessary, of course, decontaminating them. But to date, there are only five sites that have been identified as actually having this problem.

We have been in regular touch with our federal and state colleagues, including the Center for Disease Control, to constantly compare notes, provide information, get additional guidance.

And we're in touch with scientific experts, convening a panel of leading scientists in the next 24 hours to talk about any additional measures that might be taken.

That's where we stand today. And I emphasize – if anyone knows of a cooling tower on a building in the effected area that has not yet been inspected or they think has not yet been inspected, we want that reported immediately. We will inspect it immediately.

We want to make sure our building owners are cooperating with the city. If there's any tower that the city does not have record of that has not yet been inspected, we need to get at that tower immediately – and we will issue clear instructions and orders to all building owners to that effect.

And again, these are not the obvious visible water towers that you see all over town. These are units that can't be so easily seen, and building owners have to help us to know if there's one that has not yet been inspected.

But we now have to not only finish addressing this immediate outbreak, but we have to position ourselves for the future. And we're determined to do everything in our power to minimize the possibility of this ever happening again.

Let's be clear that Legionnaires' has been a persistent health problem for years. The fact is this is a problem all over the country, and a problem that has been slowly but steadily growing all over the country.

And for too long, the risk of Legionnaires' was underestimated. We are going to be very aggressive in dealing with this problem. We do not accept this as an inherent risk that can't be addressed. We believe there are additional actions that we can take as a city to improve the situation for the future.

So later this week, the administration will unveil legislation designed to halt future outbreaks. We'll be working in close partnership with the City Council, and we'll set new inspection standards for buildings with cooling and condensing units. Those, again, are the usual sources of Legionella. If Legionella is detected in any of these

units, immediate action will be required by the building ownership – and there will be clear penalties for failure to comply. And again, in any instance where we find such a site, and the building owners do not act, the city will.

So that legislation will be presented later on this week, and we hope to move speedily to enact it.

A few words in Spanish before you hear from Dr. Bassett and Dr. Raju –

[Mayor de Blasio speaks in Spanish]

With that, I want to introduce our health commissioner who's been working on this literally every day, every hour since the beginning of this outbreak – Dr. Mary Bassett.

[...]

Mayor: So, again, I want to ask our friends in the media – please, a simple message – if anyone has these symptoms, get help immediately. If you're not sure where to go for medical help in the South Bronx, come here to Lincoln Hospital. Everyone will be cared for. No one will be turned away. Let's do questions on this topic first, and then we'll go to others.

Question: [Inaudible] of the five sites – that one of those five is the guilty culprit, if you will – and you're going to eventually find that it is one of those five that is the cause –

Mayor: One or more, potentially – not – not definitively only one.

Question: How did it travel? If I understand the cooling system, how do you think it got from one location to another if it did start with one? And, the other thing is, what's this legislation going to look like? I mean, what is – what are the inspections going to be?

Mayor: Okay, let me – let me start on the first point and then I'll talk about legislation and we'll turn to Dr. Bassett. Five sites identified, inspected, found the presence of Legionella, decontaminated. Based on everything we know so far, the problem comes from one or more of those sites, and only those sites. That is the judgement of our team. And we are hopeful, given the decline we are starting to see in the number of cases, that we found the locations and eliminated them. No one's saying that's the final word, because we need the formal testing back to be 100 percent sure. Again, five sites – it may be only one of them caused the whole problem, it may be more than one – but we have no evidence of it coming from anywhere but these five sites. On the legislation – so, just types of things we're talking about – and, again, we will formally provide this legislation by the end of the week, and act with the City Council to get it passed as quickly as possible. Items will include some form of registering buildings that have these cooling units. So, right now, under city law, if you have one of these buildings – again, typically larger buildings, more modern buildings – you do not have to let the city know that you have one of these units. A lot of things people do they do not inform the city of. Our laws do not require a building owner to tell the Buildings Department, "I have one of these units." It does – law does require building owners to report a number of other things, but not that. For example, fire escapes and, you know, egress. So we want to include in the law that every building owner is responsible for alerting us to the presence of such a unit. Then, there'll be a regular inspection schedule. In the event that Legionella is found in a building, there will be a required process for immediately rectifying the situation – immediately decontaminating. Failure to act will lead to two things: financial penalties and the city will step in and act in lieu of the building owner, and then charge the building owner for any decontamination that has to be done. What we believe will happen – again, this is, you know, you'll see the final wording in the next few days – but what we believe will happen is that building owners will act in good faith. They will register their buildings. They will undertake the inspections. When they find a problem, they will quickly remediate it. But, as Ronald Reagan once said: "Trust but verify." We will maintain our ability to step in and decontaminate for them if we don't see speedy enough action. And, again, there'll be clear financial penalties associated if action is not taken. Do you have anything, Doctor, to add to – ?

