

Testimony of James Hendon

Commissioner, New York City Department of Veterans' Services (DVS)

New York City Council Committee on Veterans

New York City Council Committee on Aging

Topic: Supporting New York City's Older Veterans

Thursday, October 23, 2025 – 1:00 PM

INTRODUCTION

Good afternoon, Chair Holden and members of the Committee on Veterans; Chair Hudson and members of the Committee on Aging; members and staff of the City Council; and members of New York City's Veteran community who are joining us today.

My name is James Hendon, and I have the privilege of serving as Commissioner of the New York City Department of Veterans' Services. I am joined by Michael Bocchini, our Senior Advisor for Intergovernmental Affairs, and Dr. Lauren D'Mello, Ed.D., our Executive Director of Community Mental Health who sits on the NYC Cabinet for Older New Yorkers.

Thank you for convening this oversight hearing on **Supporting New York City's Older Veterans**. At its core, today's discussion is about improving the *lived experience* of aging New Yorkers who served—across war and peace—and of their families. The test for us is simple: policies that work at street level—policies we can fund, measure, and sustain.

More than half of New York City's Veteran population is older. According to the 2023 American Community Survey (ACS) 5-Year Estimates, 70.7% of New York City veterans are 55 or older, 50.5% are 65 or older, and 31.8% are 75 or older. Since 2017, DVS has served this population in partnership with city, state, and federal agencies, and with nongovernmental

partners—from traditional Veterans’ service organizations to community nonprofits and private-sector allies.

ADDRESSING THE NEEDS OF AGING VETERANS

When we speak about the needs of aging Veterans, we are often speaking about the needs of *all* older New Yorkers—with one key difference: DVS can leverage unique federal, state, and nonprofit resources reserved for those who served.

Drawing from the NYC Department for the Aging’s service-needs assessment, the most salient needs include: affordable and accessible housing, caregiving supports, social connection, mental health, and financial stability. What follows is how DVS is engaging on each front, in coordination with our partners.

Affordable and Accessible Housing

Housing is part of DVS’s DNA. The agency launched with a housing mission intact, built in response to the Mayor’s Challenge to End Veteran Homelessness—a Joining Forces initiative led by former First Lady Michelle Obama.

NYC Aging’s study found that more than one in four older adults report unstable housing or fear of losing housing, and over 30% report at least one barrier to accessing or using rooms in their homes. Nationally, the U.S. Department of Veterans Affairs (VA) warns of a growing crisis among older veterans: the VA’s Homeless Programs Office reported (March 6, 2024) that the number of *homeless Veterans age 55+* rose 150% from 2010 to 2023, with elevated health risks including cardiovascular disease, dementia, orthopedic issues, and dental problems. The VA’s strategy emphasizes prevention, medical respite and hospice, affordable housing tailored to aging Veterans, enhanced legal services, and data-driven decision-making.

In New York City, our goal is to move aging Veterans experiencing homelessness into supportive and permanent housing, matching each Veteran to the right resource. Our Veteran Housing Ladder is a step-by-step guide for every stage of the housing journey. We also maintain resource guides for utility assistance, donation centers (clothing and household goods), and eviction prevention FAQs. DVS works closely with the VA, NYC Department of Housing Preservation & Development (HPD), and NYC Human Resources Administration (HRA) to connect Veterans to Housing & Urban Development – Veterans Affairs Supportive Housing (HUD-VASH) vouchers, City Fighting Homelessness and Eviction Prevention Supplement (CityFHEPS) vouchers, and other affordable housing pathways.

During Fiscal Year 2025, DVS interacted with 1,045 Veterans aged 55 and older across our programs and outreach initiatives. Of these interactions, 360 requests were directly related to housing services or aftercare support. This data demonstrates not only the growing needs of our aging Veteran population but also the tireless dedication of DVS staff to ensure that older Veterans are connected to stable housing, healthcare, and long-term support.

Case Example: A Veteran's Journey to Stability and Dignity

I want to share one case—offered here in general terms, with the veteran's privacy protected—that captures what our Housing Team strives to do every day.

Our team met a 64-year-old woman Veteran who had just returned home after incarceration. She entered the shelter system carrying two heavy loads: the immediate fear of not knowing where she would live, and the longer shadow of trauma from sexual abuse in her past. The very first step was not paperwork; it was safety. We slowed down, explained each choice, and earned consent at every turn—because trust is the groundwork for any progress that lasts.

Her biggest practical barrier was deceptively simple: no identification. Without a New York State ID, doors stayed shut—benefits, health care, housing programs, all of it. For four months, our Housing Team did the quiet, unglamorous work that systems too often leave to the individual. We combed records, called offices, and compared notes across city and state agencies. The breakthrough was a single document — an old marriage license — that gave us the verification needed to rebuild her identity. With that, we secured a New York State ID and a Social Security card. The stack of “can’t” began to turn into “can.”

Once identification was restored, momentum followed. We issued a Collaborative Case Management (CCM) voucher, and she signed a lease—her place, with a key of her own. Our claims team helped her obtain 100% disability compensation from the U.S. Department of Veterans Affairs, replacing uncertainty with a stable monthly income. We connected her to the Visiting Nurse Service for home-based care and wellness follow-up, so support wouldn’t end at the front door.

None of this erased the past. But it changed the present—and it gave the future a different shape. She moved from homelessness and vulnerability to stability and improvement.

This is what we mean when we say person-centered, trauma-informed, cross-agency work. It is housing and healing at the same time. It is government, nonprofits, and health partners each doing their part, in sequence, until the whole is stronger than any one piece.

And this case is not an outlier. It is one of many. For our older Veterans—especially those 55 and up—this is how we honor service in practical terms: restore identity, stabilize income, secure housing, and surround the person with care. Safety. Dignity. Independence. That is the standard we hold ourselves to, case by case, until “no one left behind” is not a slogan but a lived reality in New York City.

Caregiving

NYC Aging reports a “unique burden” on younger caregivers (under 60) who are often caring for both an older adult and a minor child; 86% are employed full-time, and over half spend 15+ hours/week caregiving. Among older caregivers (60+), roughly 40% are *also* receiving help with daily tasks—caregivers who are simultaneously care-receivers.

Nationally, a VA and RAND Military & Veteran Caregivers Study (2024) estimates that there are more than 14 million military and Veteran caregivers, nearly three-quarters of whom care for someone who is 60 years old or older. Caregivers—especially for post-9/11 veterans—report high stress (84%), depression (roughly 33%), and financial strain.

DVS has hired a Veterans Specialist who will specifically work with Caregivers and Dependents. This population includes Survivors. Upon being accredited by the New York State Department of Veterans’ Services (NYS DVS) as a Veterans Service Officer (VSO), this specialist will be a single point of contact for caregiver and dependent claims and will help DVS identify unmet needs and service gaps citywide. Separately, nyc.gov/vetcaregivers conveys resources and information specific to the Veteran caregiving community.

Financial Insecurity

NYC Aging found more than 40% of older adults struggle to pay at least one regular bill, and roughly 30% face difficulty accessing affordable, healthy food—primarily due to cost. DVS partners with HRA to connect older veterans to SNAP and cash assistance.

- **Rent relief** (nyc.gov/vethousing): We connect eligible older veterans to Emergency Rental Assistance and One-Shot Deals.

