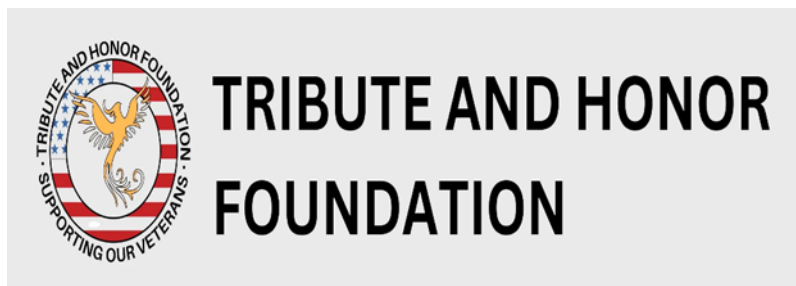




# Long Island Veterans Needs Assessment:

A Preliminary Report December 2025



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## **Introduction and Background:**

During the height of the wars in Afghanistan (Operation Enduring Freedom – OEF) and Iraq (Operation Iraqi Freedom – OIF) the national media highlighted various instances where returning veterans received inadequate levels of services, and that there were some serious questions about the quality of those services. The issues included: the poor quality of care and run-down facilities at Walter Reed Medical Center, VA executives receiving bonuses despite a backlog of hundreds of thousands of VA benefit claims, and the 2014 resignation of VA Secretary Shinseki after revelations of scandalous practices at the VA including “secret waitlists” and falsified data in order to conceal long wait times for services.

In conjunction with reporting on the various scandals, the media also highlighted poor outcomes experienced by some OEF / OIF Veterans including: higher rates of suicide, Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injuries (TBI), Military Sexual Trauma (MST), Substance Use Disorder, unemployment and homelessness.

It should be noted that while much attention was paid to the needs of Iraq / Afghanistan veterans during this period, that the consciousness of the needs of veterans of all generations in regards to these issues was raised.

It is important to keep in mind that while a percentage of OEF / OIF veterans may have struggled with these issues during their transition home, a majority of OEF / OIF veterans did make a successful transition to higher education, employment and family life.

## **Previous New York State Needs Assessments and Research:**

In 2011 the NYS Health Foundation issued a study conducted by the Rand Corporation entitled: *A Needs Assessment of New York State Veterans* which focused on OEF / OIF veterans returning to live in NYS. Some of the conclusions of the report were as follows:

- 22 % were found to have a probable mental health diagnosis
  - 16% reported symptoms of major depression
  - 16% were believed to have PTSD
  - 10% likely had both PTSD and major depression
- About a third of those with a need for treatment had sought mental health services in the prior 12 months.
  - Slightly more than half of those who sought help received a minimally adequate treatment
- Veterans were found to have significantly worse overall physical functioning scores than similar individuals in the general population.
- These veterans were also unemployed at a significantly higher rate than the overall New York unemployment rate.

## **Long Island Efforts During OEF / OIF:**

### Veterans Health Alliance of Long Island:

During this period the Mental Health Association (MHA) of Nassau County developed the Veterans Health Alliance of Long Island (VHALI). VHALI is a coalition of non-profit providers, the VA Northport, the Nassau and Suffolk County Veterans Service Agencies, Veterans organizations, National Guard / Reserve Family Readiness Groups, local colleges, elected officials and other stakeholders. VHALI members focused on a number of efforts including: training civilian mental health providers about the military culture and issues faced

by different generations of veterans, public information campaigns about the availability of veterans benefits and services, attendance at Yellow Ribbon events for local National Guard Units deploying to and returning from Iraq and Afghanistan, as well as advocacy on a federal, state and local level for veterans' issues.

