

**ANNUAL PLAN SUMMARY 2009-2010**

**QUEENS PUBLIC HEARING**

**DEPARTMENT FOR THE AGING**

120-55 Queens Boulevard  
Queens, New York  
October 29, 2008  
10:00 A.M.

P A N E L:

EDWIN MÉNDEZ-SANTIAGO, Commissioner, DFTA

JORGE ROMERO, Assistant Commissioner, DFTA

LINDA WHITAKER, Assistant Commissioner, DFTA

RAMONA MASSENA, Deputy Budget Director

KAREN TAYLOR, Director, Bureau of Senior Centers

ALAN HOM, Deputy Director, Bureau of Long Term Care and Active Aging

2 ASST. COMMISSIONER ROMERO:

3 Good morning, everyone. Good morning

4 and welcome. My name is Jorge Romero,

5 Assistant Commissioner at The

6 Department For The Aging, and I will be

7 your moderator for today. This is one

8 in a series of annual public hearings

9 conducted in each of the City's five

10 boroughs.

11 The purpose of this annual

12 hearing is to provide an overview of

13 the Department's service activities and

14 to provide the public with the

15 opportunity to share their experiences

16 and recommendations through oral and

17 written testimony.

18 Public testimony will be

19 transcribed and forwarded to the

20 Department's Leadership Team and advise

21 us for their consideration. Are there

22 any members of the audience who need

23 the help of a translator?

24 And now I would like to introduce

25 the Commissioner of the New York City

2 Department For The Aging, Mr. Edwin  
3 Méndez-Santiago.  
4 COMMISSIONER MÉNDEZ-SANTIAGO:  
5 Thank you. Good morning. I'd like to  
6 also welcome you to our annual hearing  
7 for our public plan regarding the  
8 2010-2011 Annual Plan. We've already  
9 had great public hearings with a lot of  
10 attendance in Brooklyn, Manhattan,  
11 Staten Island. Tomorrow we will have  
12 our Bronx hearing, and we're very  
13 pleased to be here in Queens.  
14 Let me just introduce the members  
15 of my staff that are joining me here at  
16 the dais beginning to my left; Alan  
17 Hom; next to him Karen Taylor,  
18 Assistant Commissioner Linda Whitaker.  
19 You've already been introduced to  
20 Assistant Commissioner Jorge Romero,  
21 and we'll be joined shortly by one the  
22 members of our Advisory Committee from  
23 here in Queens, Mr. Benjamin Pan.  
24 I want to really thank you all  
25 for coming here and share with you that

2 as we've done for the last few years,  
3 we are taking a transcript of these  
4 hearings that will be posted on our  
5 website, but, additionally, anyone who  
6 wants their written copy to be posted  
7 on our website, simply just turn in a  
8 written copy or fill in one of the  
9 cards outside, so that we can do that.  
10 And this way, we hope to have every bit  
11 of the testimony that's presented,  
12 shared throughout the City, so that  
13 participants here in Queens can hear  
14 what the concerns were in Staten Island  
15 and vice versa. So with your  
16 permission, we'd love to have  
17 everyone's testimony on our website.  
18 Let me thank you for this  
19 opportunity to listen to you. As you  
20 know, we're in some difficult financial  
21 climate and we really do want to listen  
22 and get your advice, particularly on  
23 some questions regarding how best DFTA  
24 can support senior centers as we  
25 continue our efforts to transform our

2 senior centers into models of health  
3 and wellness, as well as continue to  
4 improve our cultural and linguistic  
5 competency across all of our services  
6 as we develop age-friendly communities  
7 across the City.

8 I'd like to just take a few  
9 moments to update you on our  
10 modernization plans. As you recall in  
11 this same room, we've met on a number  
12 of occasions. The Department has, for  
13 the last two years, been in a process  
14 of discussions, consultations and  
15 collaborative work with providers,  
16 advocates, elected officials, senior  
17 citizens and consumers themselves to  
18 begin to discuss how do we address  
19 aging services in a climate where we  
20 know the population is growing and will  
21 continue to grow for older adults, but  
22 also, as I've mentioned, a population  
23 of seniors that every day becomes more  
24 diverse, and when I say "diverse," I  
25 mean across all possible spectrums;

2 income; age from young 60s to old 90s,  
3 to sexual orientation; poverty. So we  
4 need to develop our programs to be able  
5 to really provide services and be  
6 relevant to a very diverse audience of  
7 senior citizens.

8 We begin our modernization  
9 journey by addressing case management.  
10 And we've held, again, stakeholder  
11 meetings, over 180 meetings. We issued  
12 concept papers and really tried to get  
13 as much feedback as possible. In terms  
14 of case management, I'm happy to report  
15 that the transition period for this  
16 modernization effort continues and we  
17 believe has been successful.

18 I want to share with you that the  
19 Department has invested -- and it's  
20 important to note that in these  
21 difficult financial times -- an  
22 additional 5.6 million dollars into our  
23 case management system. That's an  
24 unprecedented 36 percent increase from  
25 16.7 million in fiscal '08, to 22.7

2 million in fiscal '09. And we know  
3 that we've developed some very strong  
4 partnerships with our new case  
5 management providers who will assist us  
6 in developing comprehensive in-home  
7 services for over 22,000 seniors across  
8 the City.

9 In regards to home delivered  
10 meals, the request for proposal for  
11 home delivered meals was issued.  
12 Tentative decisions have been made.  
13 The Department is in the final stages  
14 of negotiations with the bidders who,  
15 again, have tentatively gotten those  
16 awards. Once the negotiations are  
17 over, those awards will be made public,  
18 and I assume that will happen within  
19 the next week or so.

20 In regards to our home delivered  
21 meals modernization process, what we  
22 hope to do there, as you'll recall from  
23 many of our meetings again right here  
24 in this room, is to streamline our  
25 system to give us the critical capacity

2 to grow and to ensure that we have a  
3 home delivered meal system that treats  
4 the consumer with respect and gives  
5 them a choice -- and I emphasize a  
6 choice -- of whether they want a frozen  
7 meal, to continue with daily hot meals,  
8 but also as we continue to develop the  
9 system, provide consumers with choices  
10 not only for religious dietary meals,  
11 such as kosher, but also for meals that  
12 meet their special dietary needs, for  
13 example, for diabetes and other health  
14 issues.

15 In regards to senior centers, I  
16 know it's been a much anticipated  
17 Request For Proposal to modernize our  
18 senior centers and that will come out,  
19 again, within the next week or so.

20 Here, too, our hope is -- and I  
21 emphasize -- not to see programs close,  
22 but to see every senior center really  
23 expand their ability to foster health  
24 and wellness programs.

25 Right here in Queens, we have

2 some of the best senior center programs  
3 and models of what a health and  
4 wellness program should be, and what we  
5 would like to do is see every senior  
6 center across Queens and the City  
7 follow those types of leads,  
8 organizations that are offering now  
9 centers that are really centers of  
10 active aging with music, dance, visual  
11 arts, theatre, the use of technology  
12 now such as the Wii, Sudoku to pay  
13 attention to brain health issues, to  
14 really support the wellness of our  
15 older population at all levels from  
16 physical, mental and spiritual, and  
17 that's, again, what older adults have  
18 shared with us that they would like to  
19 see in their centers.  
20 Let me talk briefly of where DFTA  
21 fits within the Mayor's view of a City  
22 Of All Ages. We're very excited that  
23 the City has continued to work  
24 collaboratively with the Academy of  
25 Medicine and the City Council to push

2 forward the view of developing a senior  
3 friendly City, and the Department's  
4 modernizations fit through that, but  
5 also, more than that, we're challenging  
6 every City agency to address their own  
7 vision for longevity and how those City  
8 agencies are planning to make services  
9 more accessible to older adults across  
10 all communities.

11 Some quick examples of how we're  
12 doing this in collaboration with many  
13 City agencies. The Department has a  
14 number of projects with The Health and  
15 Hospitals Corporation's hospitals  
16 across the City, to partner them with  
17 local senior centers and together work  
18 on promoting wellness throughout the  
19 community.

20 One very special program that  
21 we're involved with is with the  
22 Department of Health and Mental Hygiene  
23 and the Mental Health Association to  
24 really reach out to our senior centers  
25 and to help them to begin to identify

2 seniors with symptoms of depression as  
3 early as possible, so that we can get  
4 them into treatment.

5 Some of you here I know are  
6 advocates in this field and will  
7 remember that for many years, there  
8 were myths about depression not being  
9 treatable in older adults, and we know  
10 that's a myth. It just has to be  
11 identified and we need to get those  
12 individuals into treatment as quickly  
13 as possible.

14 We have other models that we're  
15 developing. One, for example, working  
16 in Harlem with Harlem Hospital, but  
17 really with the entire community in  
18 Harlem to develop what's called the  
19 Harlem Healthy Eating and Living  
20 Program or HEAL initiative that, again,  
21 involves our senior centers, but also  
22 other City agencies in promoting this  
23 active view on wellness.

24 The Department has continued our  
25 very successful Age In Action event

2 which is held every year here in Queens  
3 at Flushing Meadows Park, and again,  
4 we've addressed that conference. So  
5 the theme of Age In Action has always  
6 been around active aging and wellness.  
7 Just a few weeks ago we held our  
8 seventh annual Senior Stroll where over  
9 2,300 from across all five boroughs,  
10 representing over 120 walking clubs  
11 joined us to, again, celebrate active  
12 aging and demonstrate that seniors want  
13 to embrace healthy lifestyles and are  
14 eager for the opportunities to practice  
15 healthy habits and promote, again,  
16 positive aging.  
17 Let me conclude by sharing with  
18 you quickly that the Department  
19 continues to address services across  
20 our spectrum of agencies, and we're  
21 very proud to, again, have received  
22 national recognition for some of our  
23 programs. Our Grandparent Resource  
24 Center I'm proud to say won an  
25 achievement award from the National

2 Association of Area on Aging for a  
3 project that helps, again, educate  
4 other City agencies and officials about  
5 the particular challenge of  
6 grandparents raising their grandkids.  
7 We're very proud of that center, and I  
8 hope you'll join us, and I'll give you  
9 the date in a few minutes at our  
10 Alzheimer's Conference where we will be  
11 exhibiting our portraits of  
12 grandparents.  
13 Our Foster Grandparents Program  
14 was also recognized for its leadership  
15 in developing volunteer best practice  
16 programs, and finally, our Alzheimer's  
17 Caregiver Resource Center won an  
18 achievement award for, again, another  
19 demonstration of collaboration with the  
20 New York City Police Department, their  
21 Missing Persons Bureau, on a project  
22 that works on informing family  
23 caregivers and working with them when a  
24 relative is missing.  
25 So, again, these are just

2 examples of collaborative efforts to  
3 push the aging agenda not just within  
4 the Department For The Aging, but at  
5 all levels in the City.

6 As I mentioned, our 24th Annual  
7 Mayor Alzheimer's Conference will be  
8 this Friday, October 31 at the Brooklyn  
9 Marriott, and I hope you join us. Our  
10 theme there is about building  
11 partnerships between families and  
12 health care providers.

13 Let me end on this note. We all  
14 follow the news, we know how difficult  
15 the economic climate is, and we've seen  
16 the articles in The Times about seniors  
17 having to make difficult choices being  
18 on fixed incomes, between buying  
19 medication or paying for other  
20 necessities of life, and in that  
21 regard, I urge all of our partners  
22 across the City to help us, again,  
23 spread the word to low- and  
24 middle-income seniors about the many  
25 benefits that are available to them in

2 the City that can help them in these  
3 difficult financial times.  
4 One is our Senior Citizen Rent  
5 Increase Exemption Program. We  
6 currently have over 44,000 older adults  
7 who are able to live in their own  
8 apartment because they don't have to  
9 pay increases in rent, but we know that  
10 there are many other older people who  
11 could take advantage of the program  
12 since the income limit has increased  
13 from 27 to 28,000, thereby allowing  
14 many more people to be eligible.  
15 You can help us by identifying  
16 people. Anyone interested in this  
17 program can simply call 311 and you'll  
18 be connected with our agency.  
19 Also, since we see the weather  
20 turning and had snow yesterday, we're  
21 just about entering winter. We want to  
22 remind the community about the HEAP  
23 program that, again, allows low-income  
24 seniors to get assistance with their  
25 energy bills. Again, you can reach us

2 by 311 and we'll make sure that older  
3 adults get this information to help  
4 them make ends meet.  
5 Then, finally, on Medicare,  
6 there's a very important period coming  
7 beginning November 15 that ends on  
8 December 31 where seniors under  
9 Medicare D Program are allowed an  
10 opportunity to make changes on their  
11 plan. This is the only time when they  
12 will be able to do so, and we urge  
13 seniors to reach out to our Medicare D  
14 sites. We have 18 of them in  
15 communities across all the boroughs, so  
16 they don't have to go to 2 Lafayette.  
17 But if they want to visit us at 2  
18 Lafayette, we do have our HICAP Program  
19 there as well, that can inform someone  
20 new, who's new to Medicare, so they can  
21 make an informed choice, but for  
22 someone who already has Medicare D and  
23 is not happy with their plan, they can  
24 find out about the options they have  
25 and how to change their plan.

2 And let me end by, again,  
3 thanking our not-for-profit partners,  
4 the advocates, elected officials and  
5 others who work with us. We know that  
6 we're in tough times, but I am  
7 confident that if we continue our  
8 partnership together, we will meet  
9 these challenges and continue to  
10 provide the services that older New  
11 Yorkers need.

12 I now thank you and turn the  
13 session back to our moderator,  
14 Assistant Commissioner Jorge Romero.

15 ASST. COMMISSIONER ROMERO:  
16 Thank you, Commissioner. The panel is  
17 consisted of the Department's executive  
18 staff, are here to listen to the  
19 comments made by the speakers. This is  
20 not a question-and-answer forum.

21 I would like to remind today's  
22 speakers that to provide all the  
23 individuals with an equal opportunity  
24 to speak, each registered speaker is  
25 allotted five minutes to present their

2 oral testimony, and the electronic  
3 timer will turn red, signaling that  
4 your speaking time has expired. If  
5 anyone here would like to testify and  
6 has not registered, the onsite  
7 registration will close at 10:40 a.m.  
8 Also, please leave a copy of your  
9 testimony at the front table with the  
10 panelist. If you do not have a copy to  
11 leave today, please pick up a DFTA  
12 self-addressed envelope and mail us a  
13 copy of your testimony.  
14 Our first speaker is Council  
15 Member Helen Sears. I believe there's  
16 a representative here today.  
17 AUDIENCE MEMBER: She's not  
18 quite here yet.  
19 COMMISSIONER MÉNDEZ-SANTIAGO:  
20 We'll let her speak as soon as she  
21 comes in.  
22 ASST. COMMISSIONER ROMERO:  
23 Shakira Smalls, representing Council  
24 Member James Sanders.  
25 MS. SMALLS: Council Member

2 couldn't be here at this time, so he

3 asked me to come on his behalf.

4 COMMISSIONER MÉNDEZ-SANTIAGO:

5 Again, we'll remind everyone, we'd like

6 you to speak in the microphone so that

7 our transcriber can hear and get

8 everything on the record.

9 MS. SMALLS: On behalf of

10 Councilman Sanders, we just want to

11 show and express our fear that the

12 seniors will be put out. I went and

13 visited a few senior citizens' homes

14 myself, and to hear these people cry

15 out to us, it's very fearful.

16 They tell us that this is the

17 life they have. To come to these

18 senior citizen homes, they feel like

19 they have a life. Without these

20 centers, they will feel like they're

21 sitting at home, that we don't care

22 about them, and that we just want them

23 to sit there and pass away, which is

24 not true.

