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**Testimony of David Ureña before the Committee on Housing and Buildings of the  
New York City Council on behalf of Harvey Epstein of the Community  
Development Project of the Urban Justice Center**

**June 16, 2010**

Good morning. Thank you for allowing me the opportunity to speak today. My name is David Ureña, a legal intern speaking on behalf of Harvey Epstein, Project Director of the Community Development Project at the Urban Justice Center.

The Urban Justice Center serves New York City's most vulnerable residents through a combination of direct legal service, systemic advocacy, community education and political organizing. The Community Development Project (CDP) of the Urban Justice Center formed to provide legal, technical, research and policy assistance to grassroots community groups engaged in a wide range of community development efforts throughout New York City. Our work is informed by the belief that real and lasting change in low-income, urban neighborhoods is often rooted in the empowerment of grassroots, community institutions.

I am here today to urge you to support proposed legislation Int. No. 224, the passage of which be a first step in the right direction in creating healthy homes for hundreds of thousands of New York City tenants whose health is jeopardized by indoor molds and pests.

Asthma is widespread among New York City residents. In 2003, about 700,000 adults<sup>1</sup> and 320,000 children in New York City had been diagnosed with asthma at some point in their lives.<sup>2</sup> Asthma-related hospitalization rates for New Yorkers outpace those of other New York State residents, and even the rest of the United States. Between 2005 to 2007, New York City as a whole had asthma-related emergency room visit rates 2.5 times higher than the rest of New York State,<sup>3</sup> the age-adjusted mortality rate for individuals

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<sup>1</sup> Karpati AM, Matte T, Kass D, Garg R, Mostashari F, Thorpe L, Frieden TR. *Asthma Can be Controlled*. NYC Vital Signs (2003).

<sup>2</sup> Schwarz AG, McVeigh KH, Matte T, Goodman A, Kass D & Kerker B., *Childhood Asthma in New York City*. NYC Vital Signs (2008).

<sup>3</sup> New York State Asthma Surveillance Summary Report (2009).

with asthma was more than double in New York City compared to the rest of the State;<sup>4</sup> the Bronx retained its status as having the highest asthma-related emergency room visits in the State;<sup>5</sup> and, in 2000 the asthma-related hospitalization rates for New York City children aged 0-14 was almost double the rates for the entire United States.<sup>6</sup> Low-income and minority New York City tenants are disproportionately affected by asthma.<sup>7</sup> This is due in part to higher levels of exposure to indoor environmental allergens which trigger asthma symptoms.<sup>8</sup>

Asthma is an inflammatory disease of the lungs which when triggered by indoor allergens causes airway passages to become inflamed and swollen, resulting in breathing difficulties, wheezing, and coughing, among other symptoms.<sup>9</sup> Indoor allergens including pest such as cockroaches and rats, and mold are among the most prevalent asthma triggers.<sup>10</sup> Low-income and minority tenants experience greater exposure to indoor asthma triggers because of poor quality housing<sup>11</sup> and a lack of regulations and enforcement of existing regulations which could reduce indoor asthma allergens.<sup>12</sup>

In 2008 this Committee considered Int. No. 770, a bill which aimed to reduce the dangers posed by indoor asthma triggers in residential dwellings. The bill proposed to do so by requiring landlords to inquire whether any individuals residing in their building was susceptible to indoor asthma allergens, to inspect the apartments of those individuals for indoor allergens—particularly mold and pest infestations—and to promptly correct any present indoor allergen hazards or underlying conditions that may cause those hazards to be present. In addition, the City, through the Department of Housing Preservation and Development, would respond to complaints related to indoor asthma allergen hazards by performing apartment inspections, and issuing class C violations for indoor allergen hazards present in the apartments of susceptible tenants and in common areas of buildings, requiring landlords to correct the violations within 21 days, or HPD itself to correct the violations in the event the landlord failed to do so.

Int. No. 770 called for aggressive measures towards the risks posed to tenants who are susceptible to indoor asthma allergens and is comprehensive in providing that indoor allergen-related problems are resolved promptly. However, as it stands now, New York City laws and rules do not require building owners to eliminate indoor mold, and most importantly, the underlying conditions which create the conditions for molds and pest. A

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<sup>4</sup> *Id.*

<sup>5</sup> *Id.*

<sup>6</sup> Garg R, Karpati A, Leighton J, Perrin M, Shah M. *Asthma Facts, Second Edition*. New York City Department of Health and Mental Hygiene (2003).