#### PFC. Dwyer "Vet2Vet" Peer Support Program:

During this period NYS Senator Lee Zeldin, an Iraq Veteran from Suffolk County, took a lead role in getting funding for a Veteran Peer Support program included in the 2012-13 New York State budget. The project was called the PFC. Dwyer Peer to Peer Project, named in honor of PFC. Dwyer, an Army medic from Mt. Sinai who died due to issues with PTSD in 2008. Suffolk County received PFC. Dwyer funding in the 2012-13 NYS budget and Nassau County received PFC. Dwyer funding in the NYS 2013-2014 budget.

#### **The Need for a "Fresh Look" at Veterans Issues:**

##### NYS Health Foundation:

Following the withdrawal of US troops from Afghanistan in 2021 media reporting and research regarding Veterans issues seemingly decreased. In 2024 however, the NYS Health Foundation, recognizing that the 2011 research was now outdated, again worked with the Rand Corporation to issue a new report entitled: *Understanding Veterans in New York: A Needs Assessment of Veterans Recently Separated from the Military*. The project looked at New York State's "newest" veterans, those who were discharged and returned to NY between 2018 – 2023.

The 2024 report indicated that progress had been made since 2011 in certain areas, but that some outcomes had worsened over time.

- The awareness of the availability of VA service connected claims increased. In the earlier study, 31% of those surveyed had a disability rating; this figure increased to 68% in the 2024 study.
- Those with PTSD diagnoses increased. In 2011, 16% of those surveyed indicated a probable diagnosis of PTSD compared to 26% in 2024.
- One troubling statistic is that in 2024, 21% with a mental health concern reported being unable to access care.
  - For this area the outcomes worsened from 2011 to 2024.
    - In 2011, only 12% of veterans surveyed reported not knowing where to find the right services; this number grew to 27% in 2024.
    - In 2011 only 11% believed mental health care "would not be effective"; this number grew to 39% in 2024.

##### CEC Health Care:

In 2025 CEC Health Care ([www.charlesevanscenter.org](http://www.charlesevanscenter.org)) was provided with a grant from the Tribute and Honor Foundation to support its work with veterans. CEC is a Federally Qualified Health Center that provides primary care, behavioral health, dental and other specialty medical services. CEC serves a wide array of individuals including persons with disabilities, children, seniors and veterans. The Tribute and Honor Foundation (<https://tribute-and-honor-foundation.square.site/>) was initially organized to assist the Glen Cove VFW with its recovery after a fire. Since that time the Foundation has developed to provide financial support to other veteran initiatives.

In parallel with the thinking of the NYS Health Foundation, CEC decided to use the grant from the Tribute and Honor Foundation to support a Long Island Veterans Needs Assessment to reflect the current situation in 2025.

### **Long Island Veterans Needs Assessment**

In order to take a “fresh look” at the needs of Long Island Veterans since ending of the wars in Iraq and Afghanistan, CEC decided to conduct a non-scientific needs assessment by virtue of convening small groups of veterans in “listening forums”. CEC Identified 4 key veteran cohorts to focus on: (1) Older Veterans, (2) OEF / OIF Veterans, (3) Women Veterans and (4) members of the National Guard / Reserves.

#### Methodology:

As of this writing, CEC Health Care hosted five Veteran Listening Forums from September through November 2025. Two forums were conducted in person regarding older veterans. One was held at the Long Island State Veterans Home in Stony Brook, and the second at the VFW Post 2718 in Franklin Square. A forum regarding Women Veterans was held in-person at the Mental Health Association of Nassau County in Hempstead. A virtual forum was conducted to seek feedback from OEF / OIF veterans, and a second forum was conducted in-person during an OEF / OIF unit reunion.

Each forum was facilitated by CEC Health Care staff and followed a structured format with guided discussion questions to encourage open conversation and feedback. Feedback was recorded through detailed note-taking and summarized by the facilitation team. All participation was voluntary, and participants were assured that their responses would remain confidential. The collected feedback was reviewed and analyzed to identify common themes, strengths, and areas where support services could be improved.

The preliminary report, based on the initial forums, follows. Additional forums and one-to-one interviews to solicit feedback will be conducted in early 2026; the final report will be issued by Memorial Day, 2026.