25 And I really, really hope that

2 your initiatives are going to be  
3 something very successful for them,  
4 because the benefit of the seniors is  
5 our number one priority. Thank you.  
6 ASST. COMMISSIONER ROMERO:  
7 Adele Bender, JPAC.  
8 MS. BENDER: I know you pretty  
9 much said it all, but I just want to  
10 drive home how important and necessary  
11 these services are to the senior  
12 centers. Again, my name is Adele  
13 Bender, Queens Borough Coordinator for  
14 the Joint Public Affairs Committee For  
15 Older Adults, and I'm testifying in  
16 response to the needs of seniors and  
17 the needs of the services that the  
18 senior centers offer them.  
19 Among those services are the  
20 Meals On Wheels. The food served at  
21 the centers and the Meals On Wheels are  
22 also a health issue, since good  
23 nutrition is an important component in  
24 keeping seniors healthy. That the  
25 delivery of the Meals On Wheels not

2 only takes care of the nutrition, but  
3 for someone who does not get out, it  
4 often is the only contact that they  
5 have with anybody outside of their  
6 home, and if by chance something has  
7 gone wrong with that senior, the person  
8 delivering the meals is aware and can  
9 do what is necessary, such as  
10 contacting a doctor, health worker or  
11 anyone else that can be of help to that  
12 individual. In other words, this is  
13 also a safety issue.

14 For those eating at the senior  
15 centers, it is a social as well as a  
16 needed nutritional benefit. Many of  
17 the senior centers provide programs  
18 that add stimulus to their members,  
19 which is also an important component on  
20 the health issue. You can ask any  
21 doctor, diminishing the Meals On Wheels  
22 also has an affect on jobs. I have a  
23 friend who delivers those Meals On  
24 Wheels. He's a senior, and it helps to  
25 subsidize his social security and it

2 gives him something to do. And his  
3 center -- he works in Brooklyn -- has  
4 said that his job might be diminished  
5 or eliminated altogether, you know, if  
6 the funds are cut to that center. So  
7 it's like a domino effect. It effects  
8 a lot of people.

9 And we'd also like to point out  
10 that many seniors are living longer and  
11 that adds to the number of seniors  
12 needing the senior services. In  
13 addition, there are some seniors who,  
14 up until recently, have been  
15 comfortable financially and who have  
16 been affected now by the adverse  
17 conditions by the tanking of the stock  
18 market, and that may also be a given  
19 for them and an income which may have  
20 been greatly diminished by these  
21 events.

22 The centers may be some source of  
23 comfort where they may want to have  
24 some of their meals at the centers.

25 Any cuts to the senior services comes

2 at a time when the services are most  
3 needed. It seems that any cut seems to  
4 come at a time that affects the most  
5 vulnerable in our society. Many  
6 people, both young and old, are being  
7 adversely affected by recent events,  
8 and I certainly sympathize with anyone  
9 affected by this, but when one is young  
10 and as much as I sympathize with them,  
11 at least you have the chance to pick  
12 yourself up, dust yourself off and  
13 start all over again. That does not  
14 apply to older populations.  
15 The senior centers and the  
16 services that they offer in case  
17 management that is offered must  
18 continue and must not be cut. How we  
19 treat our senior population affects on  
20 our society. Please reconsider any  
21 possible cuts. Thank you very much.  
22 ASST. COMMISSIONER ROMERO:  
23 Thank you. Samuel Goldstein, Selfhelp.  
24 MR. GOLDSTEIN: Thank you.  
25 Good morning. My name is Sam

2 Goldstein. I'm Director of Government  
3 Relations for Selfhelp Community  
4 Services. Selfhelp is a not-for-profit  
5 organization which over the past 72  
6 years, has become one of New York's  
7 largest and most innovative geriatric  
8 and home care agencies, currently  
9 serving over 20,000 New Yorkers  
10 annually.  
11 Selfhelp's organizational mission  
12 focuses on providing seniors with the  
13 supports they need to maintain their  
14 independence and dignity and to live at  
15 home in their communities. In keeping  
16 with this mission, Selfhelp operates  
17 two DFTA-funded case management  
18 programs; six senior apartment  
19 complexes which house over 1,000 senior  
20 residents; six DFTA-funded senior  
21 centers with a combined membership of  
22 6,000; four Naturally Occurring  
23 Retirement Communities; two Social  
24 Adult Day Services Program; a wide  
25 variety of home care services; the

2 largest program for Nazi victims in  
3 North America; and a leading resources  
4 program.

5 We applaud the Commissioner's  
6 interest in supporting senior centers  
7 as health and wellness centers, in  
8 using these centers as linchpin for  
9 developing age-friendly communities  
10 within their own neighborhoods and  
11 meeting the needs of a diverse  
12 population. The example of our own  
13 senior centers may prove instructive.

14 We offer discussions on healthy aging  
15 and nutrition, stress management  
16 classes, exercise classes such as tai  
17 chi, ballroom dancing, yoga, as well as  
18 on-site mental health counseling and  
19 blood pressure readings.

20 We also promote wellness and  
21 attract community members to our  
22 centers through a wide range of  
23 socialization activities, field trips,  
24 educational classes, computer learning  
25 activities and arts programs. Programs

2 are tailored to the diverse needs of  
3 the surrounding community. Just a few  
4 examples include ESL and citizenship  
5 classes, Korean calligraphy, Chinese  
6 New Year celebrations and Yiddish  
7 conversations. We hope that the  
8 upcoming RFP will support the provision  
9 of wellness, mental health and creative  
10 aging programs, all easily available  
11 and structured to meet individual  
12 needs.

13 We also appreciate that DFTA's  
14 2009 Annual Plan Summary lays out  
15 ambitious and helpful advocacy  
16 initiatives. We are pleased that DFTA  
17 is making it a priority to advocate for  
18 increased state resources for programs  
19 such as Social Adult Day Care and the  
20 NORC Supportive Services Programs.  
21 Selfhelp's NORC programs provide a wide  
22 range of onsite services, including  
23 health screening, case management,  
24 counseling, as well as social,  
25 recreational and educational programs

2 that are open to all seniors.  
3 They also offer special  
4 transportation arrangements, home care  
5 services, community trips, and many  
6 opportunities for using individual  
7 talents in a volunteer capacity.  
8 The Department For The Aging and  
9 its partner organizations are facing a  
10 particularly difficult year ahead as  
11 the economy slumps and revenue for  
12 funding becomes more scarce.  
13 Nonprofits must acknowledge that a poor  
14 economy will impose budgetary  
15 constraints on the City, and that there  
16 is a need for them to meet financial  
17 expectations in some part through their  
18 own efforts. We ask that DFTA fight to  
19 ensure that these budget cuts be fairly  
20 imposed on all agencies and all  
21 sectors, not just the social services  
22 sector.  
23 As well, we recommend that DFTA  
24 examine innovative ways to reward  
25 organizations which undertake enhanced

2 fee-for-service initiatives and other  
3 cost-saving programs to make up for  
4 budget cuts and funding shortfalls.  
5 Similarly, the importance to our  
6 seniors of both the HEAP and the SCRIE  
7 programs cannot be overstated, and we  
8 are pleased that DFTA has acknowledged  
9 their roles in helping seniors maintain  
10 their independence.  
11 As DFTA strives to modernize  
12 aging services in a poor economy, it is  
13 important to keep in mind that we  
14 cannot allow the poorest and frailest  
15 seniors to slip through the cracks.  
16 DFTA's intention to link case  
17 management clients to a wide range of  
18 community-based services, while  
19 ensuring that all clients receiving an  
20 in-home service receive a comprehensive  
21 assessment, can only be realized if  
22 appropriate funding is granted to those  
23 agencies tasked with completing these  
24 assessments. Specifically, agencies  
25 need increased funding to meet the

2 expectations of the case management  
3 transition. If we continue to fall  
4 short of funding needs for staff and  
5 case work, we will unfortunately leave  
6 too many of the City's most vulnerable  
7 seniors both uninformed and unassisted.  
8 DFTA has committed to seeking  
9 flexible solutions to the myriad of  
10 issues that result when finances are  
11 stretched, and we are relieved to see a  
12 continued commitment to improving and  
13 utilizing enhanced technology as a  
14 means to both control costs and  
15 heighten the effectiveness of services  
16 rendered. Selfhelp has pioneered the  
17 use of innovative in-home technologies,  
18 including telehealth systems, and  
19 heat-and-motion sensors which monitor  
20 seniors' safety; as well as computer  
21 learning centers. DFTA's focus on  
22 e-learning would benefit seniors on  
23 many levels, including improving mental  
24 health. We would be delighted to  
25 continue to work with DFTA to explore

2 technology programs that will work for  
3 the multiple programs under DFTA's  
4 umbrella.

5 We strive to address and solve  
6 many of the issues targeted in the All  
7 Ages Project. This plan calls on us to  
8 work together to incorporate a growing  
9 number of seniors into the social  
10 fabric of New York. The documented  
11 shift in the age of seniors, an  
12 increase in life expectancy, as well as  
13 their diverse ethnic and economic  
14 backgrounds, highlights the need for  
15 acute attention to issues such as  
16 mental health, housing, safety, and  
17 health care in a culturally sensitive  
18 manner.

19 Since 2001, Selfhelp's Evelyn  
20 Frank Legal Resources Program has  
21 provided our elderly clients with  
22 advocacy to obtain Medicaid,  
23 prescription drugs, and other vital  
24 entitlements.

25 We thank you for the opportunity

2 to testify at this hearing and we look  
3 forward to continue to working with you  
4 to be creative in improving the lives  
5 of New York City's seniors. And thank  
6 you.

7 COMMISSIONER MÉNDEZ-SANTIAGO:

8 Thank you.

9 ASST. COMMISSIONER ROMERO:

10 Linda Leest, SNAP.

11 MS. LEEST: Hello. "SNAP"

12 stands for Services Now for Adult

13 Persons, and I am the executive

14 director there. We sponsor three

15 senior centers; a caregiver program, a

16 Volunteer Friendly Visiting program,

17 the Money Management Bill Paying

18 Program, a case management program in

19 three sites, Meals On Wheels for

20 Community Board North 13, a

21 transportation program for eastern

22 Queens, and extensive

23 education/recreation programs focused

24 on health and wellness.

25 In preparation for this

2 testimony, I thought about all of the  
3 issues that I wanted to highlight. I  
4 believe strongly in a solid partnership  
5 between the public and the private  
6 sector. We need to work together for  
7 the betterment of the clients and the  
8 communities we serve.  
9 I believe in seeking assistance  
10 when it is needed. I believe we are  
11 now working with a system that is  
12 failing the client. As the case  
13 management agency for Community Boards  
14 8, 11 and 13, we now have 40 clients on  
15 a waiting list for assessment. Each  
16 case worker has 117 clients and intake  
17 is now closed.  
18 Conversely, we are currently the  
19 Meals On Wheels agency for Community  
20 Board North 13 and we are serving  
21 between 25 and 30 fewer meals a day  
22 than we have contracted for in our DFTA  
23 agreement. Never before in SNAP's 28  
24 year history have we under served home  
25 delivered meals. The system is failing

2 the client.

3 I must say it's not in my written

4 testimony that the Department For The

5 Aging and the agencies, the

6 community-based agencies are working

7 together now to try to come up with

8 ways that this will change, and I am

9 hopeful in an ongoing dialogue that

10 that will happen.

11 We need to work together to

12 develop a system that not only looks

13 good on paper, but works well in

14 reality. Case workers are discouraged

15 because they do not have the capability

16 to provide adequate attention to the

17 needs of their clients. Families are

18 frustrated because of the long wait for

19 an assessment of a parent who may be

20 isolated and in jeopardy or at risk.

21 The system is failing the client.

22 Executive boards are rightfully

23 concerned about the liability of their

24 agencies when clients are not evaluated

25 in a timely manner and a crisis occurs.

2 When a client falls through the cracks,  
3 and God forbid dies, it is the  
4 community-based agency that will be  
5 blamed. That liability then falls on  
6 the agency's board of directors.  
7 We need to work together to  
8 develop a system that will protect the  
9 clients and the agencies that assist  
10 them. Maybe we need to develop a  
11 centralized waiting list at DFTA that  
12 could then be accessed by the agencies  
13 in all five boroughs as openings occur.  
14 What I do know for sure is that  
15 more creative work needs to be done so  
16 that the system we are currently  
17 working under looks good on paper and  
18 works well in reality also.  
19 All budget cuts are painful, but  
20 the loss of the Borough President's  
21 discretionary funding to  
22 community-based agencies will be  
23 devastating.  
24 Since 1988, that funding has  
25 supported SNAP of Bell Park. Without

2 it, SNAP of Bell Park will close.  
3 Since 1983, the Borough President's  
4 funding has supported the SNAP  
5 Transportation Program. Without that  
6 funding, the program will be crippled  
7 and a shadow of its former self.  
8 Seniors will become isolated and  
9 homebound.  
10 The Borough President's office  
11 has provided valuable support to many  
12 programs in the borough, and the aging  
13 network cannot afford to lose this  
14 important resource. The staff at  
15 Borough Hall knows the communities and  
16 the needs of the seniors. We cannot  
17 let this partnership disappear. Thank you.  
18 ASST. COMMISSIONER ROMERO:  
19 Thank you. The next speaker is the  
20 President of the Borough of Queens,  
21 Ms. Helen Marshall.  
22 BOROUGH PRESIDENT MARSHALL: It's  
23 Helen Marshall. Good morning,  
24 Commissioner Méndez-Santiago, Deputy

2 Commissioners, Queens liaisons, Darnley  
3 Jones and other DFTA staff. Thank you  
4 for the opportunity to testify at  
5 today's hearings.

6 As shown in the Annual Plan,  
7 demographic projections into the year  
8 2030 indicate significant increases in  
9 the elderly population across all  
10 cohorts. Those 60 years of age and  
11 older will comprise 20 percent of the  
12 New York City total population. Here  
13 in Queens, there are 374,562 persons 60  
14 years of age and older, which, today,  
15 represents approximately 30 percent of  
16 New York City's elderly population.

17 The provision of services to our  
18 elderly residents has been a major  
19 concern to me and has been a top  
20 priority of my administration over the  
21 past six years. The Department of  
22 Aging has embarked upon the most  
23 radical changes ever made to the senior  
24 citizen services delivery system in 30  
25 years.

2 When DFTA released the RFP for  
3 case management, I warned everyone that  
4 if DFTA was permitted to go forward  
5 with this process, we would see the  
6 beginning of the erosion of the senior  
7 citizen delivery system in our City.  
8 Unfortunately, just as predicted. I'm  
9 a little angry so you have to forgive  
10 me, okay.