<sup>7</sup> Schwarz, *supra* Note 2.

<sup>8</sup> Aliyah Baruchin, *Tracking an Urban Plauge*, The New York Times (August 29, 2007)

<sup>9</sup> National Institute of Environmental Health Sciences, *Asthma and Its Environmental Triggers* (2006).

<sup>10</sup> *Id.*

<sup>11</sup> Howell E, Harris LE, Popkin SJ., *The Health Status of Hope VI Public Housing Residents*, 273-285 *J Health Care Poor Underserved*. 16 (2005).

<sup>12</sup> La Unión de la Comunidad Latina, *Health and Housing Report*, 5 (May, 2006).

comprehensive approach is necessary for effectively reducing the dangers posed to New Yorkers who suffer the ill-effects of indoor asthma allergens. The passage of Intro No. 224 is a first step in dealing with this serious problem.

I support the bill because it focuses attention on the underlying causes of the asthma problem in New York City, and will allow the City to evaluate the effectiveness of certain approaches to eliminating indoor mold and pest infestations. The bill contains sections which identify important areas where substantial improvements can be made for tenants with asthma. For example, Section 27-2154.h(ii) requires that a building owner correct underlying conditions that relate to violations of housing, building, and health codes. A failure to address underlying conditions involving physical defects of building's structure which allow for the growth of mold, accumulation of water and moisture, or increase in pest numbers only leads to future recurrences of the same problems, and requiring corrections of these conditions will prevent such recurrences.

While I support the passage of Int. No. 224, I also support the following recommendations to improve the bill:

- The Department of Health and Mental Hygiene's (the "DOHMH") mold guidelines should be enforceable rules.
- The definition of substantial compliance currently in the bill should be revised.
- Violations issued by DOHMH against building owners should be publicly accessible.
- Integrated pest management should be a requirement.
- Mold and pest remediation practices should be a permanent part of the City's housing code and rules so that they are enforceable against all building owners in New York City.

### ***DOHMH'S MOLD GUIDELINES SHOULD BE ENFORCEABLE RULES***

In its 2008 update to its *Guidelines on Assessment and Remediation of Fungi in Indoor Environments* (the "Guidelines"),<sup>13</sup> the DOHMH proposed comprehensive measures for mold removal. Currently, Int. No. 224 makes reference to the *Guidelines* in subdivision (k), which defines "substantial compliance" to require that a building owner correct mold and City housing, building, and health code violations in accordance to the *Guidelines*. However, with the exception of the work practices recommendations contained in the *Guidelines*, the DOHMH's mold remediation guidelines should be adopted as enforceable rules, which would apply not only to the buildings which participate in the remediation pilot program, but to all City building owners. Doing so would require all building owners to implement the remediation methods contained in the *Guidelines*, which in turn would prevent building owners from applying half-measures which inadequately address actual mold and pest problems and the underlying conditions which allow asthma triggers to persist and grow in severity.

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<sup>13</sup> Department of Health and Mental Hygiene, *Guidelines on Assessment and Remediation of Fungi in Indoor Environments* (2008).

### ***SUBSTANTIAL COMPLIANCE SHOULD BE REDEFINED***

Subdivisions (f) and (k) in Int. No. 224 define “substantial compliance” as requiring that all immediately hazardous violations and hazardous violations –meaning B and C level violations– and eighty percent of all other housing, building, and health code violations be corrected by the time the building is reinspected. This definition does not reflect the urgency which mold and pest problems pose to tenants with asthma. To substantially comply with the Code, building owners should instead be required to have corrected: all immediately hazardous violations –meaning B and C grade violations– directly related to mold; ninety percent of all other open and hazardous violations related to the accumulation of water and rubbish; and, to have implemented an integrated pest management program approved by the DOHMH to address pest or rodent infestations, at the time of reinspection by the DOHMH.

### ***VIOLATIONS ISSUED AGAINST BUILDING OWNERS BY THE DOHMH SHOULD BE PUBLICLY ACCESSIBLE***

Intro No. 224 requires that notification be provided to residents of buildings which are included among the 175 or more buildings which will take part in the pilot program that the building will be subject to the requirements of the pilot program. It also requires that a process be established to provide the residents with information concerning the status of the building during its participation in the pilot program. It will be helpful to the tenants of those buildings to have knowledge of the violations the owner has been required to correct, and the statuses of building. However, presently, violations issued by the DOHMH are generally not publically accessible. The ready availability of information concerning the particular violations the DOHMH issues, which are directly related to indoor molds and pest problems and underlying conditions which enable those problems to persist, is of utmost importance to susceptible tenants with asthma and other respiratory disorders. With such information, these tenants and potential future tenants can make informed decisions about where to live and may also be better able to assist the DOHMH in enforcing its regulations by enabling tenants to report a building owner’s failure to comply with Code requirements.