Commissioner Mary Bassett, Department of Health and Mental Hygiene: I think you got it.

Mayor: Okay. I'm learning from the Doctor.

Question: You've spoken about how this has been a disease that's been around for some time. Is it – does it pre-date these cooling towers? And is there anything inherent about this technology which may be, sort of, relatively recent – I don't know how recent – that means that it, sort of, could be a growing risk, or changes the way the disease is spread?

Mayor: As I pass to Dr. Bassett – just a reminder – someone can help me here – I remember the first outbreaks that got a lot of public attention, in my memory, is like 1980s. I don't know –

Commissioner Bassett: It was first identified in 1976.

Mayor: Close.

Commissioner Bassett: In Philadelphia.

Mayor: So, why don't you – why don't you give just a moment of history, and then talk about if there is something with new technology –

Commissioner Bassett: Yes.

Mayor: – that's unfortunately [inaudible]...

Commissioner Bassett: So, we believe that this has been something in the environment for a long time, but it was first identified in the mid-1970s – in 1976 – at an American Legion's Convention in Philadelphia, where there were several hundred cases of Legionnaires' disease. At that time, an unknown cause of pneumonia, the bacteria was described, at that time. And it was associated with the air conditioning system. So, you point to the new technology – as the mayor said, this is not technology that generally exists in older buildings. These are central air conditioning, heating, and ventilation systems. With systems that are – sit on the rooftops, they do use water as a cooling system and this is a bacteria that is water-related bacteria. And in summer months, when air conditioning is used a lot, the opportunity for cool water to turn into hot water increases, and when – and that creates a potential setting in which this bacteria can flourish. And many times it's in water, but not in concentrations that would cause human disease. But in these units, they can – if they aren't well maintained or some problem has emerged – they can create a setting in which the bacteria can develop further.

Mayor: Go ahead, Grace.

Question: Is there anything that's sort of inherent to the construction of them that makes them more susceptible to this or is there – I mean, I'm not engineer, but is there –

Commissioner Bassett: I'm not engineer either, but as I understand it, if these –

Mayor: Would you like to make a comment?

Commissioner Bassett: Oh.

Commissioner Rick Chandler, Department of Buildings: I would just add that –

Mayor: Can you introduce yourself?

Commissioner Chandler: I'm Rick Chandler, Commissioner of the Department of Buildings. I would only add that this type of system – when it's transferring the heat, the water becomes aerosolized and that's when it moves away from the building and can be in the air for people to breathe.

Mayor: Okay, [inaudible].

Question: Yeah. Mr. Mayor and Commissioner, the Health Department mentioned to us last night that there was an outbreak of Legionnaires' in Co-op City in January. I was just wondering what actions has the city taken since then to address the crisis and – you know – should these protocols have come sooner or has this already been happening? Can you talk about that, please?

Commissioner Basset: There was at the end of last year a small outbreak – I believe it was eight cases – of Legionnaires' disease identified and associated in Co-op City, but with its cooling tower. We actually, in that case, when the lab tests came through, were able to link the person with the bacteria that grew in the tower water. So there, we were able to establish a link and we definitively can associate it with a cooling tower. We have seen now three outbreaks in which cooling towers were implicated, and we are looking forward eagerly to the legislation which, as you've heard, will be out at the end of the week, so [inaudible] – next step.

Mayor: Yeah, so I think the other part of the answer is – look, I think before, this was seen as a fairly sporadic situation, and unusual. As you heard, the modern history only dates back a few decades, and it seemed to be something that was generally under control. But we now are seeing more consistency, sadly, and we're seeing more impact. So, we are going to change the approach fundamentally. I think if we had just seen an occasional very small, brief outbreak, we might have been able to say, okay, this is something that happens very rarely. But now I think it's quite clear this is something that we have to attack very, very squarely.

Question: Can you go into – as much detail as possible – the timeline of how this happened? Specifically, when was the first case? How did you find out about it, and what did the city do to respond?

Mayor: And you have the chart there, right? That gives you some of it – [inaudible]. Here, I'll give you your copy too.

Question: But, just kind of how that happened. And then –

Mayor: Narrate to them.