- **Homeowners:** We support the Cold War Veterans Property Tax Exemption (Intro. 740). This represents meaningful relief for older homeowners who served between 1945 and 1991, but not serve during the recognized dates of the Korean and Vietnam Wars.
- **Food security** (nyc.gov/vetfood): We link older Veterans to local food programs and home-delivered meals. Our partnership with HelloFresh has delivered 2 million free meal kits to military and Veteran families, including many older Veterans.
- **Utilities** (nyc.gov/vetenergy): We connect older veterans to HEAP and to utility-provider assistance with entities such as National Grid, Con Edison, and PSEG-Long Island.

We also recognize that many older Veterans supplement income through street vending (nyc.gov/vetvendors). As previously testified, DVS supports increasing Veteran representation on the Street Vendor Advisory Board to ensure Veteran entrepreneurs have a formal voice.

Medication and Medical Appointments

Enrollment in VA Health Care reduces out-of-pocket costs and improves access. Service-connected conditions are covered at no cost (speaking of care and prescriptions); non-service-connected care and prescriptions are available at low costs.

DVS Veterans Service Officers (VSOs) assist with VA Health Care enrollment and disability compensation claims at our Veteran Resource Centers in all five boroughs (nyc.gov/vetresoucecenters). The Council-supported Vellone Veterans Initiative funds Department of New York Veterans of Foreign Wars (VFW)-accredited VSOs in all 51 City Council district offices; this expands access to the communities where older Veterans live.

DVS and VFW VSOs guide older Veterans and their families through the claims process—submitting an intent to file, evidence gathering, generating an original claim, and appealing the claim where necessary (nyc.gov/vetclaims).

Social Isolation

NYC Aging reports that approximately 22% of older adults are not socializing as often as they would like, and that 17% experience high levels of loneliness.

DVS addresses isolation through the Private First Class Joseph P. Dwyer Veterans' Peer Support Program (nyc.gov/vetdwyer). In partnership with diverse community organizations, we deliver free, peer-led offerings that build connection and well-being, including (but not limited to):

- Animal-assisted wellness,
- Somatic and movement-based healing,
- Expressive arts and creative workshops,
- Culinary instruction,
- Educational programming, and
- Volunteerism and community-building.

Older Veterans are welcomed and encouraged to participate. Anecdotally, one senior Veteran joined the Veteran Pickleball Team at Fordham University and has found deep joy playing alongside Veterans of many generations. Other Dwyer programming is offered in-person and virtually, with new activities added regularly.

Mental Health

Mental health remains a critical concern for older veterans (nyc.gov/vetmentalhealth). According to NYC Department for the Aging data, nearly 18% of older adults screen positive for possible anxiety and/or depression. Research specific to veterans shows elevated rates of mental health disorders, substance use disorders, post-traumatic stress disorder (PTSD), and traumatic brain injury (TBI) relative to civilian peers. Against that backdrop, the Department of Veterans' Services maintains a networked referral pathway to culturally competent mental- and behavioral-health providers so that older veterans can be matched to the right level of care, quickly.

As many older New Yorkers face mobility and transportation barriers, we are expanding home- and community-based access in partnership with providers who can deliver confidential counseling and crisis intervention where veterans are—at home, in trusted community settings, or via telehealth. The aim is simple: reduce friction, cut isolation, and intervene early so conditions like PTSD or depression do not escalate, and so independence and quality of life are protected.

We are also investing in clinical literacy across the ecosystem. Through the Veterans Mental Health Coalition—and in partnership with the Alzheimer's Foundation of America—we hosted a session on the two-way link between PTSD and dementia, reinforcing trauma-informed care as a baseline. The session highlighted risk factors that are more prevalent among aging veterans (PTSD, TBI, military sexual trauma, and chemical exposure). NYC Aging added practical guidance on Medicare Parts A through D and navigation resources, while MJHS covered end-of-life care, burial and indemnity benefits, and available home- and facility-based services. The objective is an integrated support pathway: clinical care, benefits navigation, and family education moving in concert.

Finally, DVS participates in the NYC Cabinet for Older New Yorkers to ensure that the veteran voice is embedded in citywide policy and program design. We will brief the Cabinet on military cultural competency and the specific mental-health profiles of older veterans—prolonged stress, trauma-related conditions, and environmental exposures—so that city systems can tailor interventions and prioritize access where the needs are greatest to improve quality of life.

OUTREACH

Digital outreach alone will not reach many older veterans. As reported earlier, DVS mailed 52,000 postcards to veteran households at Chair Holden’s suggestion; within one week we received 400+ calls. We will continue to blend traditional touchpoints (mail, phone, in-person events) with digital channels so that every veteran has a workable on-ramp to services.

Our Mission: VetCheck initiative extends that on-ramp with proactive, human contact (nyc.gov/vetcheck). Trained volunteers make regular check-in calls to older veterans—offering thanks, a listening ear, and direct connections to services when needs surface. These calls build trust and rapport, chip away at stigma, and often serve as the first step towards mental-health support, benefits enrollment, or social connection. It’s simple, it’s scalable, and for many older New Yorkers, it’s the difference between not asking and finally getting help.

CONCLUSION

Serving New York City’s older veterans is a team effort. Our shared purpose is clear: make New York City a place where older veterans can live, learn, work—and thrive.

Upcoming Events

- The Veterans Advisory Board’s final session of the year will be held on Wednesday, October 29th at 6:00 PM at the Brooklyn VA Medical Center (800 Poly Place, Brooklyn, NY 11209), with hybrid participation available. Details can be found at nyc.gov/vetboard.
- Please join us for the Mayor’s Veterans Day Breakfast to be held at The Metropolitan Museum of Art—our first time hosting at The Met—on Wednesday, November 5th from 10:00 a.m.–2:00 p.m. The address is 1000 Fifth Avenue, New York NY 10028. Our program will be held in the Temple of Dendur, followed by gallery visits, as we look ahead to the Veterans Day Parade on Tuesday, November 11th. The RSVP page can be found at met.org/veterans-day-breakfast. It can also be found on the main tile of our website, nyc.gov/vets.

Finally, DVS can be reached via telephone at 212-416-5250, email at connect@veterans.nyc.gov, social media using the handle [@nycveterans](https://twitter.com/nycveterans), and online through our website, nyc.gov/vets.

Thank you for the opportunity to testify. We look forward to your questions.

**TESTIMONY OF JOSEPH BELLO
NY METROVETS**

BEFORE

**THE NEW YORK CITY COUNCIL
COMMITTEE ON VETERANS**

Oversight - Supporting New York City's Older Veterans

October 23, 2025

Chair Holden, Chair Hudson, members of the Veterans and Aging Committee, thank you for holding this important hearing on *Supporting New York City's Older Veterans*.

New York City's aging population is substantial and growing, with approximately 1.43 million residents aged 65 and older as of 2023, a 53% increase since 2000. According to data and media reports, the city is home to roughly 138,000 veterans*, 70% of whom are 55 or older, more than half 65 or older, and about one-third 75 or older. Yet, our systems remain poorly equipped to meet their needs.

As noted in this hearing's report, many older veterans come into contact with the Department of Veterans' Services (DVS) during moments of crisis: a housing emergency, a lack of food, a hospice admission, or a loss of income. That is not proactive outreach; that is crisis management.