### **Current National, NYS and Long Island Veteran Statistics:**

The Department of Veterans Affairs Veteran Population Projection Model provides the latest statistics regarding our nation’s veterans. The VA reports that:

- Overall, 79.3% of Veterans living in FY 2024 served during wartime and 20.7% served during peacetime
- Of the 17.9 million Veterans in FY 2024, 50.1% served during the Gulf War era.
- In FY 2024, 28.7% are Vietnam Veterans
- 2.5% served during the Korean Conflict
- 0.4% served during World War II.

*(NOTE: Some Veterans may have served during multiple eras. Veterans who served during both wartime and peacetime are only included in wartime. Veterans who served during multiple wartime eras are included in each era in which they served).*

- New York State had 637,542 Veterans in 2024 making it the state with the 9<sup>th</sup> largest veterans population (comprising 3.6% of the nation’s veterans)
  - Within this group, about half are over the age of 65.
  - 10% are women.
- Long Island is home to 80,104 veterans (*NOTE: In 2010 the VA reported that there were over 124,000 LI Veterans*)
  - 31,334 in Nassau
  - 48,770 in Suffolk

## **Older Veterans Listening Forums:**

A total of 23 veterans attended the two forums for older veterans. Some of the key demographics were:

- 20 of the veterans were 65+ years of age
- 20 of the veterans were Active Duty
- 13 of the veterans had served in Vietnam and 1 served in Korea
- 21 were Enlisted / Non-Commissioned Officers, 2 were Officers
- 11 served in the Army, 7 Marines, 3 Navy and 2 Air Force

### Older Veterans: What works well

Veterans consistently reported positive experiences with care provided by the Northport VA and affiliated Community-Based Outpatient Clinics. Many described long-term engagement with VA services and noted significant improvements over time, with one participant remarking that the “VA has come a long way.” The ability to access medical records across VA facilities and state lines was viewed as a major strength, particularly for veterans who travel or relocate. Veterans also expressed appreciation for VA coverage of emergency care at non-VA hospitals during life-threatening situations. Participants familiar with the Long Island State Veterans Home uniformly praised the quality of care and support offered at the facility.

Veteran peer support emerged as one of the strongest protective factors for older veterans. Participants emphasized the importance of peer-to-peer and group-based settings in reducing isolation and creating safe spaces to discuss PTSD, substance use, and other challenges that may not be fully addressed in clinical environments. Intergenerational support was highlighted as especially meaningful, with older veterans mentoring younger veterans and younger veterans helping older peers navigate services and resources. Programs such as the CEC COMHPS Veterans Support Group and the PFC Joseph Dwyer Peer to Peer Project were cited as effective supports in the community. Participants also reported positive experiences with county-level services, particularly the Nassau County Veterans Service Agency, noting accessible appointments and assistance with benefits applications.

Veterans reflected on how understanding PTSD has evolved across generations. Several Vietnam-era veterans shared that they did not recognize or address symptoms upon returning home due to work and family responsibilities. Symptoms often intensified later in life, particularly during retirement. Participants noted that greater awareness among younger veterans has helped normalize help-seeking and encouraged older veterans to pursue treatment.

### Older Veterans: Challenges

Despite these strengths, several areas of concern were consistently identified. Veterans reported limited communication and insufficient awareness of available benefits and services. Increasing reliance on online systems was viewed as a barrier for older veterans with limited technology skills. Participants stressed the importance of maintaining printed materials and in-person assistance, particularly for navigation of benefits, travel reimbursement, and appointment management. A specific concern was raised regarding burial benefits, with one participant describing how his family was not informed of available benefits following the death of his World War II veteran father, resulting in unnecessary distress.

Access to urgent care was another challenge. Veterans expressed confusion about which urgent care facilities are covered under the VA Community Care Network, creating barriers when travel to the Northport VA is not feasible. Difficulty reaching VA staff by phone was also reported, with veterans noting long wait times and

calls often routed to non-local call centers. Veterans also described difficulties navigating the online mileage reimbursement system, leading to missed or incomplete reimbursements.