Question: How will you know when it's contained, even if you've found the sources? You know, once you breathe it in, how long does it take to develop? And so at what point can you be sure this is contained?

Commissioner Bassett: Thank you for that question. The first thing, to be clear, is that Legionnaires' disease is a common cause of pneumonia. We see 200 or 300 cases every year. We see cases coming from all over the city. But, at the end of July, we began noting a cluster of cases in the South Bronx. When the number of cases begins to be higher than would be expected, we begin our investigations. And our investigation, as you can see on the timeline, was triggered by a cluster of cases identified in July, and began on July 20th. We then begin assembling all of the cases, and we begin looking at the distribution of these cases to try and identify a hypothesis on what likely explains the distribution of cases. What we saw is a dispersal of cases throughout these neighborhoods, consistent with a community exposure – rather than a concentration in a building, which would be consistent with a building exposure. That turned our attention to the cooling towers. We began identifying cooling towers, testing them – and the five that were identified as contaminated with Legionella then were all remediated. The remediation began on July 29th, and has been completed for all five.

Mayor: Let me just jump in for one second – a clarification, and one acknowledgement. So, the fact is we don't have a single residential building where a number of patients have come from. So, again, that's further evidence that it's not concentrated, in terms of its impact, solely in one building. Again, we believe that one or more of these five sources is the totality of the problem. But what would have been a different scenario is, say you had a

bunch of people infected in one building who lived in one building – that’s not what we have here. It’s very much spread out throughout the community. I want to acknowledge and thank Assembly Member Michael Blake, who has been very much a part of our effort to reach out to the community and let people know how important it is to seek treatment immediately. Thank you for your help with this. Okay. Continue.

Question: My question is how do you know you have it contained? Is there like an incubation period after you breathe it in – you know, that people could continue to come down with it even after you’ve cleaned these sites?

Mayor: Again, ten days is the –

Commissioner Bassett: Yes.

Mayor: So, ten days is, from everything we understand scientifically, the maximum incubation period. So the last decontamination was – ?

Commissioner Bassett: Yesterday.

Mayor: Yesterday. So, again, in principle, as long as ten days from – if everything we understand is true – we’ve identified all of the sources. In principle, you still could see new cases as much as ten days from today.

Question: So, Mr. Mayor, is it coincidence that it’s in all five buildings? Or does it jump from one building to another?

Mayor: Well, this is a very – I don’t know what I can say about jumping. I’ll let the experts speak to that. I think it is obviously based on the realities of each cooling system. But what is interesting is there’s no residential buildings among the five. They are all larger buildings and they are all commercial, or in this case, an institutional building. So, the pattern here is quite clear. It’s not on older buildings. It’s buildings that have modern cooling systems. It’s larger buildings, and again, not a single one of them residential.

Question: Do they all have the same cooling system?

Mayor: Excellent question. Do we even know?

Commissioner Bassett: No –

Mayor: Here, jump in. You mean same brand or whatever?

Commissioner Bassett: Yes, no they did not. They did not have all the same machines. There are a variety of different types, but they all use recirculated water to cool.

Mayor: John?

Question: Mr. Mayor, just more on the history and context of this – with seven deaths and 86 confirmed cases – I mean, is this the biggest outbreak New York City has seen? And could you provide – can you or the doctor provide other examples of when we’ve had fatalities? Have we had multiple fatalities before like this?

Commissioner Bassett: This is the largest outbreak of Legionnaires’ disease that we are aware of in New York City. The case fatality rate – rather the – it ranges between five and 10 percent. That means the proportion of people who get this infection which, as you’ve heard, is an infection that occurs in people who have other conditions, who are older, who have other chronic diseases, or have weakened immune systems. And we usually see deaths around five to 10 percent of patients diagnosed with Legionnaires’ disease. The – this is the largest outbreak.

Question: Is there another example where multiple people died in the same outbreak?

Commissioner Bassett: In recent years? I'll have to look at our data and we'd be happy to get back to you with that information.

Question: Words such as remediation and decontamination have been used here. What do you use to clean up something like this? Is it bleach? Is it detergent? How does it work? Power washing? I don't know.

Commissioner Bassett: Yes. The usual is bleach – chlorine. The same as you would use to keep a swimming pool decontaminated.

Question: So, how are people contracting this? Is it coming through ventilation systems in the building? Is it coming off the cooling systems, just into the air outside the building?