### ***INTEGRATED PEST MANAGEMENT SHOULD BE A REQUIREMENT***

In Subdivision (g)(i), the bill requires that the DOHMH provide information to building owners on implementation of “prevention and pest management measures.” The DOHMH has for years used a more comprehensive approach to indoor pest problems known as “integrated pest management” (IPM). An IPM approach involves addressing the underlying causes of pest infestations, which involve structural deficiencies of a building, such as openings in walls. Despite IPM’s long-term effectiveness, it is currently not a requirement for privately owned housing in New York City. Rather than allowing owners to intermittently spray toxic pesticides which only delay recurring infestations, requiring building owners to use IPM measures will provide a more lasting

and less toxic solution to indoor pest problems. Because of its effectiveness, a requirement to use IPM should extend to all private building owners in New York City.

***MOLD AND PEST REMEDIATION PRACTICES SHOULD BE PERMANENTLY INCORPORATED INTO THE CITY HOUSING CODE AND RULES SO THAT THEY ARE ENFORCEABLE AGAINST ALL BUILDING OWNERS IN NEW YORK CITY***

Passing Intro No. 224 is certainly an important step in the right direction. However, a pilot program is by definition temporary; the susceptibility of New York City tenants afflicted with asthma to indoor asthma triggers is not. The risks posed by indoor allergens to New Yorkers with asthma is a public health issue which calls for a permanent regulatory framework to which all residential building owners would be subject. For example, there is evidence which suggests that exposure to mold during the first year of life may increase the risk of asthma in children.<sup>14</sup>

Making permanent regulations and enforcement of regulations designed to specifically reduce indoor mold and pest, and other indoor asthma allergens, will lead to the reduction of asthma triggers in homes, which in turn will reduce the asthma-related hospitalization rates of New York City. Furthermore, enforcing regulations that require landlords to fix any underlying conditions which create mold and pest problems is good housing policy because the presence of mold and pest is symptomatic of structural deficiencies; requiring building owners to eliminate and prevent future recurrences of mold and pest problems by fixing underlying conditions will result in healthier homes with less structural defects.<sup>15</sup>

These recommendations will lead to long-term benefits for New Yorkers with asthma and other respiratory disorders who are susceptible to the adverse effects of indoor allergens, to the public health in New York City, and to the quality of housing in the City.

Thank you for introducing this bill and for giving me the opportunity to testify on this important issue.

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<sup>14</sup> Belanger K, Beckett W, Triche E, Bracken MB, Holdford T, Red, P, McSharry J, Gold DR, Platts-Mills TAE, and Leaderer BP. *Symptoms of Wheeze and Persistent Cough in the First Year of Life: Associations with Indoor Allergens, Air Contaminants, and Maternal History of Asthma.* Am J Epidemiol 2003; 158:195-202.

<sup>15</sup> University of Michigan Law School Legal Assistance for Urban Communities Clinic, *Preventing Asthma: A Landlord's Guide to Property Maintenance for Healthy Homes*, <http://www.niehs.nih.gov/health/docs/landlord-health-home.pdf>

JOINT TESTIMONY BEFORE THE NYC COUNCIL'S HOUSING AND BUILDINGS  
COMMITTEE  
INTRO 224  
JUNE 16<sup>TH</sup>, 2001 – 10:00AM

Good morning, Chairman Dilan and members of the Housing and Buildings Committee. I am Nancy Clark, Assistant Commissioner of the Bureau of Environmental Disease Prevention at the Department of Health and Mental Hygiene. I am joined today by Vito Mustaciuolo, Deputy Commissioner of Enforcement and Neighborhood Services at the Department of Housing Preservation and Development. Thank you for the opportunity to discuss our commitment to controlling asthma triggers in homes and specifically, Intro. 224, the Council's mold and vermin remediation proposal.

As some members of this committee may know, in addition to promoting improved medical management of people with asthma, the Health Department also promotes the control of asthma triggers in homes. Asthma triggers in the home include secondhand smoke, dust, irritating cleaning products and strong odors as well as mold and pest allergens.