Despite the passage of Local Law 37 (2024), which requires city agencies to ask residents about military service, implementation remains incomplete, and there is no publicly available data on DVS' site. The Commissioner testified in September 2024 that DVS receives DD-214 data from the U.S. Department of Defense for veterans transitioning to New York City. While this is a start, it's far from sufficient. As a result, many senior veterans remain unidentified and unsupported.

The City Council's 2025 Report Card on DVS highlighted a disconnect between how DVS measures success and how veterans – especially older veterans, experience services.

For example, while DVS promotes its new online portal, VetConnectNYC, many older veterans do not use the internet or smartphones the way younger veterans do. I have personally heard stories of veterans and their families who needed DVS personnel to help them fill out the VetConnect request form, or they would not have completed it at all.

The Council's Report Card also recommended non-digital outreach—recurring mailings, phone calls, and community events to engage older veterans. Yet, as the Committee Report notes, DVS mailed only 52,000 postcards in 2025, reaching less than half of the city's veteran population. This one-time effort is insufficient. Our oldest veterans, many in their 70s, 80s, and even 90s, must not be left out simply because they are not online.

The report also found that DVS has no publicly available long- or short-term strategic plan and few measurable goals. Without age-specific metrics, it is impossible to determine whether older veterans are being effectively reached or helped. Accountability and data transparency are essential if we are to improve services and earn veterans' trust.

Many older veterans suffer from social isolation, particularly those who are homebound or disabled. Programs like the Department for the Aging's (DFTA) "Friendly Visiting" help, but they are not veteran-specific.

Additionally, while DFTA partners with DVS through the "DVS Ambassadors" initiative, intended to employ veterans aged 55 and older to conduct outreach and connect with the veteran

community, there is little evidence of the program's visibility or impact. This raises concerns about whether it is being effectively implemented or adequately supported.

DFTA's budget has grown significantly, increasing 8% from \$282 million in FY 2010 to \$509 million in FY 2024, outpacing overall citywide growth. Older veterans need culturally competent, veteran-specific programs that recognize military experience and the stigma many feel in seeking help. Stronger collaboration between DVS and DFTA could make a real difference.

Even with SCRIE and DRIE, many older veterans remain rent-burdened, spending more than half their income on housing. Reso. 985-2025, which supports retroactively freezing rents for seniors and disabled tenants is an important step, but awareness is low, and only nine council members have signed on. Similarly, Reso. 0850 has limited support. I personally support it, but without broader backing, meaningful progress and implementation from the current federal administration is unlikely.

Enclosed are my recommendations to better help our senior veterans:

1. **Fully implement Local Law 37 (2024)** across all city agencies and Council offices to identify veterans during every intake. Make the data available through the MMR or reports.
2. **Fund ongoing non-digital outreach** mailings, phone banks, and in-person events to reach the city's 138,000 veterans, especially seniors.
3. **Require DVS to publish an Older Veterans Strategic Plan** with clear goals and timelines.
4. **Mandate transparency:** DVS should consider releasing quarterly age-segmented data on outreach and services.
5. **Create veteran-specific social connection and mental-health initiatives** to combat isolation.
6. **Strengthen coordination** between DVS, DFTA, and community partners (such as SAGE, etc.) to deliver wrap-around services for aging veterans.

Data from both the Committee Report and the Council's Report Card show the same pattern: outreach is insufficient, digital dependence excludes many, and older veterans are too often left behind. The next administration and council will need to address the loss of federal funding with city funds or risk cutting services that all seniors, including senior veterans, rely on.

Our older veterans answered the call to serve this nation. Many saw combat. They now face unique challenges: aging bodies, fixed incomes, housing instability, social isolation, and health issues. With New York City's aging population, systemic gaps cannot persist.

Thank you, councilmembers, for the opportunity to testify today and for your commitment to New York City's veteran community.

Note: * See DVS [2023 Language Access Implementation Plan](#)

Date: October 23, 2025

Subject: Support for Resolutions 0850-2025 and 0985-2025; Addressing Concerns of LGBTQ+ Veterans and Estate Planning Needs

Good afternoon, Chairs Hudson & Holden and members of the New York City Council Committee on Aging and Veterans. My name is Bryan Ellicott-Cook (They/He), and I serve as the Director of Government Relations at SAGE—the nation’s oldest and largest organization dedicated to improving the lives of LGBTQ+ older adults.

On behalf of SAGE, I submit this testimony in support of Resolutions 0850-2025 and 0985-2025. These resolutions address urgent needs facing older adults, individuals living with disabilities and vulnerable tenants in New York City.

Additionally, I wish to elevate concerns raised by LGBTQ+ veterans during these challenging times across our country, particularly for LGBTQ+ people.

Resolution 0850-2025 – Expansion of Medicare to Include Long-Term Services and Supports (LTSS)

Medicare’s current exclusion of long-term services and support (LTSS) leaves millions of older adults and individuals with disabilities without access to essential care. LTSS includes assistance with activities of daily living, like bathing, dressing, and meal preparation—services that are critical to maintaining dignity and independence. This resolution rightly calls on Congress and the President to expand Medicare to include LTSS, addressing a major gap in our healthcare system and ensuring equitable access to care for those who need it most.

Resolution 0985-2025 – Retroactive Rent Freeze for SCRIE/DRIE Enrollees

The SCRIE and DRIE programs are vital lifelines for seniors and individuals with disabilities, protecting them from unaffordable rent increases. Delays in enrollment, however, often result in higher rent burdens for those who were eligible but were unable to enroll in a timely manner. Resolution 0985-2025 proposes a retroactive rent freeze at the level when individuals first became eligible, or two years prior to enrollment. This measure would correct inequities and provide much-needed relief to vulnerable tenants across the city.

Concerns Raised by SAGE Regarding LGBTQ+ Veterans

SAGE continues to hear from LGBTQ+ veterans—particularly older adults—who are not only burdened by the historical injustices they’ve endured, but also by the ongoing effects of exclusionary federal policies and rhetoric today. These veterans, many of whom served during eras of overt discrimination, still face systemic barriers to recognition, respect, and equitable access to benefits. The emotional toll of being

denied dignity and support is compounded by present-day challenges, including navigating complex bureaucracies and confronting bias within institutions meant to serve them. These realities underscore the urgent need for inclusive and affirming policies. We commend the NYC Department of Veterans' Services (DVS) for its leadership in offering discharge upgrade assistance and connecting LGBTQ+ veterans to caregiver support, VA support groups, medical care, and survivor benefits. We also applaud the NYS Department of Veterans' Services for its commitment to diversity, equity, and inclusion, and for implementing the Restoration of Honor Act—an essential measure that restores access to state benefits for veterans discharged due to sexual orientation, gender identity, or trauma. SAGEVets is thankful to both NYS DVS and NYC DVS for funding and more broadly helping our program serve those impacted. However, we urge both departments to go further—to stand with us, to speak out, and to actively advocate alongside our community. LGBTQ+ veterans deserve not only acknowledgment, but unwavering support and action.

I urge the Council to adopt these resolutions and to continue advocating for policies that protect and uplift our most vulnerable communities. Thank you for your leadership and commitment to equity and justice.