Commissioner Bassett: Yes. Yes, and I should answer your question – sometimes we also need mechanical cleaning. There can be, sort of, what we call biofilm, which I think is a fancy word for crud. And that needs to be scrubbed off but these are complex machines and the cleaning is usually with a – what is referred to as a biocide. You asked, how is this spreading and you correctly cited that it is water mist that is emitted from the cooling tower. This is completely separate from the water supply to the building. It's just real estate – that building where the cooling tower sits. And in the process of cooling the building, it emits warm mist that can have bacteria in it.

Question: So it's not within the building?

Commissioner Bassett: It is not within the building. As you've heard, Lincoln Hospital remains the place where most patients, who have become sick and needed hospitalization, have been treated. But not a single person here at Lincoln Hospital acquired infection here. None of its staff have become sick. Inside the buildings is safe. Our understanding of this outbreak is it's due to a community exposure from the water mist on the roof tops.

Mayor: Let me just add to that. So, again, I think for all of us – the original confusion about water tanks versus cooling towers. The cooling tower is – you've seen these big HVAC systems – it's like a big mechanical unit that's bringing in air and sending it back out. So what comes out is the mist, and that mist spreads. But as we discussed at one of the previous gatherings, it does not have a long existence out in the air. It doesn't, you know, stay out there forever. It gets blown by the wind and dispersed. So the immediate impact comes out of – think of the mist coming out of the cooling tower, spraying the immediate area, but for a limited period of time. Again, not through the water itself, through that mist that comes out in the heating process.

Question: Is there any sort of current regiment to inspect [inaudible] and can you tell us any personal details about the people who have died so far? Their ages?

Mayor: I'll let the commissioner talk about what we – or Dr. Raju – either of them will talk about what we can and cannot say about the individual patients. Again, water supply – entirely safe. There is nothing we're seeing here that has anything to do with the water supply. In terms of inspections, every building that has been reported to us in the impacted areas – so essentially there's a circle around where these cases are. We have a wide geographical area in the South Bronx. We're looking at anyone where we know of a cooling tower. We've gone in and inspected. Again, five have been found to have a problem. The others have not. Just hold on. We don't have – what we need and what the legislation will achieve is literally, a complete registry of every single building that has it. That does not exist as a matter of law right now. So what we are doing now is we are talking to building owners. We're talking to community residents. Any building identified as having a cooling tower, we will literally immediately inspect. And we will go in and find out very quickly if there's a challenge or not. But from everything we know, it's those five sources.

Question: So it's not something that you were regularly testing for?

Mayor: It's literally not part of city law. And previously, as I've said, it was nothing something that was indicated as a health problem that required such a registry. But we've come to the conclusion now that there must be a registry, there must be regular inspections, there must be consequences. On the other question about patients – again, you guys say what you can and can't say.

Dr. Ramanathan Raju, President and CEO of Health and Hospitals Corporation: You know, patient privacy does not allow us to talk [inaudible] patients. But as we indicated, the people who died have significant medical [inaudible] conditions.

Mayor: Okay, who hasn't gotten shot back there?

Questions: Monday – rather Sunday, the number of cases was 65. Yesterday – 80. Now, it's 86. So it's clear it's an airborne disease from what I'm hearing. Concourse Village is two blocks from the courthouse, so I understand the borough president's concerns. Yankee Stadium is four blocks away. Tonight is a Yankee game. Can you assure the fans that are attending the game tonight that the air is clean? Were air tests done? And what is the environmental –

Mayor: Based on everything we have, all the information we have, everything we know – it's safe.

Question: You tested 17 water coolers – cooling towers. Are there going to – there are possibly more in the neighborhood? Is that correct? You are saying you're not necessarily aware of –

Mayor: Every one that has been identified to us within the impacted area we have identified – we've gone and inspected.

Question: [Inaudible]

Mayor: We're – no, absolutely. And again, it's chicken and egg. If a law had existed previously requiring everyone to report their cooling towers, we could give you a more definitive answer. We will now have that law very quickly. But that – we do believe, because it is only certain types of buildings – again, generally speaking, not residential, certainly not older buildings – that we have isolated where the problem is. But if anyone identifies to us a building that has not yet inspected, it will be inspected today. Who hasn't gotten a shot? Go ahead.

Question: Has more than one strain been identified and would more than one strain complicate matters, if so, how would that work?

Commissioner Bassett: The tests that we've done is for legionnaire pneumophila, which is a human pathogen type, it is the type that we would expect to see. We have to await the culture results to identify the specific strain, so that information still to come.