Since 1993, the Health Department has issued voluntary guidelines on the assessment and remediation of mold in indoor environments. The purpose of the mold guidelines is to educate building owners and workers on issues related to indoor mold; offer an approach to assess mold growth; and provide general guidance on the removal of mold growth in commercial, school, and residential buildings. The guidelines also advise that moisture sources be identified and repaired so that mold growth will not recur. The guidelines recommend that mold growth be removed by washing affected surfaces with soap and water, and that measures be taken to prevent the spread of mold particles from the treated area during remediation. In addition to the mold guidelines, the Department also publishes and distributes other educational materials on correcting mold problems in buildings.

Safe and effective pest control is also an integral component of our asthma trigger work and involves the practice of Integrated Pest Management, or IPM. IPM relies on methods to prevent pests from entering the home and keeping them away from food and water sources. Common IPM techniques include caulking and sealing cracks and openings, repairing moisture problems,

and using safer pest control products. Building occupants have an important role in preventing pests by cleaning and removing clutter, storing food and garbage in covered containers, and reporting infestations to building owners. Article 151 of the New York City Health Code was recently revised to include more explicit requirements for preventing pests. The revision shifts the emphasis from the use of pesticides for pest control to preventing pests and infestations through integrated pest management. Article 151 is enforceable by the Health Department as well as the Department of Buildings and HPD.

The Health Department and HPD have a strong working relationship to promote healthy housing, including the reduction of lead paint hazards, pests and mold. We regularly collaborate on educational initiatives for building owners, contractors and tenants on ways to reduce health hazards in the home and provide technical assistance to each other when needed. When HPD and DOHMH initially discussed creating a mold and vermin pilot initiative of up to 100 buildings, the purpose of the pilot was to assess the costs, benefits and implementation issues of addressing mold and vermin conditions as full buildings rather than individual responses to specific complaints unit by unit. The program was proposed as a pilot so we could have the flexibility to modify our methods and strategies to achieve the most optimal and cost effective results. At the end of the process, there would be an evaluation piece to see if building-wide approach is effective and identify areas where a program can be improved. In addition, a key component to our pilot would be education – for both the owners and tenants alike. Following discussions with the Council and advocates, the original pilot was expanded in to Intro. 224.

I want to be clear that both DOHMH and HPD support the basic framework of the mold and vermin remediation proposal before you today. However, due to the significant costs that Intro. 224 would impose on our agencies, we cannot support the bill as currently drafted. In the interest of being fiscally responsible, we must examine this program in the context of all of our other mandated responsibilities and on-going initiatives. Due to the stringent requirements of Intro 224, the pilot, as proposed by the Council, would cost HPD \$7.5 million and DOHMH \$1.9 million. The original proposed pilot was estimated to cost HPD approximately \$3 million and DOHMH \$1.1 million. Regardless of how we implement the pilot program, there will be significant costs to both agencies that must be taken in to consideration.

While we are committed to making a mold and vermin initiative work, even a \$5 million price tag would be a huge burden for us at this time as operating budgets continue to be reduced across

City agencies. As an example, since the original concept of the pilot, the Health Department, along with other agencies, has experienced a reduction in resources, including a two-thirds reduction in our lot cleaning work force. We had originally intended to train these employees to assist in implementing the IPM portion of this pilot program, but we are no longer able to do so. In addition, HPD's PEG targets have totaled over \$18.2 million dollars and DOHMH has experienced a 10% staff cut to our lead poisoning prevention and healthy homes programs along with a reduction in federal grant funding. Compounded, all of these factors severely hamper our ability to comply with the requirements of Intro. 224. We are currently exploring additional ways to still reach the goals of the original proposal within our current budget constraints and hope to come back to the Council with more realistic implementation measures soon.

#### **Requirements Under Intro. 224**

Currently, HPD responds to complaints of vermin and mold conditions when reported by tenants through 311. In Fiscal Year 2009, HPD issued almost 15,000 violations for mold citywide (about 2,000 as class C immediately hazardous violations.) A mold condition is generally cited as a class C condition where there is more than 25 square feet in a room or 100 square feet in an apartment. HPD also issued more than 31,000 vermin violations citing mice, roaches and other vermin, in FY'09.