At a systems level, veterans cited staffing shortages at VA facilities, contributing to appointment cancellations and delays. The infrastructure at the Northport VA campus was also a concern, particularly regarding accessibility for veterans using wheelchairs or walkers. Participants compared Northport unfavorably to more modern VA facilities in other states. Veterans further expressed concern that New York's declining veteran population could lead to reduced funding and services over time.

Challenges related to the VA Community Care Network were discussed in both forums. While some veterans reported positive experiences, others noted that community providers often lack familiarity with veteran-specific issues and that billing errors have resulted in veterans receiving bills that should have gone to the VA.

Several policy-level issues were raised, including unresolved concerns about liver fluke exposure among Vietnam veterans and the lack of VA recognition of bile duct cancer as a service-connected condition. Participants emphasized the importance of pending federal legislation to address this issue. Funding gaps affecting State Veterans Homes, particularly high-cost medications, were also highlighted. Additionally, veterans expressed interest in home-based services, noting that State Veterans Homes are currently restricted from providing home care and outpatient rehabilitation despite growing aging-in-place needs.

The suggestion that neighboring VFW / American Legion posts consider consolidation due to declining membership was not supported as older veterans expressed reluctance to go to night-time meetings outside of their home areas.

#### Older Veterans Recommendations:

- 1) Create a Public-Private Partnership to relocate a modernized VA campus centrally located near the Long Island Expressway. Suggest that the VA partner with a local hospital system to create a new facility.
- 2) Adequately fund and staff the appropriate array of providers at Long Island based VA facilities. Expand evening hours.
- 3) Educate providers in the VA Community Care Network (CCN) regarding veteran-specific issues. Instruct provider staff on proper billing procedures. (i.e. bill the VA not the veteran)
- 4) VA and other Veterans organizations should have printed resources in addition to on-line resources in order to facilitate access and awareness for older veterans who may struggle to navigate technology.
- 5) Make clear what Urgent Care facilities are in network for VA Community Care Network.
- 6) Employ and place Veteran outreach workers in the community (such as in VFW and American Legion Halls) who would assist in educating veterans on the availability of services.
- 7) VA should provide hands-on assistance at VA facilities to help older veterans to access technology during the check-in process as well as for travel reimbursement.
- 8) Pass the Vietnam Veterans Liver Fluke Cancer Study Act (H.R.4424). Require the VA to recognize and treat bile duct cancer in Vietnam Veterans as a service-connected condition.
- 9) Pass the Providing Veterans Essential Medications Act (H.R.1970). Require the VA to provide or compensate state veteran homes for certain costly medications.
- 10) Allow State Veteran Homes to provide Home Care and Outpatient Rehabilitation Services.

## **Women Veteran Forum:**

A forum regarding the needs of Long Island Women Veterans was conducted at the Mental Health Association of Nassau County in Hempstead. There were 18 demographic surveys returned. Some of the key demographics were:

- 13 had served in the Army, 2 were from the Navy, 2 served in the Marines and 1 served in the Air Force
- 12 served on Active Duty and 11 served in the Guard or Reserves. (*\*NOTE: Some of the service members had service both on Active Duty and the National Guard / Reserves*).
- 1 officer, 17 were Enlisted / or Non-Commissioned Officers.
- 14 reported being deployed to a combat zone with 10 reporting service during the Global War on Terror.
- Half of those surveyed were between 51 – 65 years of age.

### Women Veterans: What works well

Participants consistently identified the Women Veterans Clinic at the Northport VA as a trusted and high-quality source of care, despite long travel times for many. The clinic was viewed as one of the strongest women-focused VA resources available on Long Island and in the broader New York City region. Suffolk County was also noted for its relatively robust network of veteran services. Transportation supports received mixed feedback, with some veterans benefiting from available options and others identifying transportation as a barrier to care.