11 We now have regents for case  
12 managers, some that in some cases don't  
13 make sense based on geography. Several  
14 community-based minority outreach  
15 organizations lost their contracts to  
16 large citywide umbrella organizations.  
17 We're taking our seniors from a caring  
18 local and familiar service, to a  
19 massive bureaucracy, and seniors do not  
20 like to talk about their problems to  
21 everyone. I know. And my office is  
22 right down the street from a senior  
23 citizen program.  
24 They have to have confidence in  
25 you. Even though they're starving,

2 they won't even admit they're starving.  
3 They won't even go for food stamps.  
4 You have to have a certain relationship  
5 with them which has to be developed,  
6 and moving it to a large organization,  
7 that's only part of the problem.  
8 More than 3,000 seniors citywide  
9 are missing on the new case management  
10 agency roster. DFTA is not providing  
11 the ongoing funding necessary for the  
12 case management agencies to hire the  
13 needed case workers. The case workers  
14 to handle this volume of clients.  
15 Instead, the agencies have been  
16 instructed by DFTA to establish waiting  
17 lists of clients waiting to be assessed  
18 for vital services, such as Meals On  
19 Wheels and home care.  
20 In the past, each center, when  
21 they knew that one of their clients was  
22 going to the hospital, would arrange  
23 the meals be stopped, and also home  
24 care be stopped, and then also arrange  
25 when they came home, that they would

2 get their meals and they would also  
3 have home care.  
4 Right now that waiting list is --  
5 DFTA's Annual Plan states that all  
6 clients receiving an in-home service  
7 funded by DFTA will receive a  
8 comprehensive assessment from a case  
9 management agency. My question is how  
10 often will this be accomplished when  
11 case workers are handling case loads of  
12 more than 125 clients each? How many  
13 seniors' safety and well-being are put  
14 at risk?  
15 In the midst of all this chaos,  
16 DFTA has been negotiating with agencies  
17 in preparation for awarding new Meals  
18 On Wheels contracts. Now if we thought  
19 DFTA had made a mistake with the way  
20 that regents for case management was  
21 designed, the new districts for Meals  
22 On Wheels are even worse.  
23 They have been deliberately  
24 configured to make it logistically  
25 impossible on a daily basis. It is

2 obvious that the intent of this  
3 contract is for the caterers to deliver  
4 frozen meals once or twice a week and  
5 also probably one caterer for all of  
6 Queens. Therefore -- and I don't think  
7 that's a good idea at all. Therefore,  
8 what choice will a frail homebound  
9 senior really have? What happens to  
10 that daily human life line that so many  
11 of our seniors have relied upon? Not  
12 to mention that every Meals On Wheels  
13 client will receive the same food. The  
14 appetites of a diverse multi-ethnic  
15 population will not be satisfied. What  
16 a waste of government dollars.  
17 What those seniors will do,  
18 they'll leave it in their  
19 refrigerators, they'll throw it away,  
20 they haven't eaten, and we've already  
21 spent money for that food to be  
22 delivered to them. What a waste of  
23 government dollars at a time when every  
24 dollar is so precious.  
25 In addition to all these changes,

2 DFTA plans to release the RFP for the  
3 restructuring of senior centers any day  
4 now, and to add further insult, they  
5 intend to seize control over the  
6 Borough President's discretionary  
7 allocations to fund their initiatives,  
8 which has, up to now, provided a  
9 backup.

10 All five borough presidents are  
11 united in opposition to this takeover.

12 We'll be meeting with the Mayor to  
13 resolve this matter. Many  
14 community-based services and programs  
15 that our seniors rely on, like  
16 Paratransit Services, where we organize  
17 the entire bus services and  
18 transportation for our seniors, will be  
19 eliminated if DFTA is permitted to  
20 redirect this funding.

21 Therefore, today, I have two  
22 requests; that the release of the  
23 senior center RFP be delayed. It is  
24 reckless and impossible to proceed with  
25 this RFP while the case management

2 agencies are still in turmoil and the  
3 Meals On Wheels contracts have not yet  
4 been awarded. DFTA must comply with  
5 the City charter by maintaining the  
6 essential Borough President's  
7 discretionary funding for senior  
8 programs. This funding has been in  
9 place since 1983.

10 As the Borough President of  
11 Queens, I am aware and sensitive to the  
12 needs to prepare for the projected boom  
13 in increased diversity in our senior  
14 population over the next few decades.

15 However, the dismantling of the entire  
16 service delivery system within one year  
17 is not the answer.

18 An agency, to undergo three major  
19 RFPs in one year, is unheard of in this  
20 City. We do have a democracy and we  
21 certainly need to be very efficient,  
22 but this is not efficiency, this is  
23 destruction. Thank you.

24 ASST. COMMISSIONER ROMERO:  
25 James Collins, New York Citizens

2 Committee On Aging.

3 MR. COLLINS: Wow, I have the  
4 misfortune of following the dynamics of  
5 Borough President, but here it goes  
6 anyway. My name is James Collins. I  
7 am the Chair of the Public Policy  
8 Committee of the New York Citizens  
9 Committee On Aging, a not-for-profit  
10 nonpartisan organization which for  
11 nearly 50 years has promoted interest  
12 in and provided information about the  
13 concerns affecting the well-being of  
14 New York's aging community.

15 Our organization comprises a  
16 broad-based group of leaders within the  
17 field of aging. We welcome this  
18 opportunity to comment on the 2009-10  
19 Annual Plan Summary. While  
20 understandably the Commissioner is  
21 particularly interested in community  
22 comments on restructuring the senior  
23 services, especially to senior centers,  
24 we will leave this topic to other  
25 individuals and groups more qualified

2 to address the myriad issues involved  
3 in that undertaking. You heard quite  
4 eloquent comments from Selfhelp, SNAP  
5 and the Borough President.  
6 Instead, we will focus on the  
7 first issue discussed in the Plan's  
8 Section II, C, The Needs Of The  
9 Elderly, namely Income and Poverty.  
10 For many years the New York  
11 Citizens Committee On Aging has been  
12 concerned with elder poverty in New  
13 York City. Five years ago this topic  
14 was the primary focus in our response  
15 to the DFTA 2004-5 Annual Plan Summary.  
16 At its May 2007 public forum, the  
17 Committee issued a report: Under the  
18 Radar: Poverty Among Older Adults in  
19 New York City, based on an analysis of  
20 data from the US Census Bureau's 2005  
21 American Community Survey. It reported  
22 that of the 20 most popular Cities in  
23 the country, New York City has the  
24 second highest poverty rate, and that  
25 poverty can be found among all the

2 elderly in every borough of the City,  
3 but is most likely to be found among  
4 women, minorities and those with  
5 disabilities.

6 The Committee will soon be  
7 releasing a set of recommendations to  
8 reduce poverty among older New Yorkers.

9 As everyone is now aware, the New York  
10 City Center For Economic Opportunity or  
11 CEO has developed a new poverty  
12 measurement based upon recommendations  
13 of the National Academy Of Sciences to  
14 poverty in New York City more  
15 accurately than the current federal  
16 measurement, the Federal Poverty Level  
17 or FPL.

18 While according to the federal  
19 measurement the poverty rate of the  
20 elderly in New York City in 2006 was  
21 18.1 percent, the CEO calculated the  
22 poverty rate to be 32 percent,  
23 basically one in three elderly New  
24 Yorkers. Representatives of the CEO  
25 and Commissioner Méndez-Santiago

2 discussed the CEO earlier this month.  
3 We commend the Commissioner for  
4 stating that DFTA will include CEO data  
5 in assessing needs and allocating  
6 resources. We also appreciate the  
7 concluding paragraph of the Income and  
8 Poverty section of the Plan summary  
9 found on page 11, "with an increasing  
10 percentage of New York City's elderly  
11 living in poverty, a targeted expansion  
12 of multiple income support services  
13 would be helpful to those most in need,  
14 including Supplemental Security Income,  
15 Medicaid, Family Health Plus, Food  
16 Stamps, congregate and home delivered  
17 meals, and housing subsidies."  
18 What does concern the New York  
19 Citizens Committee On Aging is that  
20 these fine sentiments in Section II are  
21 not translated into specific action  
22 steps in Section IV, Advocacy  
23 Objectives. At the federal level, DFTA  
24 and the City should be advocating  
25 strongly for: Increasing the federal

2 SSI benefit level; increasing food  
3 stamp benefits; increasing Section 8  
4 funding; reducing the Medicare  
5 premiums, deductibles and copayments in  
6 Parts A, B and D, or greatly increasing  
7 the income eligibility level for  
8 participation in the Medicare Savings  
9 Program and Low Income Subsidy Program.  
10 Also, there should be advocating for  
11 increasing Older American Acts funding  
12 for the existing basic services,  
13 particularly meals programs.  
14 We do note that DFTA did call for  
15 increased funding for OAA Act new  
16 initiatives and HEAP. We also believe  
17 that DFTA and the City should be  
18 encouraging the federal government to  
19 undertake a revision of the federal  
20 poverty measure following the National  
21 Academy of Science principles. This  
22 would ultimately benefit both the City  
23 and its poorer citizens of all ages.  
24 Reducing poverty is primarily a  
25 federal responsibility. The New York

2 Citizen's Committee on Aging is ready  
3 and willing to join with the City and  
4 state in pushing for federal action to  
5 reduce poverty among New Yorkers and  
6 all Americans.

7 Finally, an administrative  
8 detail: Table B in the Annual Plan  
9 Summary details the source of DFTA's  
10 279 million dollars in funding; Table C  
11 details 204 million budgeted for  
12 services through community-based  
13 organizations; what is lacking is a  
14 table showing the budget for services  
15 directly provided by DFTA. Without  
16 such a table, one can incorrectly  
17 conclude that the 75 million dollar  
18 difference between Tables B and C is  
19 all allocated to DFTA administrative  
20 expenses and none to services.

21 Thank you for this opportunity to  
22 share the Committee's thoughts with  
23 you.

24 ASST. COMMISSIONER ROMERO:  
25 Council Member Helen Sears.

2 COUNCIL MEMBER SEARS: Good  
3 morning, and good morning,  
4 Commissioner, the Committee, and my  
5 name is Helen Sears and I represent the  
6 25th District in Queens. It probably  
7 is the most diverse district in the  
8 entire country actually, and it  
9 certainly has one of the largest senior  
10 populations.  
11 As you are all aware, the senior  
12 population of New York is rising very  
13 dramatically and it's rising  
14 dramatically all over the City. It is  
15 estimated by the year 2030, people over  
16 60 -- just over 60 will comprise 1/5th  
17 of our population. It means that this  
18 is a good thing because it means that  
19 people are living longer, which places  
20 us to meet some very challenging  
21 situations, because people are living  
22 longer. It is a good thing and we need  
23 to do good things for that.  
24 It means that communities, in  
25 addition, they have the wisdom because

2 the growing aging population today is  
3 different from what was 40, 50, 60  
4 years ago. Particularly with women.  
5 Women are entering the labor force,  
6 they're staying in it much longer, and  
7 women are the providers, the heads of  
8 single family households. They were  
9 doing that 30 years ago. They were  
10 doing it 40 years ago, but we didn't  
11 hear about it. It was the very silent  
12 majority that were very -- that we did  
13 and did not pay attention to.  
14 This changing population, it  
15 demands that both elected officials,  
16 the government and community, we have  
17 to modify the way we think about the  
18 future of our City. And it means that  
19 we need to modify how we think about  
20 the aging population and what is it  
21 that we do for them.  
22 The New York City Council had a  
23 study commissioned by the New York City  
24 Academy of Medicine, and I wish to  
25 address that for a few minutes. And

2 the report identified eight specific  
3 areas of focus in a culmination of an  
4 Age Friendly New York City. It was a  
5 year-long assessment of New York City  
6 from the perspective of older residents  
7 in order to identify areas for  
8 improvement.

9 Now key findings within the  
10 report reveal that many older New  
11 Yorkers find New York City a great  
12 place to live in. It's a great place  
13 for them to age. And they find it that  
14 way because the City does offer many  
15 particular advantages. In the areas of  
16 public transit, close proximity of  
17 stores and amenities, tight-knit  
18 communities which are particularly  
19 unique in Queens. This is a very, very  
20 key point.

21 They enjoy the activities and the  
22 institutions that we have that when  
23 they retire, just look at what our  
24 Borough President predecessors have  
25 done with the Theatre in The Park, the

2 Queens Museum. Now we have a new pool  
3 that's opened and I can tell you it has  
4 a recreation room for seniors. It  
5 opens at 6:00 and by 7:00 they're  
6 there. So there are remarkable things  
7 that we provide and that is our way of  
8 showing how we meet these challenges.  
9 However, however, that doesn't  
10 mean that the seniors are not without  
11 their concerns, and they have expressed  
12 them. They've expressed them in this  
13 year-long study that the City Council  
14 did. They're concerned about mobility,  
15 they're concerned about poverty,  
16 they're concerned about social  
17 isolation, and they are concerned about  
18 exactly how and when and where do they  
19 eat, which is interesting. It's hard  
20 for us to realize that people do that,  
21 but, you know, when I was doing  
22 advanced studies at Queens College,  
23 there were students in my class that  
24 were working students, and most at the  
25 City Universities are working, and I

2 will never forget one student had  
3 change in his hand, and he looked at  
4 did he have enough to get the subway to  
5 go to work or should he buy a sandwich.  
6 That's the truth. And I can tell you  
7 that in our senior centers, our seniors  
8 are doing the same thing.  
9 Now that's hard to believe. It's  
10 very hard to believe that today, in  
11 2008, in the City of New York, in the  
12 State of New York and in this country,  
13 seniors are really weighing what they  
14 do and why our senior centers are so  
15 crowded at 7:00 a.m. in the morning.  
16 They're getting there for a cup of  
17 juice, a cup of coffee and some roll  
18 that they can have, and that's the  
19 first they're taking for the day.  
20 So to be brief, I'm going to say  
21 what the key findings were in this  
22 study. One is that older adults want  
23 to be invited to participate in  
24 designing plans for the continued  
25 development of New York City and how we

2 modify our thoughts and the ways we do  
3 things and to include them.  
4 Older adults sometimes feel like  
5 they're treated unfairly, and I think  
6 we need to also do an education with  
7 our youth. So it would be very nice if  
8 you thought of using our elderly to get  
9 around to the schools, and not only the  
10 police and not only the fire, but to  
11 bring out the seniors to understand  
12 what it means when they are treated  
13 unfairly by adults and by the youth.  
14 And when we see that, it needs to be  
15 corrected.  
16 The older adults express  
17 frustration about the amount of energy  
18 needed to get help or information. Now  
19 I know that in our centers we have  
20 information sources. We have a lot of  
21 pamphlets when I go there. This office  
22 is filled with that. But it's always  
23 the ones whose voices we don't hear  
24 that we need to reach out to, and  
25 that's a challenge because how do we do

2 that? How do we reach out to somebody  
3 that we don't hear from and we don't  
4 know them? That I think is one of our  
5 biggest challenges.

6 And that means that the network  
7 for the seniors has to grow. It has to  
8 grow enormously. The role of older  
9 adults as primary caretakers for their  
10 grandchildren -- and I hear what I'm  
11 saying because they come into my  
12 office -- the role of seniors taking  
13 care of grandchildren and also their  
14 parents, it's not that well recognized  
15 today in all that we do for the senior  
16 population.

17 So I'm bringing it forth that I  
18 think that is an area we must look at.  
19 We recognize the growing preference for  
20 seniors and if they have pensions and  
21 whatever else they do, but we need to  
22 look at some other things.

23 I would like to address for one  
24 moment the Older Americans Act, and I  
25 know, Commissioner, that you have gone

2 down to Washington, DC and you have  
3 really looked, and you know it's an  
4 issue that I have absolutely pursued I  
5 think before I was even in the City  
6 Council.

7 With an aging population and with  
8 people living longer, there is one  
9 issue that I am confronted all the  
10 time, that when you have a husband and  
11 wife living -- which is a very  
12 wonderful thing -- together in old age,  
13 and I say that affectionately because  
14 my husband passed away when I was very  
15 young, so I never had the joy of  
16 watching him get older -- one of them  
17 gets sick and the spouse that is home  
18 has a very difficult time getting to  
19 spend time with their spouse in the  
20 hospital. They either wait for a son  
21 on the weekend or a daughter or they  
22 hesitate to really even ask a neighbor.