Question: I believe that residents raised this concern last night at the town hall, but the South Bronx has a higher rate of asthma sufferers, does that make the population more susceptible to Legionnaires'? I mean, is it limited only to older adults, or maybe children are at risk as well because of asthma?

Commissioner Bassett: That's a really good question and as Dr. Raju and the mayor have both said, the people with underlying illnesses – including chronic lung disease, which can be asthma, can be emphysema or chronic bronchitis – are people who are more at risk. So, there is a higher underlying disease burden in the South Bronx, which, as I'm sure you all know, is the poorest county in the continental United States.

Mayor: And, as Public Advocate James just reminded us, folks with HIV and AIDS are also obviously at particular risk. So, sadly this is a disease that does discriminate. If people are older and they have serious underlying medical conditions, they are in greater danger, and those are the folks especially who need to come in immediately if they have any of these symptoms.

Question: How exactly do you identify the first building, and this is kind of – I don't know – a silly question or not, but why the Bronx? Why did it happen here and not in Manhattan, or Brooklyn?

Mayor: I'll start and pass to Dr. Bassett. We've seen much more minor outbreaks in other parts of the city, in other parts of the country. Why this particular concentration? We do not yet know. Again, this may be one site. It is a distinct possibility it's only one site, but one site that had a particularly big impact. What was the first part of the question? I'm sorry.

Question: How do you identify the first building? Was it a phone call or –

Mayor: First building.

Question: – or was it what?

Commissioner Bassett: We set out to identify all of the cooling towers we could in the neighborhood. As you've heard from all of us, there was no registry that existed, so we used a variety of means – lists, aerial photographs – and then sent staff out to the buildings to see. Out of the 22 buildings that we thought might have cooling towers, we, in fact, identified 17. And –

Question: And with the people who are coming into the hospital with the symptoms –

Commissioner Bassett: Oh, you're asking how we identified the very first case. We – Legionnaires' is a reportable disease. We receive case reports on – at the health department. We receive between 200 and 300 reports a year – all over our city there are people being diagnosed with Legionnaires' Disease. The way we identify outbreaks is when the number of case reports begins to exceed what we would expect. When we have more than two cases in a building, for example, that triggers an investigation to look at the water supply.

Mayor: And just remember, this is – and you'll correct me if I say anything medically imperfect – this is a type of pneumonia. Fair statement?

Commissioner Bassett: Absolutely.

Mayor: Okay. This is a type of pneumonia. If – and I want to say this to put in perspective what we're all learning right now – there are cases of pneumonia every year in New York City. The difference, as Dr. Bassett just indicated, is when you see a concentration. We had not seen a concentration like this before. This is now, I think, changing the rules of the game. But as with other forms of pneumonia, we're never shocked that we would see that in any neighborhood. We just don't see it concentrated or linked together the way we're seeing it here.

Erin.

Question: I think you mentioned this in passing, but have you been in touch with the CDC to ask for assistance on this? And if so, what role are they playing?

Mayor: We've been in touch with the CDC and we've been in touch with the state. And whoever wants to – doctor, do you want to talk about – ?

Commissioner Bassett: Yes. And – what you should know – that we have an extraordinarily strong infectious disease group here in New York City, which includes people who are assigned to us by the CDC. From the beginning, we've been in conversations with their Legionnaires' experts. Last night I actually had a conversation with the CDC director, Tom Frieden. We've been talking with them about whole ranges of issues, including strategies for diagnosis, talking with them about our analysis of the – the – the potential ways of

spread, but we have not requested them. We are confident that we have identified the sources of this outbreak and that they have been remediated.

Question: I'm sorry – have not requested –

Commissioner Bassett: We have not requested that the CDC send a team, but we've been in consultation with them up to the level of the director.

Mayor: In the orange shirt.

Question: Yes, Mr. Mayor, I just want to know, as I hear you describe, until now there hasn't been any legislation that [inaudible] cooling tower [inaudible]. And it appears to be that there's a lack of hygiene or something going on there. How soon will this legislation be implemented [inaudible]?

Mayor: Previously – and I think this is the consensus of everyone I've talked to who are experts in this field – there wasn't an identified pattern that suggested these cooling towers were a problem. Now we have a pattern. So that's why we need legislation immediately and we're certainly going to have formal legislation ready this week – and we're going to work with the City Council – I'd like to see it passed as quickly as possible. That's obviously up to the City Council, but I'd like to see it passed as quickly as possible.