As proposed by the bill before you today, HPD and DOHMH would choose buildings with the highest number of open hazardous and immediately hazardous mold and vermin violations and health code violations related to the accumulation of water; mold, rubbish and vermin or rodent infestation to participate in the pilot program. HPD and DOHMH would notify property owners that they have been chosen to participate in the pilot program and would also need to notify the tenants of the multiple dwellings, and the Council Member in whose district the buildings are located.

Once the owners have been notified, they would have three (3) months to correct existing violations related to the accumulation of water, mold, rubbish and vermin or rodent infestation. If the owner of the property believes that the violations have already been corrected, he or she could request a re-inspection and dismissal from HPD. A re-inspection would have to be conducted within 60 days of receipt of the request and HPD would have to provide a written response to that request within 20 days of the re-inspection. In order for a building to be deemed "substantially complied," the owner would have to correct 100% of all B and C mold violations and 80% of all



other B and C violations that are related to this pilot initiative using DOHMH's current mold guidelines and Integrated Pest Management measures. HPD would then have to register the multiple dwelling and monitor the building's compliance for nine (9) months before releasing the building from the program. In addition, HPD and DOHMH -- or a designated Not- For-Profit -- would also have to provide information on home-based hazards and measures for the control and elimination of mold, vermin and rodents to distribute to owners, managing agents and tenants before the building could be discharged from the mold and vermin remediation program. Although the bill requires HPD to monitor buildings for an additional 9 months, we believe from our experience that six months is a more appropriate monitoring period.

Similar to the Alternative Enforcement Program (AEP), if the owner of the property does not submit a dismissal request after three months, HPD would perform a building wide inspection in which we would coordinate with DOHMH where appropriate. If underlying conditions warrant the replacement of any systems, HPD would file an order with the local county clerk's office to order the owner to replace those systems. If vermin or rodent infestations are present, DOHMH would issue an order for the owner to implement an Integrated Pest Management system throughout the building. Within 30 days of filing the order, HPD would prepare a scope of work to correct the violations and DOHMH would provide information to owners on how to implement pest management strategies. As HPD cannot reasonably participate in the daily maintenance of a privately-owned building, we believe the bill should be revised to allow DOHMH and HPD to develop an alternative IPM protocol to address vermin issues for the pilot program.

HPD would reassess the progress of work performed to correct violations on a quarterly basis. If after three months, work is not progressing in a timely fashion or an owner has not requested a re-inspection, the agencies would have to conduct a building wide inspection and issue an order to correct the mold and vermin violations and related underlying conditions. If the owner fails to comply, HPD would then take over the repairs. Given our experience with the Alternative Enforcement Program, we believe that owners should have six months to correct violations instead of three, since the owner needs to secure financing, work with the tenants to arrange access and/or relocation, hire a contractor and file for the appropriate permits in order to begin the necessary work.

Lastly, Intro. 224 would require both agencies to report back to the Council on the results of the remediation pilot program, the effectiveness of the pilot program, the most effective pest

management and mold remediation methods that were utilized, and issue recommendation on whether or not the pilot should be extended or modified.

As you can see from both Nancy and my comments, the pilot program before you today would require great efforts and resources by both agencies. In summary, I would like to emphasize that we are committed to working with you to develop a mold and vermin remediation program that works for owners and tenants alike, while also providing the agencies with flexibility in its implementation and evaluation. We have closely collaborated with you over the years on many initiatives and look forward to continuing that relationship, in order to hold recalcitrant owners responsible for their property when they fail to maintain their buildings in a healthy and safe manner. However, in this difficult fiscal environment, we must be cognizant of the cost of any new measures.

Thank you for the opportunity to testify before you today. Nancy and I would be happy to answer any questions you may have at this time.



LA UNIÓN HACE LA FUERZA  
THE COMING TOGETHER OF  
LATIN AMERICAN INTEGRATION CENTER  
AND MAKE THE ROAD BY WALKING

*Testimony in Support of Int. 0224-2010, Establishment of a Pilot Program for the Remediation of Mold and Vermin Conditions in Certain Multiple Dwellings*

My name is John Whitlow and I am a Supervising Attorney at Make the Road New York, a non-profit organization based in the communities of Bushwick, Brooklyn; Jackson Heights, Queens; and Port Richmond, Staten Island. We work to promote economic justice, equity and opportunity for all New Yorkers. Our organization consists of over 7,000 members, most of whom are immigrants and many of whom live in substandard housing. I submit this testimony on behalf of Make the Road New York and thank the Committee for the opportunity to participate in this hearing.