23 But at a time when a spouse needs their  
24 spouse that is not as impaired as they  
25 are to spend the time with them, to

2 give them the comfort and the hope, we  
3 don't provide for that.  
4 The Older Americans Act, in 1965  
5 to now, 43 years later, the needs have  
6 changed, and we need to keep modifying  
7 them, and I say here and now that  
8 transportation is a very major issue  
9 with the older, frail, elderly  
10 population, and I cannot stress that  
11 enough.  
12 I cannot stress the lack of  
13 social workers in senior centers, case  
14 workers to deal with their issues,  
15 because one thing about the aging  
16 population, like all of us, we don't  
17 get out of bed the same way feeling the  
18 same way every single day. All of us  
19 can say that each day we feel a little  
20 differently, and that's the senior  
21 population.  
22 So they need to be able to have  
23 those resources that can meet those  
24 signals that are sending out when they  
25 get out of bed. And I know that you

2 have been very, very much aware of  
3 this. I think that we need to look at  
4 in addition to feeding our seniors --  
5 and I know this is a big issue here and  
6 I think it needs to be explored more --  
7 is that in the City of New York, we  
8 need to have more green spaces for the  
9 elderly. They are nine times out of 10  
10 in their apartments. They don't get  
11 out very often, and when they do, they  
12 don't have too much greenery. If they  
13 live in some of the co-ops and if they  
14 have their own home, they have that.  
15 But if you're living in areas where  
16 you're not and you're in a rental, you  
17 don't have much greenery. You add that  
18 to what their problems are, that is a  
19 major thing.  
20 So I think in conclusion, what I  
21 am saying is that we need to modify,  
22 very severely, very strongly and very  
23 quickly, in how we analyze the growing  
24 population, what its needs are, and how  
25 do we modify how we do business in the

2 City of New York to meet that. It is a  
3 population that cannot be ignored, and  
4 we keep people healthier and better,  
5 but it also presents challenges to us,  
6 and it is our responsibility in  
7 government to see that we meet those  
8 challenges. And I think that certainly  
9 reaching out, you would have all the  
10 help that you need to make that work.

11 Thank you very much.

12 COMMISSIONER MÉNDEZ-SANTIAGO:

13 Thank you.

14 ASST. COMMISSIONER ROMERO:

15 Robert Friedman, Central Queens YM &  
16 YWHA.

17 MR. FRIEDMAN: Good morning.

18 My name is Robert Friedman, and I'm the  
19 Executive Director of the Central  
20 Queens YM & YWHA, a Jewish Community  
21 Center serving a diverse population of  
22 children, family, adults and older  
23 adults in Forest Hills, Rego Park, Kew  
24 Gardens Hills, and surrounding  
25 neighborhoods in Queens.

2 The Y serves over 5,000 older  
3 adults annually through a continuum of  
4 health education, cultural and  
5 recreational programs. Our  
6 participants range from Holocaust  
7 survivors to Bukharians, from  
8 Chinese-born elders to Indians, and we  
9 are the major center for  
10 Israeli-Americans who have aged-in and  
11 choose to remain here, with their  
12 families and community. Our fitness  
13 programs and pool, social groups and  
14 cultural programs attract new retirees  
15 and our Silver Sneakers program enables  
16 those with Part B Medicare to take  
17 classes, swim and work-out as a covered  
18 benefit.

19 Serving an eight square mile  
20 region, our senior van, with no support  
21 from DFTA, enables frail and isolated  
22 elders in outlying areas to continue to  
23 participate. The adults who founded  
24 the Y 25 years ago remain involved in  
25 their 80s and 90s, and the new

2 generation of participants in their 60s  
3 and 70s are coming to us for wellness  
4 classes, social opportunities and  
5 volunteerism.  
6 Older adults are active  
7 volunteers at the Y and participate on  
8 our board of directors and as donors  
9 and supporters. Our services also  
10 include the Ester Grunblatt Russian  
11 Service Center, providing case  
12 management, a food pantry and ESL  
13 programs, and the Hevesi Jewish  
14 Heritage Library, whose Meet the Author  
15 programs bring world-class speakers to  
16 Queens.  
17 I'm extremely fortunate to be  
18 able to bring to my review of the DFTA  
19 Annual Plan, my own professional  
20 experience in aging services as I've  
21 aged in aging. I was a program officer  
22 at DFTA in the days when the City's  
23 elderly were ethnically very different,  
24 when people "stayed in their own  
25 neighborhoods" and when senior centers

2 struggled to develop needed resources  
3 and professional expertise. I recall  
4 that we had a remarkable student intern  
5 there named Ed Méndez-Santiago --  
6 looked much like you, Commissioner,  
7 with less gray hair. DFTA was a great  
8 advocate in City Hall, Albany and  
9 Washington, and the creation of Meals  
10 on Wheels, CSE, EISEP and SNAP is a  
11 tribute to the late Commissioner Janet  
12 Sainer, Elly Guggenheimer, and other  
13 pioneers of our senior civil rights  
14 movement.  
15 30 years ago Deputy Commissioner  
16 Mary Mayer recognized that the lives of  
17 the elderly are intertwined with their  
18 families and neighbors, and that the  
19 best services are those that complement  
20 and reinforce natural supports.  
21 Following my DFTA tenure, I ran  
22 social and protective services for a  
23 major citywide agency. I was fortunate  
24 in being able to harness the resources  
25 of that agency to create new and

2 effective programs, and saw the power  
3 of big as that agency leveraged  
4 resources and technology, and was  
5 uniquely able to better the lives of  
6 our older adults.

7 After that I moved to a community  
8 agency where survival is far more  
9 tenuous. Despite that challenge,  
10 there's the ever present reward of  
11 providing people with a sense of place,  
12 of managing a center that reflects  
13 their needs and wants, and engaging  
14 their families and caregivers in ways  
15 that are uniquely supportive.

16 As we approach Election Day, I  
17 would be remiss if I did not remember  
18 my late friend Sadie, who at age 94  
19 came with her walker to the polls, only  
20 to be denied her right to vote due to a  
21 bureaucratic snafu. She handed the  
22 guard my card from "her center." I  
23 zoomed over there and after a little  
24 bit of advocacy, Sadie cast her vote.

25 My vote will always be for that kind of

2 power of community.  
3 As the DFTA Annual Report  
4 highlights, our aging community is  
5 changing and DFTA faces an  
6 extraordinary challenge, how to  
7 continue its legacy of being a catalyst  
8 for innovation and change, providing  
9 people with opportunities to become  
10 connected to resources, interests,  
11 people and communities. As we age,  
12 City people finally have leisure time  
13 to devote to new relationships. As we  
14 age, we need to replace our routines  
15 and withering networks with new ways of  
16 living and new supports. In our newly  
17 enriched life span, we need to find  
18 ways to stay mentally and physically  
19 active: To grow and to reaffirm our  
20 productivity and worth.  
21 DFTA has honorable ambitions in  
22 seeking to reconfigure its service  
23 network. 20 years ago, I recall  
24 centers in the Bronx that once fed  
25 hundreds of elders and were reduced to

2 a handful of participants. Just as  
3 people age in and age out, so do  
4 centers and neighborhoods. More  
5 critically, three decades ago DFTA was  
6 forced to situate centers in facilities  
7 that could provide rent-free or low  
8 cost public space. Many of these  
9 venues, and the programs that they  
10 host, as DFTA's central utilization  
11 study suggests, are ill suited for  
12 today's aging consumers.

13 Studies by New York City Planning  
14 Commission's expert demographer Joseph  
15 Salvo demonstrate that New Yorkers are  
16 far more mobile than they were in years  
17 past. Today, persons of diverse ages  
18 and ethnicity live together, not in  
19 enclaves. A network of centers where  
20 110 separate cultures have their  
21 individual niches may not be what we  
22 need today. Today, each center in our  
23 City must have a broad cultural  
24 competence and serve diverse  
25 constituents. That truly is what

2 government should support, and the task  
3 of providing for more particular  
4 cultural needs should rightly fall to  
5 faith-based and philanthropic groups.  
6 The DFTA Annual Report is a  
7 masterful master plan, but it succumbs  
8 to a tendency plaguing our entire City:  
9 Dealing with the macro and ignoring all  
10 that which is local. Our transit  
11 system similarly has its master plans,  
12 yet 63rd Drive remains a local stop on  
13 the subway after 30 years. Our  
14 Department of Education disbands 110  
15 Livingston Street, but at the same  
16 time, severs the local relationship to  
17 its public schools. The fact is that  
18 urban planning has given up on local  
19 planning in this City, and this  
20 prevents otherwise sound approaches  
21 from succeeding, as we move from bullet  
22 points in a plan, to real-time  
23 implementation.  
24 It is hard to conceive of how an  
25 understaffed City agency like DFTA can

2 juggle the dozens of special projects  
3 and priorities outlined in the plan,  
4 each one with its own outreach,  
5 planning and programming challenges.  
6 Whereas we once had a rather cohesive  
7 service network, the Plan appears to  
8 consciously seed a fragmented series of  
9 activities that are informed and  
10 inspired, but isolated and inefficient.  
11 In many ways they mirror the mistakes  
12 of the health care bureaucracy, whose  
13 efforts all too rarely mesh with how  
14 older New Yorkers live in neighborhoods  
15 and communities, and are rarely able to  
16 align public and voluntary efforts to  
17 be sensitive to local needs and build  
18 upon our natural supports.  
19 DFTA is correct in asking us to  
20 develop new models of senior services  
21 to address new patterns of settlement  
22 and socialization. The generation  
23 aging-in today is empowered, literate,  
24 actively seeks to associate with others  
25 of diverse backgrounds and interests,

2 and is eager to embrace social  
3 networking and virtual communities.  
4 Today's aging population can readily  
5 avail themselves of information that  
6 can provide pleasure, meaning,  
7 spiritual support, counsel, and  
8 concrete benefits, from home shopping  
9 to health care.  
10 At the same time, it would be a  
11 mistake to jump too far ahead of the  
12 curve. Not all elders enjoy the  
13 benefits described herein. For our  
14 oldest New Yorkers, they never did.  
15 Others, as DFTA's poverty study will no  
16 doubt cite, came to New York from other  
17 places, are inhibited by language and  
18 culture from swimming in the mainstream  
19 and prefer to be centered in family and  
20 in their own familiar culture. Many  
21 never had access to the information  
22 age. For some, a Blackberry is  
23 something that you bake in a pie.  
24 We need to preserve our social  
25 contract with people in communities in

2 need. We also need to preserve  
3 organizations that provide valuable  
4 community service beyond the senior  
5 centers, and would be decimated were  
6 they to lose the financial support that  
7 the centers provide. As part of a  
8 transitional plan, technical support  
9 and assistance to such organizations  
10 should be provided by this City, to  
11 ensure that the loss of DFTA senior  
12 centers does not create a vacuum in a  
13 community and have a snowball effect,  
14 impacting upon other services beyond  
15 the senior center. This is not  
16 parochial or provider interest, it is  
17 public interest.

18 After three decades in the field  
19 of aging, I'm compelled to ask one last  
20 question of DFTA. At a congressional  
21 hearing in the Nixon years, the  
22 choreographer Eliot Feld said "would it  
23 be possible to make a nuclear submarine  
24 just three feet smaller than you  
25 planned and use the savings to save

2 dance in America?" I have to similarly  
3 ask why new initiatives must come at  
4 the expense of existing programs worthy  
5 of continuation, as we reallocate a pot  
6 of money that's already far too small.  
7 Other Cities have undertaken true  
8 reform and looked at ways to utilize  
9 health care and long term care funding  
10 to create model programs that integrate  
11 health, nutrition, social and  
12 recreational services. DFTA managed to  
13 visit Philadelphia and pulled frozen  
14 meals out of the ice box, but they'd be  
15 well advised to seek federal remedies  
16 that would fund other new model  
17 programs, such as the PACE program in  
18 Philadelphia that will have an impact  
19 even greater than is now envisioned,  
20 saving hundreds of millions of dollars  
21 in future health care expense and  
22 enriching the quality of life for aging  
23 New Yorkers. The Plan speaks of  
24 waivers, and we hope that the Mayor  
25 will support the Commissioner and seek

2 federal approval to fuel this potential  
3 new revenue source for creative  
4 programming.  
5 As I began these remarks, I  
6 failed to mention that the Y formerly  
7 had a Senior Wellness Program, which  
8 was funded through the Borough  
9 President discretionary grants that the  
10 DFTA Commissioner chose to extinguish.  
11 Two decades ago, my predecessor at the  
12 Y didn't believe in lunch programs. So  
13 we've enjoyed a virtual senior center.  
14 Seniors stay all day, and unlike many  
15 centers where when the last pea rolls  
16 off the plate the seniors flee, we have  
17 a program that is vital and active. Or  
18 at least we did.  
19 Today, our seniors are told all  
20 they have to do is cross Queens  
21 Boulevard to find other programs.  
22 Unfortunately, our center had no bread  
23 and butter, so it lost its bread. No  
24 protest. It simply withered away. For  
25 two decades, the Sams and the Sadies of

2 our community came to the Y, and now  
3 they've succumbed to invisibility.  
4 They are the new poor, middle class  
5 people who never dreamed that they'd  
6 exhaust their savings, who never  
7 thought that the community that served  
8 them so well when they raised their  
9 families here and paid their taxes,  
10 would fail them so miserably.  
11 We and our community hope that  
12 our discretionary funding might be  
13 restored. We relish the opportunity to  
14 work with DFTA to remedy the gaps in a  
15 service network that was mapped out two  
16 decades ago for a very different New  
17 York. We hope to propose a model of  
18 programming for older adults that is  
19 working in community centers like the  
20 Y, with a truly holistic approach. We  
21 trust that change can be achieved in a  
22 manner that will build upon the  
23 collective partnership between  
24 government, advocates and providers;  
25 that will embody best practices and

2 technologies, and that will engage and  
3 inspire all of us, rather than turning  
4 our colleagues and our neighbors  
5 against each other and provoking anger  
6 and anxiety. Thank you.

7 ASST. COMMISSIONER ROMERO:

8 Patricia Dolan, Queens Community House.

9 MS. DOLAN: Good morning,

10 Commissioner. As the candidate was

11 saying this week, "good morning,

12 Queens." I'm Patricia Dolan. I'm the

13 director of Queens Connection, a

14 program of the Queens Community House.

15 I work with senior service providers

16 and seniors themselves to make sure

17 that elderly people with disabilities

18 can access programs, services and their

19 personal needs.

20 For more than two decades, the

21 Department For The Aging recognized the

22 critical role of transportation in the

23 continuum of senior services and

24 encouraged its staff to eloquently --

25 and even passionately -- make the case

2 in each year's Plan document for  
3 enhancing seniors' mobility. For those  
4 decades, the programs DFTA funded  
5 provided transportation in good times  
6 and bad.  
7 We can all remember when funding  
8 was cut to the bone, but we still  
9 provided transportation to the seniors  
10 who needed it. No more. 2009 is  
11 DFTA's year of becoming thoroughly  
12 modern. We've heard all about DFTA's  
13 wonderful modernizing plans. The  
14 dressed up and with it DFTA of 2009 is  
15 omitting community center based  
16 transportation from its plans and  
17 goals.  
18 2009 will be the year when DFTA  
19 abandons the goal of safe, reliable and  
20 affordable assisted transportation for  
21 needy seniors from the Request For  
22 Proposal for its modernized senior  
23 center, a title that the agency will no  
24 doubt banish in favor of the less  
25 forbidding wellness centers that will

2 better appeal to the boomers who loath  
3 the very idea of aging.  
4 Reality is not a part of DFTA's  
5 plan. DFTA has no plan for the share  
6 of the million new New Yorkers who will  
7 be elderly that the Mayor expects to  
8 welcome to the City by 2030. Left out  
9 of DFTA's new modern equation is a hard  
10 truth. The fastest growing segment of  
11 the population is over the age of 85,  
12 an age group that disproportionately  
13 suffers from broken bones, strokes,  
14 dementia and terminal diseases. Also  
15 left out of DFTA's vision of 2009 is  
16 the spectrum of Alzheimer's disease  
17 which experts expect to affect the  
18 majority of seniors who achieve great  
19 old age.  
20 DFTA has no answer to the  
21 question of how to bring these seniors  
22 to programs. DFTA's idea of providing  
23 transportation is a refresher course on  
24 how to cross the street, or perhaps the  
25 idea is to throw the disabled off

2 DFTA's buses before the agency takes  
3 them off the road and out of the  
4 budget, which is what DFTA's 2009 plan  
5 is all about. Thank you.