Bryan Ellicott-Cook (He/They)

Director, Government Relations

SAGE – Advocacy & Services for LGBTQ+ Elders

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NEW YORK HEALTH FOUNDATION: *Improving the state of New York's health*

**Testimony of Derek Coy
Senior Program Officer, Veterans' Health
New York Health Foundation**

**Submitted to the New York City Council Committee on Veterans
jointly with the Committee on Aging
Oversight - Needs of Older Veterans in New York City
October 23, 2025**

Thank you, Chairpersons Holden and Hudson, and members of the Committee, for the opportunity to testify on behalf of the New York Health Foundation (NYHealth). NYHealth is a private, independent, statewide foundation dedicated to improving the health of all New Yorkers, including the approximately 135,000 veterans who call New York City home. My name is Derek Coy; I'm a Senior Program Officer at NYHealth. I am also a proud veteran, having served as a Sergeant in the United States Marine Corps.

For more than 15 years, NYHealth has worked to understand and support the health needs of New York's veterans. We do this through grantmaking, policy analysis, advocacy, research, and convenings. Our work has identified service gaps and helped develop innovative, community-based programs that meet veterans where they are. Over the years, we have had the opportunity to partner closely with City agencies and partners to ensure New York's veterans receive high-quality, culturally competent care and support.

In New York City, approximately 50% of veterans—more than 70,000 veterans—are over the age of 65.¹ These older veterans represent a diverse and resilient group who have served our country and continue to contribute meaningfully to our communities. Yet, many face serious challenges, including chronic health conditions, mobility limitations, mental health concerns, social isolation, and difficulty navigating complex systems of care. Supporting the needs of older veterans today will strengthen systems for the future, ensuring more support for younger veterans as they age, helping mitigate and address similar challenges.

¹ New York City Department of Veterans. Data Analytics and Reporting. Accessed October 9, 2025. <https://www.nyc.gov/site/veterans/about/public-reporting.page>

Understanding The Complex Care Needs of Older Veterans

As veterans age, their health and social needs evolve, often becoming more acute. Health care access, affordable housing, transportation, social support, and mental health services are especially critical. Unfortunately, older veterans in New York City can fall through the cracks—facing difficulty accessing federal benefits, unawareness of available services, or barriers like stigma, transportation, and physical disability.^{2,3}

Recent research from Columbia University’s Mailman School of Public Health also shows that as veterans age, physical and mental health challenges often go hand in hand—especially for those who have seen combat. One long-term study of Vietnam War veterans found that combat exposure and post-traumatic stress disorder (PTSD) are strong predictors of mental health outcomes and chronic illnesses such as heart disease.⁴ Another Columbia University study found that many older veterans experience sub-threshold PTSD, which is defined as having symptoms not severe enough for a clinical diagnosis. Sub-threshold PTSD was associated with negative health, social, and family outcomes.⁵

Additionally, NYHealth’s 2024 report, *Deaths of Despair and Suicide Among New York City Veterans*, highlights the need for focused suicide prevention services for older veterans. Veterans aged 65 and older die by suicide at two to three times the rate of their civilian counterparts. Veterans aged 75 and older experienced some of the highest suicide rates among all age groups, and in Brooklyn and Staten Island, they had the highest rates of any age group.⁶

Together, these findings demonstrate older veterans’ need for robust navigation and care for their physical and mental health as well as for social needs.

To support older veterans, we offer the following recommendations:

Strengthen Veteran-Centered Care Navigation

² M. R. Augustine, T. Mason, A. Baim-Lance, and K. Boockvar. “Reasons Older Veterans Use the Veterans Health Administration and Non-VHA Care in an Urban Environment.” *Journal of the American Board of Family Medicine* 34, no. 2 (March-April 2021): 291–300. <https://doi.org/10.3122/jabfm.2021.02.200332>

³ R. K. Blais, J. Tsai, S. M. Southwick, and R. H. Pietrzak. “Barriers and Facilitators Related to Mental Health Care Use Among Older Veterans in the United States.” *Psychiatric Services* 66, no. 5 (May 2015): 500–506. <https://doi.org/10.1176/appi.ps.201300469>

⁴ S. D. Stellman, A. Pless Kaiser, B. N. Smith, A. Spiro, and J. M. Stellman, “Impact of Persistent Combat-Related PTSD on Heart Disease and Chronic Disease Comorbidity in Aging Vietnam Veterans,” *Journal of Occupational and Environmental Medicine* 67, no. 5 (May 2025): 299–305, <https://doi.org/10.1097/JOM.0000000000003302>

⁵ S. D. Stellman, A. Pless Kaiser, B. N. Smith, A. Spiro, and J. M. Stellman, “Persistence and Patterns of Combat-Related Posttraumatic Stress Disorder (PTSD), Medical, and Social Dysfunction in Male Military Veterans 50 Years After Deployment to Vietnam,” *Journal of Occupational and Environmental Medicine* 67, no. 5 (May 2025): 306–12, <https://doi.org/10.1097/JOM.0000000000003321>

⁶ New York Health Foundation, *Navigating the Crisis: Deaths of Despair and Suicide Among New York City Veterans*, (2024), Accessed October 2025. <https://nyhealthfoundation.org/resource/nyc-deaths-of-despair-suicide/>

Navigating the intersection of the Department of Veteran Affairs (VA), Medicaid, Medicare, and other local programs and services is challenging even for the most resourceful individuals. A recent NYHealth publication shows that more than half of veterans in New York State enrolled in Medicaid are aged 65 and over, often as a supplement to other forms of coverage, especially for those with complex health care needs.⁷ To help older veterans navigate available services, New York City should continue investing in outreach and service coordination programs like VetConnectNYC. This program refers veterans to appropriate community-based organizations, connecting them to services including housing, health, and employment. New York City should also increase collaboration between its agencies, community-based organizations, and health care providers to ensure that veterans can successfully navigate related programs and services.

Expand Access to Mental Health and Peer-Based Support

NYHealth has long championed the peer support model, particularly the Joseph P. Dwyer Peer Support Program, which successfully reduces isolation, connects veterans to services, and improves their wellbeing. We have also partnered with New York Cares and the New York City Department of Veterans' Services (NYC DVS) to operate Mission: VetCheck. This program uses peer-based outreach to provide veterans with wellness check-ins, suicide screenings, and referrals to critical resources. These programs have reached thousands of veterans and built a robust referral network for behavioral health, benefits counseling, and housing support. The City should explore opportunities to expand upon this program model to meet the specific needs of older veterans.

Support Robust and Specific Data Collection

Routine, comprehensive data are needed to understand the older veteran populations in New York City adequately. New York City's Bureau of Vital Statistics and NYC DVS should make relevant local data available and leverage it to aid government and nonprofit organizations in their service delivery and evaluation efforts. More precise and regular publications of data will inform policy development and service outreach. Future data efforts should also ensure data are disaggregated by age, race, ethnicity, and borough to inform tailored programs better and address disparities in veteran outcomes.

Conclusion

NYHealth is committed to supporting New York City's efforts to support the needs of older veterans. It is our shared responsibility to ensure veterans age with dignity, security, and good health. Addressing these issues today is not only a moral obligation to the current generation but a strategy to ensure that future veterans do not suffer the same physical and mental health burdens.

⁷ New York Health Foundation, *Medicaid and New York's Veterans*, (2025), accessed October 16, 2025. <https://nyhealthfoundation.org/resource/fact-sheet-medicaid-and-new-yorks-veterans/>

We appreciate and share the Council's commitment to New York City's veterans. I hope you will look to the New York Health Foundation as a partner and resource for this work. You can learn about our veterans' health work by visiting our website, www.nyhealthfoundation.org.