Make the Road New York supports the proposed pilot program, Int. 0224-2010, which identifies one-hundred-seventy-five (175) buildings around the city that have the highest number of asthma-triggering Housing Code violations and seeks their remediation through a combination of enforcement mechanisms, which will be discussed in greater detail below.

Make the Road New York has been working on this issue for some time. Many of our members, principally in Bushwick, suffer from major environmental health problems, including asthma. According to the 2007 Department of Health and Mental Hygiene Community Health profile, Bushwick and Williamsburg have a higher combined rate of asthma in children and adults than the Bronx or Harlem. Both Bushwick and Williamsburg have an adult asthma rate of 9 percent, higher than the New York City and Brooklyn average of 5 percent. A joint study conducted by Make the Road New York and Wycoff Medical Center, published in 2006, found a strong correlation between incidents of asthma and poor housing conditions. More specifically, the study found that 69% of asthmatics had cockroaches in their homes, 47% had rodent infestations, and 30% had mold conditions. In the course of our work with tenants suffering from asthma, Make the Road New York has come to the conclusion that a housing code enforcement system that does not recognize the link between asthma and housing conditions leaves asthmatic New Yorkers stuck in homes where they are literally unable to breathe.

As a housing attorney representing tenants struggling to get much needed repairs in their apartments, I have found that even when we are able to force landlords to remediate the

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conditions that lead to asthma, usually through protracted housing court litigation, these conditions often recur. This is especially true with respect to violations relating to mold, which are often dealt with by “repairing” the surface condition without actually addressing the underlying cause of the problem. The way this generally plays out in the context of a typical housing case is as follows: during the case, the parties enter into an agreement in which the landlord will make repairs by a date certain. When dealing with a mold violation, landlords often paint over the surface mold, which is generally enough to have the violation cleared. But because the underlying condition has not been altered, the mold inevitably returns, and the tenant is left in the same situation they were in at the beginning of the proceeding. In short, the current enforcement system, which overlooks the correlation between housing violations and environmental health problems and does not effectively get at underlying, structural housing conditions, fails to ensure that tenants are able to live in homes free of the conditions that cause asthma.

Through our work combating asthma, Make the Road New York has advocated for a more holistic approach to eliminating asthma-triggering conditions in our members’ – and all New Yorkers’ – homes. We have emphasized the connection between housing conditions such as mold, vermin and rodent infestation and asthma; and have advocated for more stringent inspection and remediation methods with respect to these violations, with a focus on addressing – in an efficient, timely manner – underlying, structural housing conditions that lead to the recurrence of asthma-triggering violations. We have also emphasized the importance of an open, transparent process informed by tenant and community input.

For the following reasons, the proposed Pilot Program is a positive step toward improving the current enforcement system and moving toward a system which eliminates asthma-triggering housing conditions:

First, the Program explicitly recognizes the correlation between asthma and certain housing conditions and implicitly recognizes the unique, and sometimes life threatening, situation confronted by asthmatics living in substandard housing. In setting forth the criteria upon which buildings will be selected for participation in the Program, the Department of Housing Preservation and Development (“HPD”) and the Department of Health (“DOH”) will look at hazardous and immediately hazardous code violations related to the accumulation of water, mold, the accumulation of rubbish, and vermin or rodent infestation.

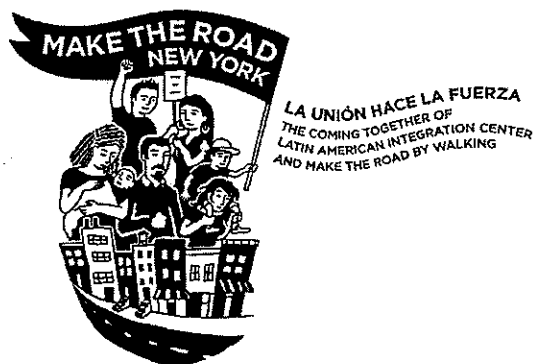
Second, the Program lays out a framework in which HPD and DOH will work collaboratively to ensure that asthma-triggering violations are reduced. For example, in order for a building to be removed from the program, it must be found to have complied with DOH’s remediation guidelines. Further, the Program emphasizes that underlying conditions – e.g. structural defects such as a plumbing or ventilation problem that has caused a mold violation, as opposed to mere surface conditions – must be addressed.