6 ASST. COMMISSIONER ROMERO:  
7 Marcella Dotan.

8 MS. DOTAN: Good morning. My  
9 name is Marcella Dotan. I was born in  
10 Romania about 80 years ago, and when I  
11 say this, I can't believe it myself. I  
12 think I'm talking about somebody else.  
13 And I worked until I retired as a clerk  
14 in the stock market.  
15 A few year ago, I lived in  
16 Jackson Heights, and I had a neighbor,  
17 a young woman, who gave birth to a  
18 little girl, beautiful little girl who  
19 I fell in love with. Unfortunately,  
20 the mother suddenly died. It happened  
21 just about when I was planning to  
22 retire. I was well over 65. And her  
23 father took care of her for a couple of  
24 years and then he got sick. He wasn't  
25 able to take care of her, so I said to

2 myself, what else can I do but take  
3 care of a little girl now that I will  
4 retire. So I definitely had to retire,  
5 which I did.  
6 For the first three years -- I  
7 forgot to tell you something. Her  
8 father said that he couldn't take care  
9 of the girl. So I said, "Okay. I will  
10 take care of her." Of course, when she  
11 was so young, I didn't realize this is  
12 not so easy when they grow, when they  
13 reach 13 like now.  
14 Anyway, three years later after  
15 she started living with me, I heard  
16 about Family Center agency through a  
17 friend of mine. So I got in touch with  
18 them and I went to speak with somebody.  
19 I met a very nice young girl, young  
20 woman, and she told me that they will  
21 try to help me in raising this child.  
22 Thanks to the Family Center, I  
23 was able to get a legal guardianship.  
24 By myself I couldn't have done it  
25 because to take a lawyer was too

2 expensive, I couldn't afford it. So  
3 the Family Center helped me a lot. A  
4 lot. They worked very hard.  
5 And also, I had there somebody, a  
6 social worker, her name is Maggie, who  
7 is always available. Whenever I need  
8 her, I can talk to her. I go to  
9 meetings, and those meetings are  
10 helpful because I realize that I'm not  
11 alone. That there are other  
12 grandmothers like me. And, you know,  
13 we exchange experiences, and the fact  
14 that I'm not the only one going through  
15 these problems, it makes me feel  
16 better.  
17 The fact that the Family Center  
18 helped me with the lawyer that they  
19 have without having to pay anything, it  
20 was free. This was a lot of help. It  
21 took a few months, five, six months  
22 until I got the guardianship, but  
23 finally, finally, I was able to take  
24 care of her because, you know, a child,  
25 you have to take a child to the

2 hospital, to a doctor, immediately they  
3 ask you who are you. So now I had a  
4 right to say, "I'm her legal guardian."  
5 And, you know, it was a lot of  
6 work for them, but they did it, and I'm  
7 very grateful. Very grateful.  
8 Also, when I feel overwhelmed  
9 with taking care of this girl who is a  
10 brilliant girl, beautiful, brilliant  
11 and brave, but she's 13, so you know,  
12 this doesn't help me. She's so smart.  
13 At her age she goes to Hunter College  
14 High School. She passed the test.  
15 Just one percent in her school. Two  
16 boys and a girl passed this test.  
17 Sometimes we have counseling  
18 sessions with the girl's father and me  
19 at the Family Center with the social  
20 worker for better communication and  
21 cooperation through her father.  
22 Also in December, you know, for  
23 the holidays, we go to parties at the  
24 Family Center where Julie -- this is  
25 the girl's name -- she receives gifts,

2 she has a chance to meet other children  
3 more or less like her situation. You  
4 know, I'm not young as you can see, and  
5 to take care of a 13 year old girl, as  
6 I said, it's not easy at all. But  
7 thanks to this agency, it makes my life  
8 much easier.

9 Sometimes I feel like I have no  
10 strength anymore, but they encourage me  
11 and I keep going. I can't let this  
12 wonderful child go to waste. This is  
13 what would happen. I don't think her  
14 father would be able to take care of  
15 her. I'm sure he cannot. He is also  
16 unemployed. From now I have problems  
17 with her transportation because I live  
18 in Queens and she goes to Hunter  
19 College. You know, it's on Lexington,  
20 and the high school, it's on 94th  
21 Street. I tried maybe the Family  
22 Center could help me, but it seems like  
23 it's very difficult, so I have to pay a  
24 lot of money for her transportation. I  
25 can't let her take public

2 transportation at this age.  
3 Anyway, from whatever I get for  
4 her from social security, I try to, as  
5 much as I can, to save for her college.  
6 It's not a lot, but, of course, I  
7 contribute a little bit also so I can  
8 save for her. And I hope I can live  
9 enough to see her finish high school.  
10 Maybe I will. My mother lived to  
11 be 99. My grandparents 87. So maybe I  
12 have this chance at least to finish my  
13 job. And I thank you so much for this  
14 opportunity to thank everybody, the  
15 Family Center, who are so great, so  
16 good to me, and to the child, and so  
17 understanding, and I thank you for  
18 listening.

19 ASST. COMMISSIONER ROMERO:  
20 Laura Stamm, The Family Center.  
21 MS. STAMM: Good morning. My  
22 name is Laura Stamm, and I'm a social  
23 worker at The Family Center and  
24 director of The Family Center's Second  
25 Time Around Program. During these

2 hearings, you've heard from several of  
3 our clients across the boroughs, and  
4 thank you, Marcella, for sharing your  
5 story. She's one of the wonderful  
6 clients that we have the privilege of  
7 working with.

8 They are the most eloquent voices  
9 of the very human need we serve. I  
10 will be brief. I just want to share  
11 with you a brief snapshot of the kinds  
12 of clients' needs who we serve, by  
13 describing a few of the other families  
14 on my case load.

15 Among my clients I serve a 59  
16 year old African American grandmother  
17 in the Bronx. She's a veteran and has  
18 severe diabetes and needs a wheelchair.  
19 Her 25 year old daughter died of cancer  
20 and my client now cares for her seven  
21 year old granddaughter.

22 A Latino grandmother with heart  
23 disease and cerebral palsy, who also  
24 requires a motorized wheelchair and  
25 cares for her nine year old grandson

2 because her daughter has been in a  
3 substance abuse program for many years  
4 and cannot care for him.

5 A 79 year old African American  
6 grandmother in Manhattan who cares for  
7 her 15 year old granddaughter, who she  
8 took in when the girl was three and her  
9 natural grandmother died of an  
10 overdose.

11 A Jewish woman in her early 60s  
12 living in Kew Gardens, who is caring  
13 for her seven year old grandson, who  
14 has severe behavioral issues requiring  
15 special education. This summer we paid  
16 to send him to a specialized camp for  
17 children with behavioral issues for  
18 several weeks.

19 Another 85 year old African  
20 American woman caring for a  
21 developmentally disabled 14 year old  
22 daughter. An 83 year old woman, a  
23 lifelong resident of Long Island City,  
24 who has raised three of her  
25 grandchildren, now ages 10 to 17. The

2 youngest was born with a positive  
3 toxicology for illicit substances and  
4 has medical and behavioral  
5 complications as a result.  
6 There are 82,000 such stories of  
7 grandparent caregivers in our City.  
8 This is a fraction of the need in our  
9 City. Since 2004, we have directly  
10 served 350 grandparents and families  
11 with thousands of individuals. We  
12 provide information, referral and  
13 telephone support for hundreds of  
14 additional families each year.  
15 I see every day the difference we  
16 make for these families. It is  
17 incredibly hard work, but also deeply  
18 gratifying. The help we provide makes  
19 a difference for the seniors, for the  
20 children and for the community. Plain  
21 and simple, we could not do it without  
22 DFTA's support.  
23 Please keep us in mind as you  
24 consider your Annual Plan in the  
25 future. Thank you very much.

2 ASST. COMMISSIONER ROMERO:

3 John Todras, Kew Gardens Community  
4 Center.

5 MR. TODRAS: Good morning,  
6 ladies and gentlemen. I'm a young  
7 senior. I had taught in the New York  
8 City schools for over 25 years. I left  
9 after 25 years due to assaults against  
10 me. Serious assaults. I became  
11 disabled.

12 And I've fairly recently came to  
13 understand the plight of the aging, and  
14 I never considered myself an old  
15 person. Then I had herniated discs  
16 and more herniated discs. Then other  
17 operations. I don't do drugs. I don't  
18 do alcohol. Never did.

19 I go to the Kew Gardens Community  
20 Center a few times a week. Watch some  
21 movies. Do some other activities.  
22 It's convenient for me. I can actually  
23 walk there if my back holds up. I  
24 carry around a special orthopedic  
25 pillow wherever I go. I consider

2 myself a healthier one of the seniors  
3 and I still am in pain all the time. I  
4 got torn meniscus on my knee, bad  
5 ankles, three herniated discs and  
6 posttraumatic stress because I have  
7 brain scarring from having had my head  
8 smashed by the students against one of  
9 those brass rails going down the steps.  
10 I'm very honest about these kinds  
11 of things. And I still consider myself  
12 lucky. There are people worse than me.  
13 And the elderly are growing  
14 exponentially. The center I go to is  
15 phenomenal. Really. The director,  
16 Bari Goldman, she should have about 30  
17 hands. I don't know how she keeps up  
18 with everything. It costs the City  
19 nothing in rent. Nothing. It's rent  
20 free. It's part of the agreement with  
21 Kew Gardens.  
22 But they do receive discretionary  
23 funding, which I understand is going to  
24 be cut. It's absurd. I voted first in  
25 1968 when I couldn't even move for

2 Richard Nixon, the elect, or Hubert  
3 Humphrey. Things haven't improved to  
4 me very much over the years.  
5 Nevertheless, I would like to say  
6 something about the funding in this  
7 City in general. When I was a  
8 teacher -- and I left about a little  
9 over 10 years ago -- teachers were  
10 always amazed at something we knew in  
11 terms of supervision. Now supervision  
12 can be the highest level from the  
13 chancellor, all the way down to your  
14 assistant principal, or -- I was in a  
15 high school, so it was a department  
16 chairman. And there were others, of  
17 course, when they had the old community  
18 school boards.  
19 Nevertheless, we were always  
20 laughing and also dismayed at the fact  
21 that in private industry, there are  
22 approximately 30 workers for every line  
23 supervisor. In the old Board of  
24 Education when I left, there were three  
25 teachers for every line supervisor.

2 The supervisors worked 1/10th as hard.  
3 They had so much time on their hands.  
4 I can't even tell you.  
5 Now I understand that it's at  
6 least doubled or maybe tripled again.  
7 I'm talking about the total of the line  
8 supervisors. I mean, I know a lot of  
9 them enjoy walking around downtown  
10 Brooklyn if they were anywhere near  
11 Livingston Street, but you want to talk  
12 about a tremendous amount of waste that  
13 I would assume has to be in the high  
14 hundreds of millions if not billions,  
15 and then I see things cut for seniors.  
16 It is staggeringly disgusting to me.  
17 I think that the Board of  
18 Education, the Department of Education  
19 under this Mayor, now eight years and  
20 he wanted direct control, he got it --  
21 and schools were off to a disastrous  
22 start this year with class sizes all  
23 over the place. They couldn't control  
24 them. What is this man doing? I don't  
25 know. And what is Klein doing? He had

2 no experience in education.  
3 So what I think needs to be done  
4 is taking a good look at that budget  
5 and seeing how much duplication and  
6 triplication is going on there. What  
7 the seniors need is something that  
8 Hillary Clinton kind of phrased about.  
9 It takes a village to raise a child.  
10 It takes the same village to treat  
11 elderly with all the dignity that they  
12 do until they don't have any more  
13 breath in them. Thank you everyone.  
14 ASST. COMMISSIONER ROMERO:  
15 Antoinette Emers, VISIONS.  
16 MS. EMERS: Thank you for this  
17 opportunity to testify. My name is  
18 Antoinette Emers and I am the Assistant  
19 Director of Community Outreach for  
20 Business Services for the blind and  
21 visually impaired, a nonprofit agency  
22 promoting the independence each year of  
23 over 3,000 people who are blind and  
24 visually impaired. More than half of  
25 the blind people we assist each year

2 over the age of 60.  
3 All services are provided free of  
4 charge. No health insurance is  
5 required. VISIONS is a citywide vision  
6 rehabilitation and social service  
7 agency, specializing in serving senior  
8 who are blind or visually impaired, who  
9 are of low or limited income, who speak  
10 a language other than English,  
11 primarily Spanish, Cantonese and  
12 Russian, have multiple disabilities and  
13 are at higher risk for vision loss,  
14 particularly African American and  
15 Hispanic seniors who have a higher  
16 incident of diabetes and glaucoma.  
17 We commend DFTA on the commitment  
18 to reaching and serving a diverse  
19 elderly population in New York City.  
20 We applaud DFTA's Annual Plan which  
21 recognizes the special needs of the  
22 growing elderly population. With  
23 sensory impairments, vision and hearing  
24 loss, in New York City there's an  
25 estimated 34,000 elders age 65 and

2 older who are blind, and 217,000 age 65  
3 and older who are visually impaired.  
4 This number is expected to double by  
5 2030. The incidents of vision loss  
6 increases with age due to age-related  
7 eye diseases, such as macular  
8 degeneration, glaucoma, cataracts and  
9 diabetic retinopathy.  
10 Today we would like to make the  
11 following recommendations on the DFTA  
12 Annual Plan. On the first question,  
13 DFTA should make a long term commitment  
14 to the New York City Coalition On Aging  
15 and Vision Project and fund an ongoing  
16 resource center on aging and vision.  
17 Fund senior centers and  
18 multigenerational centers to be vital,  
19 attractive hubs for information and  
20 activities. Ensure access to benefits,  
21 social security, food stamps and  
22 Medicaid for seniors with vision loss.  
23 Also, fund outreach to the visually  
24 impaired population and under served  
25 populations.

2 Shifting the burden off the City  
3 to nonprofits to perform at the same  
4 level with less revenue and increasing  
5 expenses is unreasonable. Create a  
6 diverse roster of speakers from health  
7 education organizations to provide  
8 services to the aging network at no  
9 cost to nonprofits.

10 Reward inclusion for diverse  
11 populations to the needs of diverse  
12 populations, including seniors with  
13 vision loss as members, volunteers and  
14 activity leaders of senior programs and  
15 advisory groups. Ensure coordination  
16 with the surrounding community to  
17 increasingly draw in a multicultural  
18 and multigenerational population into  
19 senior programs.