Sincerely,

Derek Coy

Senior Program Officer, Veterans Health

New York Health Foundation



**Testimony by VNS Health
Before the New York City Council Committees on Aging and Veterans
October 23, 2025**

@Res. 0985-2025 Oversight – Supporting New York City’s Older Veterans.

Resolution calling on the United States Congress to pass, and the President to sign, legislation that would expand Medicare to include long-term services and supports for seniors and individuals with disabilities.

Good afternoon, Chair Hudson, Chair Holden, and members of the Committees on Aging and Veterans.

My name is Dan Lowenstein, and I am the Senior Vice President of Government Affairs at VNS Health, New York’s largest nonprofit home and community-based health care organization. Thank you for the opportunity to testify in support of this important resolution calling for the expansion of Medicare to include long-term services and supports.

VNS Health and Our Commitment to Older Veterans

For more than 130 years, VNS Health has helped New Yorkers live, age, and heal where they feel most comfortable — in their homes and communities. Every day, we provide high-quality, compassionate care to more than 75,000 New Yorkers, including thousands of older adults, veterans, and people with disabilities, through our full continuum of health plans and provider services.

VNS Health is the largest home health and hospice provider to veterans in New York City, helping this community access health care, community resources, and VA benefits, including long-term services and supports. Our Veterans Program, established in 2015 and supported through City Council discretionary funding, reaches more than 1,100 veterans and their families each year through home health, hospice, and care coordination tailored to the unique needs of those who have served. We are deeply grateful to the Council for its continued partnership and support.

Strengthening Long-Term Services and Supports Through Integration

VNS Health plays a unique dual role in New York’s long-term services and supports (LTSS) system — serving as both a payer and a provider across Medicare and Medicaid. Through our Managed Long-Term Care (MLTC) plan, we coordinate Medicaid-funded personal care and home supports that help people with chronic conditions or disabilities remain safely and independently at home. At the same time, as a Medicare-certified provider of skilled home health, rehabilitation, and hospice services, we help individuals recover from illness, manage chronic conditions, and avoid unnecessary hospitalizations.

Importantly, VNS Health also operates both a Dual Eligible Special Needs Plan (D-SNP) and a Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP), which combine Medicare and Medicaid benefits under one coordinated structure. These plans bridge the long-standing divide between Medicare and Medicaid programs, ensuring that members have a single care

manager, one individualized plan of care, and a unified provider network that addresses their medical, behavioral health, and long-term care needs across all settings.

Our experience across these programs shows that integration works. It leads to better health outcomes, reduces unnecessary hospital use, and allows people to remain safely at home — all while making smarter use of public resources. Integration also simplifies the experience for members and families, who otherwise must navigate two separate, complex systems to receive the care and support they need.

A Complementary Pathway to Federal Reform

VNS Health strongly supports the Council's resolution calling for federal action to expand Medicare to include long-term services and supports. This is a bold and necessary vision that would close a major gap in our nation's health coverage and provide older adults and people with disabilities with greater dignity, stability, and choice as they age.

At the same time, we recognize that major federal changes will take time. That is why New York should continue to strengthen and expand integrated care models like D-SNPs and FIDE-SNPs as a practical and immediate way to achieve many of the same goals. These models already align care across Medicare and Medicaid, improve coordination, and support independent living, helping to deliver on the promise of person-centered care today.

By advocating for federal reform while advancing integration here at home, New York can continue to lead the nation in creating a health system that is compassionate, fiscally sustainable, and responsive to the needs of an aging population.

Conclusion

VNS Health is proud to stand with the City Council in support of this resolution and to serve as a trusted partner in advancing better care for older adults, veterans, and individuals with disabilities. We thank the Committees on Aging and Veterans for their leadership and look forward to working together to strengthen long-term services and supports through both federal advocacy and the continued expansion of integrated care models that improve outcomes for New Yorkers today.

Testimony by the New York Legal Assistance Group (NYLAG)

Before the New York City Council Committee on Veterans

and Committee on Aging regarding:

Supporting New York City's Older Veterans

October 23, 2025

Chair Holden, Chair Hudson, Council Members, and staff, thank you for this opportunity to provide testimony regarding the important topic of Supporting New York City's Older Veterans. My name is Ryan Foley, and I am the Project Director and Supervising Attorney of the Veterans Practice at the New York Legal Assistance Group (NYLAG). The New York Legal Assistance Group uses the power of law to help New Yorkers in need combat economic, racial, and social injustice. We address emerging and urgent legal needs with comprehensive, free civil legal services, impact litigation, policy advocacy, and community education. NYLAG serves military Veterans, seniors, the homebound, immigrants, families facing foreclosure, renters facing eviction, low-income consumers, those in need of government assistance, children in need of special education, domestic violence survivors, persons with disabilities, patients with chronic illness or disease, low-wage workers, members of the LGBTQ+ community, Holocaust survivors, and others in need of free civil legal services.

NYLAG's Veterans Practice is a community-based Veteran program, funded by the City Council's Legal Services for Veterans Initiative and Department of Veterans Services Discharge Upgrade Legal Assistance Services grant. The Veterans Practice provides comprehensive services to Veterans and their families, regardless of discharge status, with the

aim of increasing eligibility and access to the numerous federal and state benefits available to the Veteran community. NYLAG's Veterans Practice focuses on specialized issues faced by Veterans, while simultaneously utilizing the expertise of NYLAG's 400+ attorneys, paralegals, and financial counselors to address any other civil legal needs presented.

NYLAG's Veterans Practice aims to meet the needs of the community, and the NYC Veterans community is an aging one. Of the estimated 230,000 Veterans who call NYC home, approximately 70% are 55 years or older, and over 30% are 75 years or older.¹ Sadly, the percentage of older adults in NYC living in poverty has continued to rise, with over 18% of individuals 65 or older living below the poverty line.² This means we have a greater number of older Veterans, many of whom are in need of additional support due to increased or worsened disabilities, struggling to get by and often relying on inadequate fixed income as economic fluctuations lead to increased costs and reductions in services. If the situation is not already a crisis, it will become one soon.

One of the most effective ways to establish economic stability is making sure that Veterans secure their earned benefits. Social Security Retirement is a critical lifeline, but many individuals do not understand the consequences of taking early retirement or the increased benefits in waiting when possible. The Department of Veterans Affairs has two different disability benefit programs, VA Disability Compensation and VA Disability Pension, as well as monetary add-ons for those programs such as Unemployability, Housebound benefits, and Aid & Attendance. The proper utilization of these two federal benefit programs can pull a Veteran

¹ Testimony by NYC DVS. <https://citymeetings.nyc/meetings/new-york-city-council/2025-03-25-1200-pm-committee-on-veterans/chapter/demographics-of-nyc-veterans/>

² Rachel Neches and Johanthan Bowles. *The Emerging Financial Security Crisis Facing Older Adults Across New York State*. Center for an Urban Future. https://nycfuture.org/research/the-emerging-financial-security-crisis-facing-older-adults-across-new-york?utm_source=chatgpt.com

out of poverty, however in our work we see how challenging it can be for Veterans to navigate the application and appeals process to obtain these benefits.