Farther back.

Question: It sounds like the drinking water isn't a problem, but this water is. So I was wondering if –

Mayor: When you say this water, let's make sure –

Question: [inaudible]

Mayor: The mist.

Question: Recycled through [inaudible] –

Mayor: Right. The mist, right.

Question: So I'm wondering if there's any move to create a new cooling tower now that can kind of like throws it through a Brita or something like that and cleans it out before it [inaudible] –

[Laughter]

Mayor: I don't know if you want to – if you have a sense of that –

Unknown: We do have a committee that evaluates new technologies, but that's not one of them. I would say that this type of system that transfers the heat from the water is something that is not used as frequently, but we'll investigate. With the new effort on sustainable design and the effort to reduce our carbon footprint, these types of cooling systems are installed less frequently. So we'll have more on that later, though.

Mayor: And again, to date, they have not caused any appreciable problem. So this is going to cause us all to reevaluate.

Question: Any special precautions for buildings such as hospitals, where you have more vulnerable populations? And the second question is, Quebec had a huge outbreak of Legionnaires' and they passed very strong legislation. So are you saying that the city wasn't aware of this? Because Quebec, Australia, New Zealand – other places already have very strong –

Mayor: I think in the context of New York City – and obviously we care very much about what’s happening in other places in the world and we always try and learn from them – but in the context of this city, we had not had this problem in any appreciable level. Now that we’re seeing a pattern, it’s obviously something we’re going to act on very aggressively.

Question: What about the first part of the question?

Mayor: I’m sorry –

Question: – about special inspections for buildings where vulnerable populations exist, like hospitals and senior buildings?

Dr. Raju: All the hospitals, as a part of keeping their certificate, need to clean and disinfect every six months. That is the guidelines given by OSHA, and we follow them – and it was followed at Lincoln Hospital. That’s a part of the requirements to run a hospital.

Question: So –

Mayor: Yeah – and just to – before – I don’t know if you want to add on the hospital question. The other, I just confirmed with Dr. Bassett – CDC has not provided guidance previously suggesting the need for such legislation. So, again, I can’t comment on what’s happening in the other countries, but I can say our national government has not suggested to localities to implement such legislation. Based on what we’re seeing here, we will move ahead independently and do that.

Question: Mayor, I believe earlier you said that there’s a panel of scientists that are meeting within the next 24 hours to come up with next steps. Is that – is that the idea? Who are the scientists? And have they convened already? And –

Mayor: We’ve gathered them together before – some of the leading institutions in this city have some of the greatest epidemiologists anywhere in the country. So we’re going to use them as a council of wise people to help us think if there’s any other measures we should be taking now and obviously going forward.

Question: So are these – are these – is this a group of individuals that have come together regularly in the past or this is a –

Mayor: As needed. No, as needed. But it’s an identified group of, you know, experts in the field who, thank God, work here in New York City and are available to us, so we’re convening them.

Question: Mr. Mayor or Commissioner Bassett, I know that somebody asked something similar, but I’m trying to really get – I’m trying to understand. Even if we have Legionnaires’ cases across the city, and a cluster is unusual in this case, is there any part of the investigation team that’s looking into why the cluster happened in the South Bronx?

Commissioner Bassett: Yeah – that – that’s exactly – that’s a very important question, and obviously it’s something that we are thinking about night and day. People have asked why the South Bronx? Why so large? And we are still having to wait for some information to sort of nail down the causal links. We have hypotheses, but we need more information. All the information that we have suggests that we have an outbreak that is based on the cooling towers. They’ve been found, they’ve been disinfected, but that doesn’t answer the question that you asked. Why here? Why the South Bronx? We have to wait for more information to be able to answer that more fully.

Mayor: I would say two other quick things. One, there is the possibility – and I’m only saying possibility – that given the health vulnerabilities of the community that that added to the impact, but that still doesn’t explain the totality of the numbers. So it’s going to be, I think, based on what we know of the testing process, a couple of

weeks before we have all the answers. But two, as you heard Dr. Bassett give us the history, this first came to national prominence in the 1970s, but there hasn't been a consistent pattern since then. We all know of public health challenges that became a part of our landscape, if you will – became a part of our language, became a part of our everyday life, and we were addressed very consistently all over the country. This one has sadly been kind of on-again-off-again and uneven in how it's played out, to the point that here in this city, there were occasional cases, but they were still very rare – and certainly not clustered. So we're in a new reality here in terms of this disease in this city, but I don't think we have a national pattern or something to draw on to answer your core question – why would it appear in such a concentrated fashion in a particular neighborhood?