20 Second question, where is the  
21 money to do this? Vision lost 32,525,  
22 plus a three percent cut this year of  
23 DFTA funding, how can we expand with  
24 fewer dollars, and in the near future,  
25 we will lose the discretionary funds

2 from our Borough President. Why  
3 weren't senior programs spared from  
4 cuts when the Mayor's Commission on  
5 Economic Opportunity defines year three  
6 as living in poverty? The Good  
7 Practice Intergenerational Publication  
8 should be highlighted because it is a  
9 good tool to promote healthy aging.  
10 DFTA should focus with New York City  
11 Department on Transportation on  
12 modifying quiet cars and installing  
13 audible pedestrian signs throughout New  
14 York City.  
15 Senior employment is a critical  
16 area. Where is the financial  
17 investment of the City to inform  
18 seniors and providers of the solutions  
19 and the equipment that has proven  
20 successful?  
21 Third question, encouraging,  
22 hiring and maintaining staff that  
23 reflect a diverse population presently  
24 and projected to obtain services from  
25 all the DFTA funded programs. Two,

2 encourage the creation of partnerships  
3 with ethnic-based organizations and  
4 businesses to assist in developing an  
5 appropriate plan to strategically work  
6 with populations in DFTA-funded  
7 programs. Where is DFTA's commitment  
8 to community outreach when it defunds  
9 these efforts? Restore all funding  
10 distributed by the Borough Presidents.  
11 In closing, we ask you,  
12 Commissioner, in this budget crisis,  
13 that you allow VISIONS, your community  
14 partner, full partnership with you and  
15 staff to navigate this crisis, to  
16 ensure quality decisions are made that  
17 impact on the aging and vision loss  
18 community.  
19 Again, thanks, Commissioner, for  
20 this opportunity to speak today.  
21 ASST. COMMISSIONER ROMERO:  
22 John Finster, Queens Jewish Community Council.  
23 MS. FINSTER: Good morning.  
24 It's Jan, J-A-N. Although I am a

2 retired teacher, it's been a while, so  
3 I guess my printing isn't so good. And  
4 I am obviously a senior citizen.  
5 I want to thank DFTA for coming  
6 to Queens, welcome you here. Not only  
7 listening, but I noted a lot of  
8 writing. Obviously you're listening  
9 carefully and I'm anticipating that you  
10 will really act upon what you've heard.  
11 I want to observe that we have in  
12 this hall the home of our Borough  
13 President and I thank the Borough  
14 President not only for her eloquent  
15 speaking on behalf of the elderly, you  
16 really not only talk the talk, you walk  
17 the walk. You've opened up your home  
18 here. You've opened up to the  
19 organizations here in Queens  
20 discretionary funds to allow us to  
21 provide for the seniors. You see in  
22 this room a diverse group of  
23 organizations who serve a diverse  
24 elderly population.  
25 Of course, Queens Jewish

2 Community Council is one of those  
3 organizations. What you haven't heard  
4 is that we do work together, many of  
5 these organizations work together  
6 serving the elderly without overlap.  
7 But we all recognize an increased need.  
8 I'm going to have that need soon.  
9 My 93 year old mother has taken  
10 full advantage of many of the services  
11 that Queens Jewish Community Council  
12 has offered, particularly the emergency  
13 communicator button, and that has saved  
14 her twice.  
15 What I want to emphasize as a  
16 former teacher for whom it was stressed  
17 that it is important to care for the  
18 individual students, the elderly also  
19 are individuals and they need a very  
20 personal touch. It was mentioned  
21 before they're frail. Many of them,  
22 even those -- who have their faculties,  
23 are intimidated by the phones that they  
24 call with. "If you want this, press  
25 one, if you want that, press two."

2 They need people such as the case  
3 managers who help them get through  
4 this. They need that individual care.  
5 They need Meals On Wheels delivered  
6 more regularly in person, so that those  
7 who deliver those meals, have the  
8 opportunity to look at these people to  
9 see if their needs are greater than  
10 just for food.  
11 As was mentioned, many elderly  
12 are very proud. Many of them don't  
13 want to say they need, but they do, and  
14 it is our responsibility to care for  
15 them. I'm hoping that you will get the  
16 statistics of Queens Jewish Community  
17 Council from our executive director,  
18 Cynthia Zalisky, because it's really  
19 important for them to be noted.  
20 I thank everybody here for the  
21 opportunity to speak.  
22 ASST. COMMISSIONER ROMERO:  
23 Chris Lennon, SAGE.  
24 MR. LENNON: My name is Chris  
25 Lennon and I represent SAGE. On behalf

2 of SAGE, I want to thank the City of  
3 New York Department Of The Aging for  
4 holding this public hearing.  
5 Services and the advocacy for Gay  
6 Lesbian, Bisexual and Transgender  
7 Elders has a mission to ensure that  
8 gay, lesbian, bisexual and transgender  
9 seniors access a full array of services  
10 that provide for the whole person.  
11 This is especially relevant in regard  
12 to addressing the Annual Plan's focus  
13 on full inclusion of the needs of New  
14 York City seniors.  
15 While our program is a very small  
16 part of New York's wealth of senior  
17 services, we believe our model of  
18 programming is entirely relevant. The  
19 SAGE structure is already rooted in the  
20 notion that it is vital to acknowledge  
21 diversity in all its forms while  
22 participating in New York City's senior  
23 delivery system. Our five-year  
24 strategic plan directly addresses  
25 tactics by which identifies and

2 strengthens ties between the LGBT  
3 seniors and the elder community at  
4 large. Concurrently we promote  
5 diversity within our own community and  
6 develop services that speak to the  
7 needs of organizations like SAGE Harbor  
8 NORC, Latina Women's Group.

9 The current models of senior  
10 services in New York City serves an  
11 increasingly diverse aging population  
12 using outdated systems and limited  
13 utilization methods. SAGE envisions a  
14 model that would provide lesbian, gay,  
15 bisexual and transgender seniors with a  
16 safe, vibrant space in which to age,  
17 while at the same time connecting them  
18 with a rich spectrum of aging services  
19 that New York City could become under  
20 the City's modernization efforts.

21 While SAGE will never serve every  
22 LGBT senior living in New York City, we  
23 do wholeheartedly believe that every  
24 LGBT senior in New York City deserves  
25 to receive essential services. SAGE

2 will support all efforts to ensure New  
3 York City's modernization of its senior  
4 services occurs on a time line that  
5 allows for maximum effectiveness and  
6 opportunity to transition from the  
7 status quo, as long as this does not  
8 come at the expense of LGBT seniors'  
9 need for services now.

10 SAGE supports DFTA's commitment  
11 in keeping seniors empowered by helping  
12 them to stay in their homes.

13 Historically, our program reflects a  
14 similar emphasis. While developing and  
15 providing services that allow seniors  
16 to remain at home, we acknowledge the  
17 need to connect them to the community  
18 as well.

19 Again, our strategic plan  
20 reflects these goals, producing a new  
21 generation of service programs focused  
22 on both outreach and support for those  
23 who will provide program delivery.

24 Providing leadership to the LGBT  
25 community from within the community,

2 facilitating member-driven initiatives,  
3 forming coalitions with other LGBT  
4 organizations, working with other  
5 senior organizations by providing  
6 sensitivity training to promote safe  
7 spaces for LGBT elders to participate  
8 outside of SAGE.

9 SAGE has always engaged people,  
10 the people we serve intellectually and  
11 culturally, and is well prepared to  
12 solicit their thoughts and opinions  
13 with regard to their needs and wants  
14 and the quality of services available,  
15 and to be guided by them. As a result,  
16 whereas LGBT seniors might hesitate to  
17 reach out in mainstream settings for  
18 the help they need for fear of  
19 encountering anti-LGBT bias on the part  
20 of service providers and the seniors in  
21 those settings, they can turn to a SAGE  
22 representative in confidence that they  
23 will be met with respect and  
24 compassion.

25 SAGE has always closely-connected

2 the nature of our programming with the  
3 interests of our members to promote  
4 vital aging, and we have always done  
5 this with very limited access.  
6 The field in which we operate is  
7 changing dramatically. Older New  
8 Yorkers are a rapidly diversifying  
9 population. It is estimated that by  
10 2030, the number of LGBT adults age 65  
11 and over will increase by 75 percent.  
12 SAGE's experience continues to  
13 demonstrate that LGBT seniors face  
14 endemic discrimination and  
15 marginalization. Largely invisible to  
16 policy makers and providers, they are  
17 not represented in research studies and  
18 are often marginalized by mainstream  
19 aging groups and services. They also  
20 face systemic discrimination in Social  
21 Security, Medicaid and countless other  
22 programs that provide a safety net for  
23 their non-LGBT counterparts. Our  
24 seniors are not able to access these  
25 essential supports today.

2 SAGE's current membership is  
3 quite -- is, in fact, quite reflective  
4 of New York seniors. They are  
5 independent, expect to receive fully  
6 sensitive and culturally competent  
7 services, have a myriad of special  
8 interests and demand a wide menu of  
9 options when it comes to programming.  
10 Yet mainstream provider settings do not  
11 provide this. We know, for example,  
12 that some SAGE members utilize  
13 traditional senior centers for meals,  
14 but their fears, coupled with a lack of  
15 culturally competent services, often  
16 force them to steer clear of other  
17 seniors and leave immediately after the  
18 meal.  
19 SAGE knows, from listening to our  
20 clients and members over the last 30  
21 years, that while the need is great,  
22 there are very few existing service  
23 models in New York City that  
24 demonstrate the degree of cultural  
25 competence, openness and diversity of

2 programming that would welcome LGBT  
3 seniors. The population SAGE serves  
4 has a little stake in the status quo.  
5 SAGE has created an array of  
6 services that is customer driven. By  
7 addressing our active participants in  
8 their own aging and learning about  
9 their interests, we have a flexible  
10 creative program that does not rest on  
11 outdated assumptions of what and who a  
12 senior is in New York City. A sample  
13 example is this; here in New York City,  
14 about one-third of men over 60 live  
15 alone and 45 percent of women over 60  
16 live alone. Comparatively, 2/3rds of  
17 all LGBT seniors live alone and 90  
18 percent have no children.  
19 LGBT seniors frequently lack the  
20 support that emanates from traditional  
21 social and family networks and are far  
22 more likely to be aging in isolation.  
23 SAGE does not make assumption about  
24 family and social structures in  
25 addressing the essential services our

2 clients need, because we have  
3 recognized for decades that those  
4 assumptions do not play out. Yet, our  
5 City's essential support systems  
6 continue to work on the expectation  
7 that there is some family member  
8 actively engaged in the life a senior.  
9 We have a modernization of a  
10 system still based on this expectation  
11 will be of benefit to all New York  
12 seniors, regardless of sexual  
13 orientation. SAGE recognizes that  
14 modernization of New York City's senior  
15 services delivery must be undertaken  
16 with care. We support efforts to  
17 ensure that this is the case. At the  
18 same time, New York City's LGBT seniors  
19 should not have to wait any longer for  
20 the City to support the basic  
21 life-enriching services they need and  
22 deserve.  
23 Therefore, SAGE believes that New  
24 York City Department Of Aging should  
25 move forward in the months ahead with

2 some form of RFP process for senior  
3 citizens and other services that offers  
4 an opportunity for the kind of flexible  
5 and forward-thinking programming that  
6 is necessary in order to effectively  
7 serve a diverse senior population that  
8 includes LGBT seniors. Thank you,  
9 again, for listening.

10 ASST. COMMISSIONER ROMERO:

11 Martha Wolf, Parker Jewish Institute.

12 MS. WOLF: Thank you very much.

13 First I'd like to thank DFTA for  
14 holding these hearings. I'd like to  
15 thank all my colleagues in the audience  
16 for being here and speaking up, and  
17 particularly to Borough President for  
18 her strong message and conviction that  
19 that message held. Thank you, Borough  
20 President.

21 My name is Martha Wolf and I'm  
22 the director of the Alzheimer's Day  
23 Care Center at Parker Jewish Institute  
24 for Health Care & Rehabilitation. On  
25 behalf of the thousands of older adults

2 served by Parker each year, as well as  
3 Parker's president and CEO, Michael N.  
4 Rosenblut, thank you for the  
5 opportunity to provide testimony at  
6 this hearing.  
7 Parker Jewish Institute for  
8 Health Care & Rehabilitation, now in  
9 its 101st year of service, is one of  
10 the nation's leading centers for health  
11 care and rehabilitation of older  
12 adults. An independent nonprofit, we  
13 offer subacute care, short-term  
14 rehabilitation, long-term care, adult  
15 day health care, a Chinese adult day  
16 health care program, long-term home  
17 health care, a community hospice, and  
18 my unique Alzheimer's day care program.  
19 This morning, I will provide  
20 these brief remarks relevant to the  
21 Alzheimer's day care program and the  
22 discretionary funds for transportation  
23 made available for more than a decade  
24 by the Queens Borough President's  
25 office, monies that have been a key to

2 life-saving services we provide for  
3 Alzheimer's participants and their  
4 family caregivers.  
5 The Alzheimer's program at Parker  
6 provides relief and support for  
7 families and sensitivity and  
8 stimulation for the participants. It  
9 is a service that is built upon  
10 Parker's recognized and longstanding  
11 depth of expertise in managing and  
12 treating the full range of clinical and  
13 behavioral problems for people at all  
14 stages of dementia.  
15 Parker's Alzheimer's program is  
16 the only social model day care program  
17 in Queens that accepts people in the  
18 later stages -- all stages of dementia,  
19 but particularly the later stages. We  
20 proudly offer a thoroughly experienced  
21 professional staff, a beautiful, safe  
22 home-like environment, programs that  
23 address memory loss and daily living  
24 skills, and a broad range of  
25 activities.

2 We also offer bathing, grooming  
3 and personal care, and excellent hot  
4 meals, and assistance with eating  
5 disorders that are common to  
6 Alzheimer's patients as the disease  
7 progresses. We make referrals to  
8 specialists for medical, dental and  
9 medication management as needed, and I  
10 can say all of the social models in  
11 Queens work very closely together. We  
12 have to and we should.  
13 The Alzheimer's day care program  
14 at Parker provides family guidance and  
15 support groups critically needed by  
16 family caregivers. Recognizing the  
17 diverse needs of family caregivers, we  
18 customize schedules -- we're open from  
19 7:00 in the morning to 7:00 at night.  
20 That accommodates mainly adult children  
21 who are caregivers who have to drop  
22 their family member off very early --  
23 six days a week, affording caregivers  
24 opportunities to work, maintain their  
25 homes, help take care of other family

2 members, obtain health care, and  
3 indeed, enjoy the decent quality of  
4 life they deserve.  
5 A great many of our participants  
6 require transportation to the center  
7 and back home. We have been able to  
8 provide this transportation thanks to  
9 the assistance of DFTA discretionary  
10 funds from the Borough President's  
11 office, as I said, for well over a  
12 decade. The expert and compassionate  
13 services provided by the Alzheimer's  
14 Center at Parker are provided at a loss  
15 to Parker. There are services provided  
16 to Alzheimer's patients and families  
17 when they need it most. The program,  
18 in essence, is a charitable service,  
19 and without transportation monies, many  
20 Alzheimer's participants and their  
21 family caregivers will not have access  
22 to those services. They will fall  
23 through the cracks of a system for  
24 which DFTA is designated to be a key  
25 protector, and into much more expensive

2 net of institutionalization. For  
3 example, last year, the fiscal year  
4 2007-2008, we provided almost 2,700  
5 units of transportation in just one  
6 year. And you can multiply that well  
7 over 10 years.

8 We urge DFTA to explore any and  
9 all avenues that will allow  
10 continuation of the discretionary funds  
11 providing for the Alzheimer's day care  
12 center at Parker and our similar  
13 longstanding programs throughout Queens  
14 that have proven their value in helping  
15 to take care of an important segment of  
16 our most vulnerable population.

17 I just wanted to also mention the  
18 Commissioner mentioned the Mayor's  
19 Conference that's scheduled for this  
20 Friday, and I think it's very  
21 important -- I've heard a lot of  
22 statistics and they're all on mark, but  
23 the latest statistics just for  
24 Alzheimer's disease, and we talk about  
25 modernization and well seniors, but the

2 fact is that for people 85 and older,  
3 almost 60 percent of those individuals  
4 are going to be diagnosed with  
5 Alzheimer's disease or some type of  
6 dementia.

7 Right now there are 5.2 million  
8 persons in the United States diagnosed,  
9 and every 71 seconds someone else is  
10 diagnosed. You can imagine by the year  
11 2010, with the baby-boomers aging, what  
12 those numbers are going to be like.

13 It's unimaginable what the numbers are  
14 going to be like. And now multiply  
15 that by two, three, four, because  
16 you're talking about caregivers in our  
17 community who have to care for these  
18 individuals, and then look at the cost  
19 involved. I can't even figure -- I  
20 couldn't dare figure it out in my head,  
21 but it's billions and billions of  
22 dollars.