NYLAG is currently working with MD, a 68-year-old Marine Corps Veteran. MD had two periods of Honorable service, and a final period of service with an Other Than Honorable designation. As a result of that final period of service, MD did not believe he was eligible for any benefits from the VA. It was not until 2018, when his health started declining, that his family encouraged him to see what benefits he may be entitled to. Despite intensive efforts from MD and his family to submit applications and appeals for his disabilities, he was denied everything he applied for. Another Veteran encouraged MD to reach out to NYLAG, and after reviewing his claims, it was immediately clear that MD was struggling to follow the procedural instructions of the VA. NYLAG worked closely with him and his family to develop detailed statements, organize medical records, and research scientific studies to link his disabilities to service. NYLAG helped him focus on well-documented physical injuries, while simultaneously creating a comprehensive record for future appeals for additional compensation based on secondary ailments and exposure. While MD still has multiple pending claims awaiting decisions, since NYLAG got involved, he has been awarded 70% disability compensation resulting in \$1,759/month and over \$140,000 in backpay. The service connection award has also reduced co-payments for health services at the VA and created eligibility for a new life insurance policy, providing financial, health, and future planning security for MD.

In addition to accessing proper benefits, increasing housing protections for Veterans must remain a priority for the City. An analysis by the National Center on Homelessness among Veterans and the VA found that “the number of homeless Veterans aged 55 or older increased by 150% from 2010 to 2023.”³ Even more frightening is a projection that the number is set to more than double over the next decade.⁴ Many older Veterans rely on a fixed income, and the strain of an unexpected expense, such as a car repair, medical bill, or family emergency, can place them at risk of eviction. With timely assistance, Veterans may be able to obtain grants from HRA or VA SSVF programs to prevent arrears and late fees from building to unmanageable levels. This early intervention would require emphasis being placed on City agency staff to screen for Veteran status, make referrals to DVS as appropriate, and learn more about benefits available to the Veteran community.

NYLAG strongly supports Res 0985-2025, which would retroactively freeze the rent at which a SCRIE or DRIE enrollee pays to the level it was when they first became eligible, or at the level it was two years before they entered the program. This Bill recognizes the negative impact constant rising rents has on the stability of disabled and older New Yorkers seeking to stay in the places and communities they call home, and the fact that individuals typically do not learn about these programs until it is too late. Most Veterans seeking housing assistance from NYLAG’s Veterans Practice have never heard of SCRIE, DRIE, CityFHEPS, or other housing subsidy programs that could have prevented the housing emergency in the first place.

³ Monica Diaz. *The Growing Crisis of Aging Homeless Veterans*. Homeless Programs Office, U.S. Department of Veterans Affairs. <https://www.va.gov/HOMELESS/featuredarticles/aging-homeless-veterans.asp>

⁴ *Id.*

NYLAG recently assisted TS, a 64-year-old U.S. Army Veteran. TS was referred to NYLAG with a non-payment eviction case. TS fell behind in his rent payments after assisting a family member with funeral expenses. Initially he made partial payments, but after he suffered a medical emergency leading to additional debt, he became unable to afford any of his rental payment. NYLAG worked with TS to adjourn his housing court case and expedite a decision on a One Shot Deal emergency rental assistance grant. This gave TS additional time to connect with other organizations to secure the money needed to pay the arrears. NYLAG also shared information about the different housing subsidies that could help lower the amount of rent TS was responsible for, creating a cushion to prevent another housing crisis. Coordinating with TS's housing case manager, NYLAG helped to get TS's eviction case discontinued and got his landlord to address necessary apartment repairs. We are confident that he will be granted eligibility for additional housing assistance, allowing him to stay in his apartment long-term, close to his family and friend support system.

One of the most underappreciated concerns for many older Veterans is the crucial need for Advance Planning. Often focus is placed on establishing a Will, but that fails to consider the importance of having authorizations in place to navigate potential health care options, providing financial management, and help protect access to housing and other benefits in the case of future incapacitation. Veterans should be able to dictate how they want the final years of their lives to look and be able to live with dignity and access to basic needs. This requires establishing a Power of Attorney and Health Care Proxy, and potentially a Living Will, ensuring that trusted individuals are empowered to make health care, financial and legal decisions and to undertake related tasks if the Veteran is no longer able to advocate for themselves.

Advance Planning also involves planning for future medical needs, particularly long term care. As the Department of Veterans Affairs and Veterans Homes continue to face increased numbers of older Veterans seeking care, it is important for Veterans to know what options are available if the VA is unable to meet their needs. NYLAG supports Chair Hudson's Res 0850-2025 calling for expansion to Medicare to include long term services. We also encourage exploring additional options at the State and Local level to make it easier for older Veterans to remain in their home to with appropriate services, including supporting their ability to hire trusted family members and individuals to provide necessary care with daily tasks.

NYLAG is extremely grateful that this issue is being discussed today, because it impacts many New Yorkers. We commend the Council for both Res 0985-2025 and Res 0850-2025, which can provide crucial support to our aging Veterans and countless other older New Yorkers. NYLAG also appreciates the City of New York for its investment in legal services for Veterans, which allows us to assist Veterans like MD and TS, as well as hundreds of other Veterans dealing with benefit, housing, and planning issues. At a moment in which Federal support for our most vulnerable appears to be at-risk, it is crucial to ensure older Veterans are not abandoned when they need the most support. We must continue to build and strengthen wrap-around resources and affirm our commitment to the Veteran community that made so many sacrifices for all of us.

Thank you for this opportunity to provide testimony. NYLAG looks forward to engaging in further discussions about how we can best serve our Veteran community and improve their access to crucial legal services and other resources.

Respectfully submitted,

New York Legal Assistance Group (NYLAG)



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Testimony of
The Legal Aid Society

on

Oversight: Supporting New York City's Older Veterans and Resolution 0985/25

The Legal Aid Society appreciates the opportunity to comment on the subject of Supporting New York City's Older Veterans and Resolution Number 0985/25. Thank you to Chairs Hudson and Holden for holding this important hearing. Thank you to Speaker Adams for sponsoring this important resolution.

Who We Are

The Legal Aid Society (LAS), the nation's oldest and largest not-for-profit legal services organization, was founded in 1876 to provide free legal representation to marginalized New York City families and individuals. The Legal Aid Society's legal program operates three major practices – Civil, Criminal, and Juvenile Rights – and through a network of borough, neighborhood, and courthouse offices provides comprehensive legal services in all five boroughs of New York City for clients who cannot afford to pay for private counsel. With a caseload of nearly 200,00 cases and legal matters for clients, The Legal Aid Society takes on more cases for more clients than any other legal services organization in the United States.

Justice in Every Borough.

Our Civil Practice works to improve the lives of low-income New Yorkers by helping vulnerable families and individuals to obtain and maintain the necessities of life- housing, health care, food, and self-sufficiency. We serve as a “one-stop” legal resource for clients with a broad variety of legal problems, ranging, among others, from government benefits and access to health care, to immigration and domestic violence. Our depth and breadth of experience is unmatched in the legal profession and gives LAS a unique capacity to go beyond any one individual case to create more equitable outcomes for individuals, and broader, more powerful systemic change at a societal level. Our work has always taken an explicit racial and social equity lens and the current housing crisis has further focused our efforts to advocate for the needs of New York’s marginalized communities.