Question: Mr. Mayor, your office said last night that these three additional deaths that brought the total to seven had occurred in the days prior but hadn't been reported initially to the health department. Do you have any sense of what's responsible [inaudible]?

Mayor: I'll pass to Dr. Bassett. Yeah, I want to be clear about the phrasing there. It's not that they weren't reported as deaths. It's that, again, in every case – and I say this sadly because it – you know, every death is a death we want to do all we can to avoid – but we had in each and every case folks who had very serious health problems already, and this obviously added to their burden, which also means that at the time they passed away, there was some question as to what the cause was since they had preexisting conditions. In several instances, it was determined upon further research to be Legionnaires'.

Question: Last night, Dr. Bassett said these cooling towers should be cleaned every month. Is that going to be part of the legislation? And when was the last time the Lincoln Tower was cleaned?

Mayor: Well, on the first question, we're formulating legislation. It'll be out this week and it will speak to both the cleaning process and the inspection process and the consequences. So when we have the final wording and the final timelines that'll be part of the legislation, you'll hear later this week.

Question: [inaudible] cooling tower [inaudible]?

Mayor: Either one of you?

Commissioner Bassett: Either one of us can answer that.

Mayor: Go ahead.

Commissioner Bassett: The last time it was cleaned and disinfected was in March 15.

Mayor: Okay. Yeah.

Question: So how does this virus or bacteria get there in the first place? How does it form?

Mayor: Inquiring minds want to know. Okay.

Commissioner Bassett: This is a bacteria that exists widely in our environment. It's associated with water. It's found in ponds. Most of the time, it's not in concentrations that are high enough to cause human disease. So we have a situation where – where it gets into a system that can amplify it. Effectively, that's what you've heard. So this is something most of the 200, 300 cases that we see every year, we don't know where people found it. This is a very common cause of pneumonia. In some accountings, it's the third leading cause of pneumonia in the United States. So, often, we just don't know any more than we can tell you where someone got pneumococcal pneumonia.

Unknown: Just a couple of more questions on topic.

Mayor: Hold on one second. [inaudible]

Question: I just want to know – how – do we know how frequently it’s recommended to clean the cooling tower?

Mayor: Yeah, hold on one second. I just want to let Ram start. [inaudible] one second. We’re going to have Ram start on this one.

Dr. Raju: The OSHA guidelines, which – which is for the hospitals – we need to clean it every six months. It has to be inspected, cleaned, disinfected every six months. And Lincoln has done that religiously since the day it started.

Question: [inaudible] recommendation?

Mayor: Okay, hold on one second. My friend from the Bronx publication, okay – with all due respect, I just checked with my colleagues, Dr. Bassett did not say they need to be cleaned every month. And the colleagues from the elected officials who were there did not hear it either, so let’s be clear. In the legislation, we’ll put forward what the standard should be – just want to be clear about that.

Go ahead, in the orange shirt.

Question: My name is Isolde, by the way, Mr. Mayor.

Mayor: Isolde – how are you?

Question: Yes, very good. I just wanted to know – that recommendation, when the doctors said that is for hospitals is every six month. Do we know what would be – what is the recommendation actually for all the buildings?

Mayor: That’s what’s going to be in the legislation. That will be made clear in the course of this week. The legislation will speak to how frequently there should be inspection, how frequently there should be cleaning. Okay. Last call on this issue. On this issue – going once, twice, thrice.

Question: Off-topic, Mr. Mayor. Off-topic – back in June, you said that the – the actions of the Dominican Republic government regarding immigration policy were racist and illegal. Since then, the Consul General of the Dominican Republic in New York has asked for you to apologize. Public elected officials in the city, some of them who were standing with you at that press conference, said that maybe you didn’t have all the information. And now you do have all the information, and they wouldn’t go that far to qualify those actions as racist. Are you thinking about apologizing? Are you meeting with Dominican elected officials or Dominican government officials about [inaudible]?

Mayor: My staff has –

Question: Are you marching on the parade [inaudible]?

Mayor: Of course I’m marching in the parade. My staff has – and I had the honor of marching in the Bronx Dominican parade last week – my staff’s been in regular contact with Dominican American leaders and elected officials. We are in contact with the Dominican government. And we hope that that situation is improving, but if that situation is improving in the Dominican Republic, it’s because there was a public outcry. And I’m very comfortable with the fact that that had to be called out. Thank you. Ma’am.