Third, the Program requires that HPD monitor and evaluate participating buildings to ensure continued compliance. Where a landlord has satisfactorily and timely remediated the conditions, the building will be monitored for nine months; where a landlord is found not to have timely complied, the building will be evaluated at quarterly intervals to ensure that the necessary work is being done and that violations are not recurring.

Fourth, the Program explicitly states that where landlords do not timely correct the requisite percentage of violations, the City will perform the necessary work, with all amounts for expenses constituting a lien against the property.

Fifth, after twenty-four (24) months, HPD and DOH will report to the Council on the effectiveness of the Program, including its cost effectiveness, the extent and nature of violations, and the nature and effectiveness of remediation and pest management methods used. The assessment will also include recommendations as to whether the Program should be continued or modified.

In conclusion, for all of these reasons, Make the Road New York urges the Committee to approve the proposed Pilot Program, and to support the Program for passage in the City Council. We are hopeful that the Council will share our commitment to developing and implementing an enforcement system that will eliminate asthma-triggering housing conditions so that all New Yorkers are assured of a healthier future.



Good morning Council members and members of the Committee. My name is Victor Rosario and I am a member of Make the Road New York.

I have lived in New York City since I was five years old. I've known about asthma my whole life because my mother had asthma. She was always suffering from asthma, for as long as I can remember. Although I didn't understand it when I was a child, I would often see her using a bronchodilator and wheezing. Sometimes the doctor would come to the house. My sister Victoria had asthma too, so asthma has been part of my life for a long time. That's why I decided to study science and biology.

When I got married I had two boys. Both of my boys had asthma. I can't tell you how many times I was in the hospital until two or three in the morning because of their asthma.

Later I got divorced and remarried. My second wife had asthma too. It wasn't really obvious because she always took her medicine on time. But she had to walk up three flights of stairs because we lived in a third story walk-up. One day she had an asthma attack as she was walking up to the apartment and she collapsed and died. I wasn't there at the time, or else I could have saved her. Her name was Priscilla. She was in her 40's when she died.

My mother died from a stroke, which might have been a result of the asthma medication she was taking. I'm a biologist so it wasn't difficult for me to research the asthma medication.

There are two classes of bronchodilators. One class includes Theophylline and Beta-agonists, and is the sixth largest dollar volume category of medicine in the United States, accounting for more than \$2.645 billion in sales. These drugs can result in depression, insomnia, cardiovascular disease and stroke.

The second class of bronchodilators includes Albuterol and Terbutaline, and can cause muscle weakness, muscle spasms, postural hypotension, irregular heartbeat, poor reflexes, continuous thirst, mental confusion and nervous mental disorders.

In other words, these medications sometimes do more harm than good. Giving people medication is not the solution. The solution is to get rid of whatever triggers the asthma attack. The solution is fixing the houses.

I have lived in Bushwick since I got out of the military as a young man. I've seen a lot of people with problems with asthma in my community. There are a lot of old buildings in Bushwick. Many of the buildings are at least one hundred years old. They are full of roaches, rats, and mice. There are spaces between the walls where the rats come in and out. There are rat droppings everywhere.

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If someone complains, all the owner does is paint over. It doesn't help to try and move into a different apartment, because all the other places are just as bad or worse.

By addressing the real cause of the problem, we could save billions of dollars in emergency room visits. Children would not miss school as often. Work productivity would go up.

If you want to save money and help the health of children and families in Brooklyn and in all of New York, please support this pilot program to get rid of asthma triggers in the 175 worst buildings in New York. This pilot program is a good start but it's just a small step towards solving a big problem. This is not a small problem. This is a pandemic, and it affects all of us.

Thank you for your time and your support.



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Buenos días. Mi nombre es Luisa Mejia. Soy miembro de Se Hace Camino Nueva York. Vivo en 1406 de Putnam, departamento 3L en Brooklyn.

Yo y varios miembros de mi familia tenemos asma severa. He tenido que ir de emergencia muchas veces al hospital por los ataques de asma. Tengo que usar un inhalador para respirar y tengo que tomar medicina para vivir.

He vivido en el mismo departamento por 20 años. Mi hija, mi hijo y mi nieto se crearon allí y por eso salieron con asma. Las malas condiciones en nuestro edificio nos afectan mucho a nuestra asma. Hay una historia larga de muchas violaciones en mi edificio. Hay mucho moho en el baño. El edificio también está lleno de ratones y cucarachas.