The Legal Aid Society has a long history of providing eviction defense services to seniors in the Bronx and Brooklyn. In 2023, the Legal Aid Society created a city-wide Elder Law Unit (ELU), combining the Brooklyn Office for the Aging and the Bronx Assigned Counsel Project. Currently, the ELU is comprised of a multi-disciplinary team specializing in eviction defense for seniors in the Bronx and Brooklyn. By specializing in eviction defense for seniors the ELU recognizes that the preservation of housing for a senior often involves many intersecting medical, financial and social issues. The ELU seeks to assess and address the needs of our senior clients to not only prevent their eviction but to alleviate the underlying causes that lead them to be at risk of eviction.

Support for Resolution 0985-2025

We support the Resolution calling on the NYS legislature to pass, and the governor to sign, the bill which would retroactively freeze the rent at which a SCRIE or DRIE enrollee pays at the level it was when they first became eligible, or at the level it was two years before they entered the program, where that entrance into the program occurred more than two years after they first became eligible. The passing of this bill emphasizes the importance of how laws should be modified to serve the need of the current society and the bill recognizes that New York City residents do not apply when they first become eligible for the program. Unfortunately, many seniors and disabled New Yorkers still do not know about this

important program and because of this lack of knowledge apply to the programs years after becoming eligible for it. Thank you, Speaker Adams for addressing recognizing this gap and supporting a resolution to address it.

The SCRIE and DRIE program is a very valuable benefit program to our clients because it assists with keeping their apartment affordable. However, the program is failing our seniors and disabled New Yorkers. There are currently bills in the state legislature which would modernize the program. We call upon the City Council to introduce and pass resolutions supporting this legislation which would be more effective in keeping apartments affordable.

SCRIE or DRIE frozen rent should be set to one-third of household income

Our first suggestion is that the SCRIE and DRIE frozen rent should be frozen at one-third of the tenant's household income. Under the current construction of the program, when a senior applies at sixty-two (62) years old, the rent is frozen at the legal regulated rent at the time. However, there is no assessment at the time of application as to the affordability of that rent for the senior. Resultantly, the amount may already be a substantial rent burden for the senior on a fixed income. For example, a senior receiving Social Security Income of \$1034 applies for the SCRIE program and their rent is frozen at \$994. Although the rent is frozen, it is frozen at an amount that is not affordable and would leave the senior with only forty (40) dollars per month for other expenses. There is no option under the current law for this frozen rent to be lowered, despite this severe rent burden, unless the senior was to experience a decrease in their already very limited income.

In order to ensure that the rent is frozen at an affordable amount, we suggest frozen rent should be frozen at an amount which is one-third of their income. This will ensure true affordability for seniors on low fixed incomes.

The adjustment of a frozen rent to allow for ongoing affordability is already addressed in the current regulatory structure, however this rent redetermination is only implicated when a senior, already enrolled in SCRIE experiences a permanent decrease in income of 20% or more. If this occurs, the regulations provide that the rent can be lowered

based on the percentage decrease in the household income. For example, a 40% decrease in household income would result in a 40% decrease in the rent. However, there is nothing in place if a senior is severely rent burdened by their frozen rent amount at the outset of the program. Therefore, we suggest when a tenant who is on fixed income applies for the SCRIE and DRIE program, the rent should be set to set to one-third of their income. There is currently a bill that has been introduced in the state legislature to allow New York City to make such a change. We ask this Council to introduce a resolution to support A7729/S2451.

INCOME ELIGIBILITY FOR SCRIE/DRIE HAS BEEN UNCHANGED SINCE 2014, THE ELIGIBILITY LEVELS MUST BE INCREASED.

In 2024, the Council passed resolution 0232/24 calling on the State Legislature to pass and Governor to sign S2960/5741 to increase the maximum income threshold eligibility for SCRIE/DRIE and to then index it to inflation. Those bills have been renumbered to A5344/S1457/25. Thank you to the Council for recognizing the importance of this issue and passing the resolution.

The SCRIE/DRIE program has been underutilized for some time¹. We support A5344/S1457/25 which would increase the maximum income threshold for eligibility to \$67,000 and index it to inflation thereafter. The last time the eligibility threshold was increased was in 2014. Since that time as inflation has increased, the eligibility threshold has remained the same. Tenants are losing eligibility when they receive cost of living increases in their income. The loss of the rent freeze exemption will lead to housing instability.

¹ New York City has estimated that under 60 percent of eligible households receive the benefits.
https://www.nyc.gov/assets/rentfreeze/downloads/pdf/2022-scrie_drie_report.pdf

Conclusion

Thank you for reviewing our testimony and for the opportunity to comment on Resolution 0985-2024.

Sincerely,

Ellen Davidson
Staff Attorney
The Legal Aid Society

Tenants & Neighbors Testimony
Hearing on Resolution 0985-2025
October 23, 2025

Good afternoon, Chairwoman Hudson and members of the Committee on Aging. I am Genesis Aquino, Executive Director of New York State Tenants & Neighbors Information Service and the New York State Tenants & Neighbors Coalition—two affiliate organizations united by a common mission: to empower and educate tenants; preserve affordable housing and diverse neighborhoods; and strengthen tenant protections across New York. We thank you and Speaker Adrienne Adams for your support on this important issue and for the opportunity to testify.

I am here on behalf of our members to state our strong support for Resolution 0985-2025, and urge the City Council to firmly call on the New York State Assembly to pass A.7851, and Governor Hochul to sign it. Retroactively freezing the rent at which a SCRIE or DRIE enrollee pays at the level it was when they first became eligible, or at the level it was two years before they entered the program, would ensure more vulnerable seniors and tenants with disability stay housed.

Tenants & Neighbors has been a strong supporter of the SCRIE and DRIE programs since their inception. We fought for the original SCRIE law in 1970 and have remained steadfast in our commitment to protect the most vulnerable New Yorkers.

The ability to age in place has never been in more danger than it is today. Our federal government has made it their agenda to eliminate all possibilities of housing justice to our most marginalized communities. Therefore, while we support A.7851, we urge the City Council to also support other reforms needed to modernize SCRIE and DRIE and ensure that seniors and disabled New Yorkers can remain in their homes.

T&N organizes with low and moderate income rent regulated tenants and Mitchell-Lama residents throughout the city— many who we have helped enroll in the program. The story is almost always the same. When a tenant applies, the rent is frozen at the rent they pay at the time they apply for the program. However, because there is no assessment at the time of application as to the affordability of that rent, the amount the tenant is paying may already be a substantial rent burden for the person on a fixed income. There is no option under the current law for this frozen rent to be lowered, despite this severe rent burden. Additionally, when someone becomes ineligible for the program because a onetime payment takes them over the income eligibility, when their income decreases, they must apply again and their rent is frozen at the new rent.

We believe that the best way to protect our seniors and disabled New Yorkers is to freeze

beneficiaries' rent at one third of household income to ensure true affordability. We ask this Council to introduce a resolution to support A7729/S2451.

In 2024, the Council passed resolution 0232/24 calling on the State Legislature to pass and the Governor to sign S2960/5741 to increase the maximum income threshold eligibility for SCRIE/DRIE and to then index it to inflation. Those bills have been renumbered to A5344/S1457/25. Thank you to the Council for recognizing the importance of this issue and passing the resolution.

Tenants & Neighbors support A5344/S1457 which would increase the maximum income threshold for eligibility to \$67,000 and index it to inflation thereafter. The last time the eligibility threshold was increased was in 2014. Since that time as inflation has increased, the eligibility threshold has remained the same. Tenants are losing eligibility when they receive cost of living increases in their income. The loss of the rent freeze exemption will lead to housing instability.