23 And there's also evidence --  
24 there's a lot of lost wages going on  
25 now because of family caregivers who

2 have to stay home and take care of  
3 their elders.  
4 I understand the need for  
5 modernization. I do. But you cannot  
6 lose sight of the fact that so many  
7 people who are aging or are going to be  
8 unwell, are going to have a diagnosis  
9 of dementia, and those are most  
10 vulnerable citizens.

11 Thank you very much.

12 ASST. COMMISSIONER ROMERO:

13 Cynthia Zalisky, Queens Jewish  
14 Community Council.

15 MS. ZALISKY: Good morning,  
16 Commissioner, and members of the  
17 distinguished panel. I know it's been  
18 a long morning, because I've been here  
19 the whole time, but I bet if you'll  
20 just indulge me for a moment or two,  
21 for very important testimony.

22 My name is Cynthia Zalisky. I'm  
23 the executive director of the Queens  
24 Jewish Community Council. The Queens  
25 Jewish Community Council is the lead

2 agency of 140 faith-based organizations  
3 in the borough. It has been  
4 successfully serving the elderly  
5 population for the past 40 years.  
6 While initially established to service  
7 the Jewish population, we are proud of  
8 the fact that our clients represent  
9 every ethnic group in the borough,  
10 Asian, South Asian, Hispanic, African  
11 Americans and the so called Native  
12 Americans.  
13 QJCC has more than 10,000 clients  
14 that we serve annually. Our dedicated  
15 staff is bi and trilingual. Anyone who  
16 comes to our doors is served. QJCC  
17 provides a full range of services to  
18 seniors from entitlement assistance,  
19 interpretation and translation,  
20 landlord/tenant issues, food vouchers,  
21 emergency assistance, we have a food  
22 pantry, we provide Meals On Wheels and  
23 senior cultural programming, serving  
24 every category of senior from  
25 baby-boomers to the frail and

2 homebound, to the poor and near poor.  
3 We take great pride in the fact  
4 that our agency provides 128 medical  
5 emergency communicators to indigent  
6 seniors, distributes 1,000 food  
7 packages a month and delivers 2,100  
8 kosher Meals On Wheels a month to the  
9 homebound.

10 The Queens Jewish Community  
11 Council is an organization that  
12 provides exemplary service to those who  
13 quite often would be overlooked and  
14 under served. QJCC is an example of  
15 best practices in regards to service  
16 delivery. All who have visited our  
17 agency have walked away impressed by  
18 the work that we do. QJCC has been  
19 cited by our wonderful Borough  
20 President, Queens Borough President  
21 Helen Marshall for "their tremendous  
22 hard work, deep compassion and  
23 incredible determination in serving our  
24 multiethnic borough." Comptroller  
25 William Johnson complimented QJCC "for

2 its outstanding support of our City's  
3 senior citizens." Mayor Bloomberg  
4 recently wrote of QJCC, "QJCC  
5 administers a wide variety of services  
6 all which share three common traits:  
7 Efficiency, effectiveness and empathy.  
8 QJCC is a shining example of humanity's  
9 ability to effect positive change.  
10 This vital organization represents New  
11 York City at its best end."  
12 I say all that not to toot QJCC's  
13 horn or to bore you with it, but to  
14 make a very important point. QJCC's  
15 primary funding is from the Queens  
16 Borough President's discretionary funds  
17 which have now been suspended and our  
18 very existence is now in jeopardy.  
19 QJCC is proud of the fact that our  
20 Borough President has recognized value  
21 of our efforts and has great faith in  
22 the work that we are doing. Borough  
23 President Marshall and other elected  
24 officials have provided us with the  
25 funds for QJCC to have a new site that

2 will allow us to double and possibly  
3 triple our client roster, so we can  
4 impact the community even more.  
5 The Borough President's funding  
6 is our lifeline. Without these funds,  
7 our agency will be forced to cut  
8 valuable services to countless seniors  
9 and will have to close our doors. Our  
10 clients are caught in a situation that  
11 was not their doing. By eliminating  
12 our ability to do case management, many  
13 will fall through the cracks. They  
14 will be put on waiting lists compelled  
15 to go from agency to agency for their  
16 needs.  
17 Many cannot navigate the system  
18 and some, due to limited mobility, are  
19 unable to go from place to place for  
20 service. The Queens Jewish Community  
21 Council is a community organization  
22 situated where the seniors live. They  
23 know and trust us. Trust for seniors  
24 is a very important thing. We treat  
25 them with dignity, the only thing that

2 many have going for them.  
3 The City needs to recognize the  
4 service that organizations such as the  
5 Queens Jewish Community Council  
6 provide. Why penalize us who work so  
7 effectively in the community? We are  
8 the ones who know the clients' faces,  
9 are culturally sensitive to their  
10 special needs. In this day and age of  
11 economic downturn, the most efficient  
12 means to service the maximum amount of  
13 people must be considered. Every  
14 dollar must be spent wisely.  
15 Agencies like the Queen Jewish  
16 Community Council are no frills  
17 operation. I go back to the Mayor's  
18 observation of efficiency, effectively  
19 and empathy. These three words should  
20 be the criterion for funding.  
21 If the Borough President's  
22 funding is not restored to QJCC, what  
23 do I now tell the senior couple who  
24 lives below the poverty level and must  
25 come to our agency for food packages to

2 make ends meet? What do I tell the  
3 Holocaust survivor who has no family  
4 and living on fixed income, and has  
5 come to value us as his family? What  
6 do I tell the 93 year old frail  
7 resident who depends on our kosher meal  
8 deliveries for his sustenance? What do  
9 I tell the seniors who are lonely and  
10 isolated who looks forward to our  
11 senior programming to get out of the  
12 house and have a reason to get up in  
13 the morning?  
14 Mr. Commissioner, I know you're a  
15 fine man. You're an honorable man.  
16 You have spent your life advocating for  
17 seniors and helping seniors. I  
18 understand that the government  
19 process -- I understand the government  
20 process a bit, and I'm confident the  
21 decision to reorganize DFTA was  
22 approved prior to the recent Wall  
23 Street and banking crisis, and the  
24 serious repercussions to the state and  
25 City.

2 I am beseeching you to review the  
3 process in light of recent events.  
4 Please make sure that the Borough  
5 Presidents have their discretionary  
6 funding to enable the senior residents  
7 of their respective boroughs to have  
8 the services they desperately need.  
9 When the needs are even greater and our  
10 client roster is increasing every  
11 month, please do not take our ability  
12 to help people away from us.

13 Thank you very much.

14 ASST. COMMISSIONER ROMERO:

15 Lydia Musheyev, Queens Jewish Community  
16 Council Congregation.

17 MS. MUSHEYEV: My name is Lydia  
18 Musheyev and I represent communities  
19 such as Bukharian community, Russian  
20 speaking community. I am liaison for  
21 Queens Jewish Community Council, which  
22 I connect communities with the public  
23 services which they can offer.

24 The whole life of people -- like  
25 you have statistics, you stand by your

2 word, you know the services you  
3 provide. I know the people. I know  
4 the people who really, really rely on  
5 every line in the documents which you  
6 will prepare to cut on services or to  
7 keep them -- to keep up.  
8 Very often I hear, "God bless  
9 America. God bless America. God bless  
10 America." And it is only three people  
11 talking. Imagine 18 to 30,000 of  
12 elderly who don't speak English, who  
13 don't understand most of the politics,  
14 and still, they bless America, and they  
15 trust America that they will be  
16 provided with everything they need.  
17 Especially in the light of economy.  
18 Their children, their caregivers  
19 who are hurt by economy, their help  
20 which community services provide for  
21 people is very important. The same  
22 words "God bless America," their  
23 children hear who are not in the best  
24 mood right now. Their grandchildren  
25 are here who are born in America,

2 they're true Americans. They have to  
3 hear the stress which they hear in the  
4 voices of their grandparents and they  
5 see in their eyes that they can trust  
6 America. It is the country where they  
7 left their country for.

8 And it's not a secret that in  
9 some families, American born immigrants  
10 there is abuse. Abuse is very harsh  
11 for elderly as well. And to keep their  
12 independence, to keep their dignity,  
13 it's so important that they will not be  
14 depending on the caregivers  
15 accidentally or any other way hurting  
16 their feelings or hurting them God  
17 forbid physically.

18 If to say that elderly -- all  
19 elderly terminally ill, the name to  
20 their illness is known as old age, it  
21 will explain that we have to take care  
22 not only of those who terminally ill  
23 like cancer or other diseases, elderly  
24 should be our priority because it  
25 depends how they will live their last

2 years of their life in dignity or in  
3 any other way.  
4 Anyway, from ancient times, from  
5 Aristotle times, it was said that the  
6 expression that you judge the  
7 civilization by the attitude, by the  
8 care they give to their elderly, it is  
9 very important as well.  
10 To say about the families.  
11 Speaking by the words of Tolstoy, you  
12 know the Russian classic, which he says  
13 all couples are happy the same way.  
14 All not happy couples are not happy in  
15 their own way. Every family have their  
16 own issues. Every family needs help,  
17 and cutting on those services, it is  
18 really detrimental, it is really  
19 impossible. Because when they were  
20 coming to America, they trusted that  
21 here they will have life of dignity.  
22 In much before the election time,  
23 which coming up right now, the work was  
24 started about telling about how  
25 important it is to go and vote, and our

2 seniors do vote. But they hope that  
3 after voting, their life will be  
4 better, not worse, because they will  
5 commit these cuts. They will commit  
6 these cuts somehow with the voting and  
7 with the politics and with the  
8 government, and we should not let it  
9 happen.

10 And the last thing I want to say,  
11 if we will not put several bricks in  
12 the building, it might tumble and we  
13 will find ourselves in dust and debris  
14 like we found ourselves during 9/11.  
15 It's a vivid picture in front of all of  
16 you. And I want to say if we will not  
17 put those little bricks which we need  
18 for services for elderly, it will  
19 tumble. It will tumble. Even the  
20 economy will be affected even more,  
21 because elderly affects their children.  
22 Children are citizens of America.  
23 Those children building the economy,  
24 they're building their piece in the  
25 world. So I want to say thank you, all

2 of you, because behind each of you,  
3 there is huge organization which helps  
4 thousands of people, and these people  
5 are us. Us. Russian, Chinese,  
6 Japanese, Puerto Ricans and many, many  
7 others. We are all very, very grateful  
8 to you. I hope you will keep us in  
9 mind. Thank you.

10 ASST. COMMISSIONER ROMERO:

11 Deborah Barnes, Florence E. Smith  
12 Senior Center.

13 MS. BARNES: Good afternoon.

14 My name is Deborah Barnes. I am the  
15 director of the Florence E. Smith  
16 Senior Center. First I would like to  
17 say thank you for allowing me to talk.  
18 I was not scheduled, but I have some  
19 important information that I would like  
20 to share with the Commissioner and his  
21 staff in regards to the Department For  
22 The Aging's modernization and how it's  
23 affecting what we see done.  
24 I, too, believe that senior  
25 centers should be upgraded. Most

2 definitely. We have a new generation.  
3 Their ideas of activities have  
4 definitely changed. They're more into  
5 outgoing. They're more into computers.  
6 But we still have seniors who are let's  
7 say in their 80s who still need a  
8 different kind of service, and I just  
9 would like to talk about my experience  
10 with the changes that have gone on.  
11 Our senior center is mostly home  
12 delivered meals. Our senior centers  
13 serve about 88,000 meals per year. On  
14 a daily average, we do about 340 meals.  
15 So, for us, with the new changes in the  
16 home delivered meals, it's going to  
17 affect our contract tremendously.  
18 We are 80 percent home delivered  
19 meals. We have been categorized by the  
20 Department For The Aging as a program  
21 that is underutilized. And I find that  
22 hard to understand, considering the  
23 amount of meals that came out of our  
24 senior center. Plus, we do a  
25 congregate of an average of about 60

2 meals per day.

3 We are not underutilized. It's  
4 just that we are utilized in a  
5 different way. And my seniors and  
6 myself, we're fearful of our senior  
7 center being closed because of this  
8 term "underutilized." I think it  
9 should be reexamined what  
10 "underutilized" means. We are not a  
11 center -- a center that serves 88,000  
12 meals a year is not a center that is  
13 underutilized. So that should be  
14 reexamined.

15 Health and wellness, excellent  
16 idea. But we need the support of the  
17 Department For The Aging. Look at our  
18 center. See what we're doing inside  
19 the center. A lot of us have tai chi.  
20 We have yoga. We go to -- I'm a center  
21 that don't have transportation. Make  
22 me be competitive with other centers in  
23 regards to that. I can't take our  
24 group out to outside activities because  
25 we don't have a transportation vehicle.

2 So it appears that we're  
3 uncompetitive and that is not so. It's  
4 very difficult to run a senior center  
5 when you're not competitive with other  
6 senior centers. But I'm very concerned  
7 about the changes that Department For  
8 The Aging is going to be instituting  
9 very shortly with the Meals On Wheels  
10 program. And I'm here to speak in  
11 behalf -- I want to give you an example  
12 of what we have seen since the case  
13 management has changed.  
14 First of all, we are a minority  
15 center. We have not, not at one time  
16 have a new client that was a minority,  
17 meaning after Afro American. Not one.  
18 And remember, I'm a senior center that  
19 serves 340 meals. What happened to  
20 those people? Where are they? Why are  
21 they -- I can't believe that Afro  
22 American people do not need Meals On  
23 Wheels. I'm sure they do.  
24 So something is wrong. Something  
25 is missing. Also, we got a call from a

2 person that needed meals for her  
3 mother. She was told to call, for  
4 example, another agency. She called  
5 that agency, which was the case  
6 management agency. She was told, "No,  
7 we can't take any meals" or "you have  
8 to call back to the senior center." So  
9 she was given the runaround. So  
10 something in the communication is not  
11 happening with the case management.  
12 There is definitely a gap that should  
13 be known.  
14 I don't know if you're aware, but  
15 I think it should be known that there's  
16 a problem with the communications with  
17 the home delivered meals providers and  
18 the case manager and getting meals to  
19 clients who might need them. I'm very  
20 concerned. We are very concerned. Our  
21 sponsor is a church. They're not a  
22 huge organization, but I wanted -- one  
23 of my sponsor members are here, and I  
24 want to take this time to say publicly  
25 thank you for your service that your

2 church does for the community.  
3 We've been in existence for 19  
4 years. We have a strong center, and I  
5 just hope the Department For The Aging  
6 that you, Commissioner, take a look at  
7 us. Please, take a look at our center  
8 and see what we have done. We have  
9 done an excellent job in providing home  
10 delivered meals. Our meals I think  
11 when we first started, we might have  
12 had 80 meals and now we're doing 340,  
13 and to a diverse group of people.  
14 Our senior center also is very  
15 diverse. And we do provide the  
16 services. We are not underutilized.  
17 Not at all. Thank you.

18 ASST. COMMISSIONER ROMERO:  
19 Frederick Solazzi, Community Service  
20 Society, Retired & Senior Volunteer  
21 Program.