El asma es una epidemia en nuestra comunidad. En Bushwick, el nivel de asma es cuatro veces más alto que el promedio de la ciudad. La razón principal es por esto, que los caseros no arreglan los departamentos. Hay muchos otros inquilinos viviendo en las mismas condiciones en Bushwick y en otras áreas de Nueva York.

Pedimos que el consejo municipal apruebe este programa piloto sobre el asma. Esta propuesta de ley ayudaría a erradicar las causas más comunes de asma en algunos de los peores departamentos, como las cucarachas, los ratones y el moho. Necesitamos este programa para que nuestros hijos y nietos puedan vivir una vida más sana.

Gracias.

301 GROVE STREET  
BROOKLYN, NY 11237

TEL 718 418 7690  
FAX 718 418 9635

92-10 ROOSEVELT AVENUE  
ELMHURST, NY 11372

TEL 718 565 8500  
FAX 718 565 0646

479 PORT RICHMOND AVENUE  
STATEN ISLAND, NY 10302

TEL 718 727 1222  
FAX 718 981 8077





LA UNIÓN HACE LA FUERZA  
THE COMING TOGETHER OF  
LATIN AMERICAN INTEGRATION CENTER  
AND MAKE THE ROAD BY WALKING

Good morning. My name is Luisa Mejia. I am a member of Make the Road NY. I live at 1406 Putnam Ave, Apartment 3L in Brooklyn.

Several of my family members and I have severe asthma. I have had to go to the emergency room many times because of asthma attacks. I have to use my inhaler in order to breathe and I have to take medicine to stay alive.

I have lived in the same apartment for 20 years. My daughter, my son, and my grandson all grew up here, and that's why they all have asthma. The terrible conditions in our building badly affect our asthma. There is a long history of open violations in my building. There is a lot of mold in the bathroom and mice and cockroaches throughout my apartment.

Asthma is an epidemic in our community. In Bushwick, the rates of asthma are four times higher than the city-wide average. The main reason is because the landlords don't fix the apartment buildings. There are many other tenants living in similar conditions in Bushwick and other areas of New York.

We ask the City Council to pass this pilot program. This proposed law would help to eradicate the most common asthma triggers in some of the worst apartment buildings, like cockroaches, mice, and mold. We need this program so that our children and grandchildren can live healthier lives.

Thank you.

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**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 229 Res. No. \_\_\_\_\_

in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)  
Name: Michelle deTalliz

Address: 621 DeGraw Street, Brooklyn

I represent: Fifth Avenue Committee

Address: same as above

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: 6/16/10

(PLEASE PRINT)  
Name: Adriana Mendoza

Address: 528 50<sup>th</sup> St

I represent: La Union

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)  
Name: Verónica Misafuentes

Address: 346-54 St Apt 2R

I represent: Fifth AV. Committee y la Union

Address: 621 de degraw st.

◆ Please complete this card and return to the Sergeant-at-Arms ◆

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 224/10 Res. No. \_\_\_\_\_  
 in favor  in opposition

Date: 6/16/10

(PLEASE PRINT)

Name: John Whitlow

Address: 301 Grove Street, Brooklyn, NY 11237

I represent: Make the Road New York

Address: 301 Grove Street, Brooklyn, NY 11237

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 224/10 Res. No. \_\_\_\_\_  
 in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Victor Rosario

Address: P.O. Box 210309, Brooklyn, NY 11221

I represent: Make the Road

Address: 301 Grove St. BKlyn NY 11237

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 224/10 Res. No. \_\_\_\_\_  
 in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: MARIAE Khochaiche

Address: 1351 HANCOCK ST APT 3L BKLYN

I represent: Make the Road NY

Address: 301 Grove St.

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 224 Res. No. \_\_\_\_\_

in favor  in opposition

Date: June 16, 2010

(PLEASE PRINT)

Name: David Ureña on behalf of Harvey Epstein

Address: 123 William Street, 16th Fl., New York, NY 10038

I represent: Urban Justice Center

Address: 123 William St. ...

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 224 Res. No. \_\_\_\_\_

in favor  in opposition

Date: 6/16/10

(PLEASE PRINT)

Name: VITO MUSTACIUOLO

Address: DEPUTY COMMISSIONER

I represent: HPD

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 224 Res. No. \_\_\_\_\_

in favor  in opposition

Date: 6/16/10

(PLEASE PRINT)

Name: NANCY CLARK

Address: ASSISTANT COMMISSIONER

I represent: DOHMH

Address: \_\_\_\_\_

Please complete this card and return to the Sergeant-at-Arms