It is essential that we strengthen the programs that keep seniors and people with disabilities in their homes. SCRIE and DRIE are lifelines for thousands of New Yorkers, and there are various reforms proposed by the people closest to the problem to ensure that they remain effective, accessible, and just. So Tenants & Neighbors also urges the NYC Council to support and advocate for the passage of:

- **A1863/S561** - Requires DHCR and property owners to provide notice to tenants regarding SCRIE/DRIE programs
- **A2367/S3563 Cleare** - Includes the parent or guardian of a person with a disability, to qualify the household for DRIE when the person with a disability is not the head of household.
- **A824/S5280**: Requires municipalities to provide language access services for the SCRIE/DRIE programs
- **Excluding Medicare premiums, veterans benefit from the definition** of income for SCRIE/DRIE applications which prevents many seniors from enrolling. This could possibly be solved at the city level and we urge the City Council to create regulation language to address this issue.

New York has an obligation to support its aging population by providing real solutions to the housing crisis. Strengthening and expanding SCRIE and DRIE will protect older adults from displacement and financial hardship.

Thank you for the opportunity to testify today and for your continued commitment to housing affordability and stability for all New Yorkers.



LENOX HILL NEIGHBORHOOD HOUSE

**Testimony at the Committee on Aging
Thursday, October 23rd, 2025**

Good afternoon, Chair Hudson, esteemed members of the Committee on Aging. My name is Justine Tetteh, and I am the Director of Policy and Advocacy at Lenox Hill Neighborhood House.

Lenox Hill Neighborhood House was originally founded in 1894 as a free kindergarten for immigrants and is among the oldest settlement houses in the nation. At its core, the work has not changed since our founding – we still, educate children, feed hungry neighbors, care for the elderly, advocate for vulnerable individuals, and provide critical, comprehensive services to immigrants and low-income New Yorkers, helping them to gain the skills they need to strengthen themselves today and build a better community for tomorrow.

Each year, Lenox Hill Neighborhood House serves more than 17,000 neighbors, providing comprehensive social services, food and nutrition programs, education, and wellness opportunities. A large percentage of our client population are older adults. At the Neighborhood House, our staff regularly assist older adults and tenants with disabilities in understanding and navigating the SCRIE and DRIE application process. For many, these programs are the only reason they can remain stably housed in their long-term homes and communities. We understand the importance of stability and familiarity for the physical and mental well-being of aging adults. The SCRIE and DRIE programs are lifelines—providing peace of mind, housing stability, and, most importantly, dignity for New Yorkers living on fixed incomes in a city where rent prices continue to rise.

However, our organization has seen firsthand how the current system leaves behind many of those most in need. Too often, eligible tenants delay enrolling in SCRIE and DRIE because they are unaware of the programs, face language or technological barriers, or struggle with complex application requirements. By the time they learn about these essential programs, their rent has already increased beyond affordability. These increases penalize tenants simply for not having known about their rights sooner. The legislation before the Council presents a just and necessary solution to this recurring issue. By retroactively freezing rent at the level of initial eligibility—or two years prior to enrollment—it acknowledges the structural barriers that prevent many low-income older adults and tenants with disabilities from accessing benefits in a timely manner. This change will protect vulnerable New Yorkers from financial burdens that could otherwise lead to eviction, displacement, or homelessness.

As an organization committed to advancing housing stability and equity, we strongly urge the State Legislature and the Governor of New York to enact this bill. On behalf of the clients we serve at Lenox Hill Neighborhood House, we thank Speaker Adams and the City Council for their leadership in uplifting the needs of older adults and tenants with disabilities across the city. Thank you for the opportunity to share this testimony and for your continued support of New Yorkers who rely on SCRIE and DRIE to age and live with dignity in their communities.



MITCHELL-LAMA RESIDENTS COALITION, INC.

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New York, New York 10025

Voice-mail: 212-465-2619 Website: www.mitchell-lama.org

NYC City Council

Committee on Aging

Testimony on Reso 0985-2025

by Katy Bordonaro, MLRC Corresponding Secretary

October 23, 2025

Thank you to Committee Chair Hudson for holding this hearing. Thank you to Speaker Adams, Gale Brewer (a long-time ally of the Mitchell-Lama community), and the six other City Councilmembers who are co-sponsors of Resolution 985 to date.

My name is Katy Bordonaro and I serve as the Secretary of the Mitchell-Lama Residents Coalition (MLRC), a grassroots, all-volunteer organization working since 1972 to represent the interests and needs of Mitchell-Lama renters, Mitchell-Lama co-operators, and residents living in former Mitchell-Lama developments.

The MLRC has long advocated for changes in the SCRIE/DRIE program to allow the program to keep up with inflation and expand the number of beneficiaries. Such modifications will keep more New Yorkers in their homes for a longer period of time.

There are several pieces of legislation we are supporting in the New York State Legislature to enhance the SCRIE/DRIE program. The Mitchell-Lama community is very grateful that the City Council is

sending a strong message to the Legislature to retroactively freeze the rent which a SCRIE/DRIE enrollee pays at the level it was when they first became eligible, or at the level it was two years before they entered the program, given that entrance into the program occurred more than two years after they first became eligible.

We are grateful that in 2024, the City Council sent a complementary message to the Legislature to make an automatic, annual increase in the income cap for eligibility. This increase would equal any increase in the Consumer Price Index (CPI). That legislation passed the Senate last year. Hopefully it will pass both houses in the next session, along with this legislation.

These improvements to SCRIE/DRIE will allow our most vulnerable citizens to stay in their homes.

Passing this resolution, as you know, tells the state legislature that the City Council is ready to approve the funds needed to strengthen SCRIE/DRIE.

Thank you for making the future of SCRIE and DRIE a priority.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 10/23/2025

(PLEASE PRINT)

Name: James Hendon, Commissioner DVS

Address: _____

I represent: Dept of Veterans Services

Address: 1 Centre Street Rm 2208 NY NY

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

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 10/23/25

(PLEASE PRINT)

Name: Jennine Ventura

Address: 2 Laffage Hse, 7th floor

I represent: NYC Dept. for the Aging

Address: _____

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

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 10/23/25

Name: Ashton Stewart (PLEASE PRINT)

Address: 55 Water St

I represent: MJHS Health System

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. 985

in favor in opposition

Date: _____

Name: Ellen Davidson (PLEASE PRINT)

Address: 49 Thomas St, NY

I represent: The Legal Aid Society

Address: 49 Thomas St NY

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

Name: Genesis Aquino, E (PLEASE PRINT)

Address: _____

I represent: Tenants and Neighbors

Address: [Redacted] LIC NY

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: JOE BELLO

Address: NY METROVETS

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Michael Bocchini, DVS

Address: _____

I represent: Dept of Veterans Services

Address: 1 Centre St Rm 2208 NY NY

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 10/23/2025

(PLEASE PRINT)

Name: Lauren DMello, DVS

Address: _____

I represent: Dept of Veterans Services

Address: 1 Centre St Rm 2208 NY NY



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



**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. 850 ³/₉₈₅
 in favor in opposition

Date: 10/23/25

(PLEASE PRINT)

Name: Bryan Elliot-Cook (Helmsley)

Address: 305 7th Ave, NY, NY 10001

I represent: SAGE

Address: _____

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

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Nathaniel Washington

Address: _____

I represent: Myself (Veteran)

Address: _____

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