Question: Mr. Mayor, the murder rate has gone up 10 percent year-to-year, according to the latest figures that came out from the NYPD. Some people look at the increased murder rate, the increased homeless as signs that the city is going downhill. What would you say to some who believe that the city is going downhill?

Mayor: I would say look at the facts and stop the hysteria. At this point, overall crime is down approximately 6 percent from last year. I'm going to keep saying it as many times as you guys want to hear it – last year was a record low year for crime in New York City, thanks to the leadership of the NYPD, including of course Commissioner Bratton; thanks to the men and women of the NYPD. We had a record low year for crime overall. We had the lowest number of murders in half a century. Now, I understand the concept in this city – what've you done for me lately? But let's try to be a little factual here. So at this moment, crime is down almost 6 percent compared to last year, which was a record year. A number of you very fairly asked me for weeks and weeks about the shooting problem – perfectly appropriate thing to press me on. I will remind you – and I think I have some videotape – that I said I had faith the NYPD would turn it around. Lo and behold, over the last few days, we are now ahead of last year's situation. We have fewer shootings year-to-date at this very moment than we had last year. We do – did have an uptick in murders – there's no question about it. I believe we're going to turn that around too. The NYPD is doing an extraordinary job. And when you say an increase in percentage terms, I remind you that is based on the lowest year we have had in half a century. So a small number of additional murders looms large percentage-wise. That doesn't make any single murder acceptable. We fight every day to stop every single crime. But we've got to put this in perspective. What's working? Summer All Out is working. In the areas where we've applied the additional officers, it's having a very big effect. The new technology is working more and more. The new training is working. And as you know, additional officers are on their way. So I have absolute faith in the NYPD – they're handling this situation well. Every one of these shootings, every one of these murders is reported directly to me. I feel them very personally. I always want to know how we can stop them. And one thing we've talked about before and we know is true – there is a problem related to gangs and crews – the shooting the other day, another example – retaliatory shooting. That is where we are putting increasing focus – and I believe we will be increasingly effective at addressing this. As to the situation with homelessness, again, we have a count we did in the winter – we do it every winter. The numbers have not appreciably increased. What we have to do better is deal with the mental health issue, which we're going to do, and you're going to hear a major announcement on that tomorrow. And we continue to vigorously enforce the law. So any individual who's homeless and breaks the law will find themselves subject to enforcement. And sadly, for a lot of those folks, it's because of an underlying mental health problem that they're even homeless to begin with – and we've got to get to the root of that problem – and we will. Tomorrow's announcement will start to fill in one piece of the equation. A much bigger announcement will come in the next few weeks about the overhaul of our mental health system in the city, and that is when you're going to start to see some very big changes that will affect homelessness, among other issues.

Question: A gay Staten Island man is claiming – and suing the city as well as the officers involved – that four NYPD officers dragged him from his home after receiving a 9-1-1 call and beat him while saying homophobic slurs. So I wanted to get your reaction to this and what you think might be the issue with the department in terms of kind of bridging that divide? I know a lot of the training is focused on trying to make officers a little more, you know, friendly with the community, but when there's inherent bias, how do you deal with that?

Mayor: Couple of points – obviously, the case is under investigation. So I can't comment on the specifics until we've completed the investigation. I can say it deeply concerns me to hear any report of prejudice or bias by any public official, obviously especially by a police officer. We take this very, very seriously. The fact is that the training that Commissioner Bratton organized goes right at this issue. It talks about inherent biases we all have and how to address them. And I think it's going to be a very crucial tool in helping to make sure that none of our officers display any bias towards the people they're supposed to serve. I think it obviously sends a horrible message when that happens. Further, the commissioner made very clear last year that he will not accept prejudice in any form on the force. He will not accept racism. He will not accept homophobia. He said that very bluntly, very clearly. And there are measures to deal with officers who have those elements to them and are not able to deal with them. So I think you'll see consistent follow-through on this issue.

Unknown: Last question.

Question: Mayor, you're going to be speaking at the Financial Control Board meeting this afternoon. It's at the governor's office. Do you plan to see him when you're there? And have you spoken to him at all about the city's financial plans and/or the Legionnaires' Disease outbreak?

Mayor: Do not have a specific plan to see him. As I said, we spoke ten days ago or whatever it was. And we've not spoken about Legionnaires' but our two staffs have been in touch. Thank you.

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