22 MR. SOLAZZI: Good morning. My  
23 name is Fred Solazzi. I'm the  
24 Associate Director of Voluntary  
25 Initiatives at the Community Service

2 Society. I apologize for my voice, but  
3 I've been a little under the weather  
4 the last couple days. The Community  
5 Service Society of New York, through  
6 its Retired & Senior Volunteer Program,  
7 engages over 7,000 older adults in  
8 volunteer services. Our RSVP  
9 volunteers provide critical support at  
10 senior centers, nursing homes and other  
11 CBOs serving older adults throughout  
12 Queens and New York City.  
13 RSVP presently receives DFTA  
14 funding for two of its  
15 intergenerational programs. One serves  
16 children of incarcerated parents and  
17 the other teaches elementary school  
18 children the harmful effects of  
19 prejudice and intolerance. Both of  
20 these intergenerational programs  
21 provide extensive service to the Queens  
22 community.  
23 For the past three years, the  
24 RSVP Mentoring Children of Incarcerated  
25 Parents has partnered with the Hour

2 Children Nursery and after-school  
3 program in Long Island City. Older  
4 adult volunteer mentors are matched  
5 with children at this site where they  
6 provide academic support, socialization  
7 and nurturing of the children.  
8 Earlier this month, another RSVP  
9 program we're involved in, MentoringUp,  
10 Youth Of Promise Program entered into a  
11 partnership with Goodwill Industries'  
12 Excel Program in Astoria, where mentors  
13 will be matched with at risk children  
14 and older youth, living or attending  
15 school in Queens.  
16 The RSVP Prejudice Reduction  
17 Program deploys teams of older adult  
18 volunteers at five public schools in  
19 Woodside, Jamaica, Kew Gardens and Long  
20 Island. Last year the program was  
21 presented to over 1,000 students in 58  
22 classes at these schools. The  
23 program's goal is to make children  
24 aware at an early age that it is okay  
25 to be different. It also introduced

2 them to harmful effects of prejudice  
3 and intolerance, focusing on race,  
4 gender, age and culture. An  
5 anti-bullying and anti-taunting  
6 component is also built into this  
7 program.  
8 In addition to this funding from  
9 DFTA, CSS also receives funding for our  
10 ACES Project, where trained older adult  
11 volunteers are placed at nonprofit  
12 agencies in the community, to provide  
13 benefit counseling to some of our most  
14 vulnerable populations. Last year RSVP  
15 ACES volunteer benefit counselors  
16 provided services to over 750 clients  
17 in Queens, enabling them to secure the  
18 benefits to which they are entitled.  
19 CSS also receives discretionary  
20 funding from the Queens and Bronx and  
21 Staten Island Borough President's  
22 offices, as well as Councilmanic  
23 funding, the bulk of which is used to  
24 reimburse older adults for their travel  
25 expenses, while they are volunteering.

2 Last year in Queens, CSS RSVP  
3 received an allocation of 7,500 from  
4 the Borough President, which was an  
5 important support for the older adult  
6 volunteers providing services in their  
7 communities. This funding supported  
8 volunteers from SNAP of eastern Queens,  
9 who tutored elementary school children  
10 at PS 33. It also provided volunteers  
11 from the Italian Newtown Senior Center  
12 who provide friendly visiting services  
13 to the residents of the Queens  
14 Boulevard Extended Care Facility and  
15 the Forest Hills Nursing Home, as well  
16 as to volunteers serving at the  
17 St. Albans VA, Parker Jewish Institute,  
18 City Hospital Center at Elmhurst and  
19 St. John's Episcopal Hospital.  
20 Needless to say, continued  
21 funding from the New York City  
22 Department For The Aging is essential  
23 not only for the communities in which  
24 CSS RSVP volunteers serve, but also to  
25 support healthy aging in older adults

2 by creating opportunities for them to  
3 share their lifetime of experience and  
4 to continue to participate in society  
5 as vital contributing members.  
6 I strongly encourage DFTA to  
7 continue its discretionary funding of  
8 programs, which benefit older adults  
9 and which are essential to the services  
10 that CSS, RSVP, our community partners,  
11 and our older adult volunteers can and  
12 do provide not only in Queens, but in  
13 communities throughout our City. Thank  
14 you.

15 ASST. COMMISSIONER ROMERO: Amy  
16 Winarsky, Metropolitan Council on  
17 Jewish Poverty.

18 MS. WINARSKY: Thank you for  
19 the opportunity to address your  
20 Committee. I'm Amy Winarsky with The  
21 Metropolitan Council on Jewish Poverty.  
22 When I was in social work school -- and  
23 Commissioner, you and I were there  
24 together, I'm glad to see your hair's  
25 keeping up with mine -- the professors

2 drilled into our heads the following:  
3 That our work with clients is all about  
4 the relationship. And what they meant  
5 by that is that in order for our work  
6 to be productive, we first must gain  
7 the trust of our clients. Indeed,  
8 there would be no client without trust.  
9 And I'm going to speak with you for a  
10 few minutes about how a provider can  
11 work with trust.  
12 As I said, I represent the  
13 Metropolitan Council on Jewish Poverty.  
14 Met Council came into being about 35  
15 years ago to serve low income and  
16 moderate income people, with a focus on  
17 the Jewish elderly, although we serve  
18 everyone. We have a network of 25  
19 Jewish community councils serving 150  
20 neighborhoods throughout New York City.  
21 Met Council works in partnership with  
22 the local JCC's. They provide the  
23 local expertise. We supply what they  
24 cannot reasonably provide at the local  
25 level, such as emergency cash

2 assistance, emergency kosher food and  
3 especially for seniors, minor home  
4 repairs and free furniture.  
5 The Queens Jewish Community  
6 Council -- and you've heard from  
7 Cynthia Zalisky and a number of her  
8 staff today -- QJCC is one of them, and  
9 the QJCC, they've been helping local  
10 people for decades. And like other  
11 organizations, the QJCC has a special  
12 connection to their constituents that  
13 comes only from being from the  
14 neighborhood. They're familiar.  
15 They're known. They're trusted.  
16 The services they offer,  
17 information and counseling on benefits,  
18 entitlements, resources, these can be  
19 accessed from more distant providers or  
20 even from an ad on a bulletin board.  
21 But Medicare Part D, for example, is  
22 confusing, even for people who work in  
23 the field. And a centralized office  
24 away from what is easily accessible to  
25 someone with limited mobility won't

2 know that the applicant has lost weight  
3 recently and won't know to ask whether  
4 there is sufficient food in the home.  
5 A senior with pride or with the  
6 beginning of memory loss, might not ask  
7 about food stamps or food banks, but a  
8 local provider knows to offer and can  
9 ask an intimate question, because  
10 there's already a bond that permits  
11 that question. It's personal, even if  
12 the client and the provider have just  
13 met. We literally speak their  
14 language.  
15 A worker in a generic location  
16 can tell a low income person where to  
17 go for inexpensive clothing, but will  
18 she know to provide information about  
19 whether that clothing is appropriate  
20 for a religiously observant person with  
21 strict standards? Will the senior with  
22 poor eyesight be sent on a wild goose  
23 chase?  
24 Our clients come from all over  
25 the world, often from places where

2 contact with local -- excuse me --  
3 with official people is to be avoided.  
4 Will our clients be able to say, in  
5 English, "this referral is not right  
6 for me"? Can we take the risk that  
7 vulnerable individuals may not be able  
8 to communicate the details necessary to  
9 best serve them?  
10 We support DFTA's case management  
11 services. We support re-creating  
12 senior centers that are vital, inviting  
13 places. DFTA is great for those  
14 important services that fill gaps.  
15 But, please, how will limiting the  
16 local provider improve senior care?  
17 Don't reorganize at the cost of what is  
18 working. Keep the discretionary  
19 funding available for organizations  
20 that have the trust of the people we  
21 all aim to serve. Don't risk them  
22 falling through the cracks in a large,  
23 perhaps distant social service system.  
24 Give them the people they trust.  
25 Thank you for your time and your

2 attention.

3 ASST. COMMISSIONER ROMERO:

4 Lauren Grey, Allen AME Senior Center.

5 MS. GREY: Good afternoon,

6 Commissioner and panel. I thank you

7 for your time, and the timing is

8 perfect because I need to leave. So

9 you called my name and I'm here. I

10 want to thank you. I do not have a

11 prepared statement, but I thank you for

12 the opportunity to speak to you today,

13 and it's also a benefit to come so late

14 in the program, because many of the

15 issues and items have been stated by

16 many of my peers in the field. And so

17 I just want to say that I echo the

18 sentiments of everyone that has spoken

19 today, who have spoken so passionately

20 and personally about their profession,

21 serving the aging in our community.

22 Thank you very much.

23 I want to highlight a very

24 specific and boots-on-the-ground view

25 that has not been illuminated thus far,

2 and that is in addition to the  
3 modernization of our senior centers,  
4 some of our senior centers, like those  
5 that I oversee as the vice president of  
6 community programs at the Greater Allen  
7 Cathedral, also require rehabilitation.  
8 So we are at a point where we are quasi  
9 program rich, meaning that we have  
10 people who will come into our center  
11 and provide services within our center  
12 at no cost, but we have a center that  
13 is crumbling around us.  
14 And there is a disturbing trend  
15 with Department For The Aging with the  
16 return of reimbursement of funding for  
17 equipment that needs to be replaced in  
18 our facility. So we operate on a  
19 shoestring budget, and that's another  
20 issue that we'll negotiate with an RFP  
21 meeting, but in addition to that, I  
22 wonder if DFTA has allotted a line or a  
23 bank of funding for equipment that is  
24 literally falling down around us.  
25 We have a feeding program and we

2 have kitchen equipment that we're  
3 losing piece by piece, and our kitchen  
4 is becoming less and less effective.  
5 We have activity rooms, actually, many  
6 activity rooms that can have rich  
7 resources and services in them, but we  
8 have tables and chairs that our seniors  
9 cannot sit in and cannot, frankly, lean  
10 on, which many seniors need to do,  
11 because it won't support their weight.  
12 Table legs give way, chair legs give  
13 way, and it's simply not a safe  
14 environment.  
15 When we contact DFTA to ask about  
16 the replacement of this equipment, the  
17 answers are honestly very gray.  
18 They're not black, they're not white.  
19 It's not go, it's not stop. It's very  
20 gray. We want to purchase this  
21 equipment, but, honestly, on a  
22 shoestring budget, we need to know that  
23 we're going to get that funding back in  
24 our budget, because those are the funds  
25 that we use to operate day to day, to

2 buy the food that we need to cook, to  
3 have the utensils on hand to supply the  
4 cafeteria.  
5 And, honestly, I have to say,  
6 it's been months and months in  
7 negotiations, there's a gap in  
8 communication with that. We need to  
9 get better -- DFTA honestly needs to  
10 get better with responding to us and  
11 letting us know, frankly, up front  
12 whether we're going to get that funding  
13 back, whether or not if we expend it  
14 it's not going to be returned to us,  
15 because then at least we can explore  
16 some alternate needs of funding, which  
17 frankly everyone knows in this economy  
18 are dwindling day by day.  
19 So if we need to be on the road  
20 pounding doors, that's news we can use  
21 and that's information that would help  
22 us. However, we are receiving mixed  
23 messages that if we purchase a piece of  
24 equipment, that it might be reimbursed  
25 to us, it might not be reimbursed to

2 us, and so that it's an ongoing  
3 conversation between myself and the  
4 financial vice president of community  
5 programs, and it's really creating a  
6 backlog in our ability to keep the  
7 center not running, because it is  
8 running, and programmatically we are  
9 getting creative and we're  
10 brainstorming about resources, but  
11 equipment, not only today but in the  
12 coming months and years as a center  
13 that has been open for decades, is  
14 going to be a serious, serious issue  
15 for us personally.

16 I'm not sure how my senior center  
17 peers out there are doing, but we are a  
18 center that is physical, plant wise, we  
19 are aging ourselves. And we require  
20 not a little bit of support. It's  
21 growing to be quite a number of dollars  
22 that we require to get our center not  
23 only functional for resources, but safe  
24 for our seniors.

25 We have people who come to us and

2 they offer help. Our seniors come to  
3 us and they offer to assist us. Our  
4 seniors come in because we're their  
5 lifeline. Our seniors come in to talk.  
6 Our seniors come in to complain. We  
7 don't mind any of that, as long as they  
8 come.

9 But we would be negligent if we  
10 did not provide an environment that was  
11 safe for people to exist in while they  
12 chose to spend time with us. So I just  
13 wanted to make sure that the testimony  
14 reflected the perspective of the  
15 budget, which is that we are crying out  
16 for not modernization, which we  
17 welcome, but in addition to that,  
18 rehabilitation.

19 So I want to thank you for your  
20 time and wish you a good afternoon.

21 Thank you very much.

22 ASST. COMMISSIONER ROMERO:

23 Kwang Kim, Korean American Senior  
24 Center of Corona.

25 MR. KIM: Thanks, Commissioner,

2 and officers of DFTA for allowing me  
3 this opportunity. I'm Kwang Quinn, a  
4 social worker. I work at the Korean  
5 Community Services of Metropolitan New  
6 York. I wish to make this testimony  
7 about the critical future of the Korean  
8 American Senior Center of Corona, which  
9 has been sponsored by the Korean  
10 Community Services for the last 22  
11 years.

12 The Corona Center was created by  
13 the funding from the Queens Borough  
14 President's office in 1986. The center  
15 has grown to some over 5,000 seniors  
16 who are active members. Currently, it  
17 provides various educational and  
18 recreational programs, information  
19 referrals, case assistance and  
20 congregate lunch to a daily average of  
21 150 seniors. It also prepares and  
22 delivers for Meals On Wheels to 90  
23 homebound seniors living in northern  
24 Queens Monday through Saturday.  
25 In addition, it developed the

2 Korean-American Mutual Aid Society that  
3 provides low priced cemetery, pre-plans  
4 for funeral services, advanced  
5 directives and mutual support among the  
6 seniors. The center has over utilized  
7 services in all program areas.  
8 The major funding for this center  
9 has been the discretionary money of the  
10 Queens Borough President. As the  
11 center has grown to serve more seniors  
12 and to implement more programs, DFTA  
13 has gradually added funds on it. Last  
14 year, the center was operated by  
15 numerous funds, such as Queen Borough  
16 President in the amount of \$215,000,  
17 the New York City Council for \$36,000  
18 and DFTA for \$296,000, senior  
19 contribution and community support were  
20 \$53,000, and with the dedication of  
21 staff members and more than 40  
22 volunteers.  
23 However, the center will be  
24 getting into a critical moment next  
25 year, when the Borough President's

2 discretionary support becomes no longer  
3 available. I wonder if DFTA will  
4 supplement the portion of Borough  
5 President's support in the new RFP  
6 coming up.

7 The center has been a paradise to  
8 over 5,000 seniors and over hundreds of  
9 homebound seniors for the last 22  
10 years. It should continue serving the  
11 seniors with at least the same quality  
12 and quantity that it currently  
13 provides. In order to keep this level  
14 of services in the years to come, I  
15 urge DFTA to consider either reserving  
16 the Borough President's discretionary  
17 support to be continued, or increase  
18 the bottom line of the budget in the  
19 new RFP. Thank you for your attention.

20 ASST. COMMISSIONER ROMERO: Is  
21 there anyone here who wishes to speak?

22 I would like to thank our speakers for  
23 sharing their views this morning. I  
24 would also like to thank all the DFTA  
25 staff who helped coordinate today's

2 event.

3 The Department will issue a

4 formal response to the testimony

5 presented at this year's Annual

6 Hearings which will be posted on our

7 website in late November. We encourage

8 everyone to visit our website at

9 [www.nyc.gov/aging](http://www.nyc.gov/aging) for the latest news,

10 press releases and information on

11 problems and services.

12 This morning's hearing is

13 officially closed. Thank you.

14 (TIME NOTED: 12:30 P.M.)

15

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19

2 CERTIFICATION

3

4

5 I, Edward Leto, a Notary Public

6 in and for the State of New York, do hereby

7 certify:

8 THAT the witness(es) whose

9 testimony is herein before set forth, was

10 duly sworn by me; and

11 THAT the within transcript is a

12 true and accurate record of the testimony

13 given by said witness(es).

14 I further certify that I am not

15 related either by blood or marriage, to any

16 of the parties to this action; and

17 THAT I am in no way interested in

18 the outcome of this matter.

19 IN WITNESS WHEREOF, I have

20 hereunto set my hand this 17th day of

21 November, 2008.

22

23

25 EDWARD LETO

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