### Women Veterans: Challenges

A central theme of the forum was women veterans' sense of invisibility within the broader veteran community. Participants described frequently being unrecognized as veterans, questioned about their service, or dismissed when raising health concerns. Younger women veterans reported feeling excluded and not taken seriously, which contributed to reluctance to seek care and increased isolation.

Significant gaps were identified in trauma-informed care, especially for survivors of Military Sexual Trauma. Participants reported limited access to specialized MST counseling and expressed concern about the lack of exclusively female providers in women's health settings, noting that male providers can be triggering for some survivors. Women veterans also described limited access to specialized women's health services beyond basic preventive care, including treatment for conditions such as endometriosis and post-hysterectomy care.

Structural barriers further impeded access to care. Lack of childcare was identified as a major obstacle, particularly when travel to VA facilities is required. Housing insecurity was also raised as a serious concern, especially for women veterans with children, with participants noting the absence of all-female or family-centered veteran housing and shelter options. Mental health access emerged as another critical gap, with veterans citing limited availability of talk therapy, overreliance on medication, and insufficient opportunities to address trauma-related triggers in therapeutic settings.

Additional concerns included confusion around toxic exposure testing, limited evening hours that conflict with work and caregiving responsibilities, and challenges reintegrating into family life following military service. Participants noted that family members often struggle to understand military experiences, contributing to feelings of disconnection.

### Women Veterans: Recommendations:

- 1) Improve access to a wider array of women's health care services at VA facilities. Employ more women as healthcare providers in VA women's health clinics.
- 2) Facilitate access to services by providing childcare where feasible.
- 3) Expand the availability of transportation to facilitate access to VA care.
- 4) Develop homeless housing / transitional housing for single mothers with children.
- 5) Expand MST counseling services, provide trauma-informed care, develop women veteran peer support networks.
- 6) Seek to continue women-only listening forums to break silence, reduce isolation, and connect women to services.
- 7) Implement public awareness campaigns to outreach and educate women veterans about the availability of veterans benefits and services.
- 8) Advocate for stronger policies to safeguard women during their time in service.

### **OEF / OIF Veteran Forums:**

To date, feedback from OEF / OIF veterans was collected during one virtual session as well as an "impromptu" listening session conducted at a Reserve unit reunion. (*NOTE: CEC will be seeking additional feedback from additional OEF / OIF veterans in 2026*)

#### OEF / OIF Veterans: What is working well

According to this cohort, the VA is providing good services and "they really take good care of you." Among OEF / OIF veterans "word of mouth" between veterans encourages use of the VA. Veterans identified VA's ability to share medical information within the VA system was helpful.

The VA Community Care Network is identified as a positive benefit, along with access to Urgent Care.

Free care at Stony Brook Veteran's Home for service connected veterans with a disability rating of 70% and above and was also identified as an important and positive benefit.

The Mitchell Field Commissary was also identified as a positive resource for military veterans.

#### OEF / OIF Veterans: Challenges

OEF / OIF veterans cited the inadequacy of how post deployment screenings were conducted when a unit was returning from deployment. In addition to a lack of privacy during the screenings, there were concerns that the return home would be delayed should a service member speak up regarding their physical or mental health concerns. Additionally, it was pointed out that respiratory symptoms that occurred after exposure to burn pits were not initially identified as presumptive conditions for service connection until the passage of the PACT ACT; these symptoms may have been missed during screenings done earlier in the wars.

Related to the issue identified above, OEF / OIF veterans indicated that there was continuing confusion as to what the service connected medical conditions are. This group also identified a lack of transparency as to why a claim is denied, particularly when conditions are presumed to be service connected

While the VA Community Care Network was generally praised, the process of getting referrals can be challenging. Also, some appointments that are authorized for a limited number of sessions may not meet the needs of the veteran.

OEF / OIF Veterans were also concerned that VAMC Northport would close and would not be available to them as it was to older generations of veterans.

The reduction of veterans actively joining and participating in organizations such as VFW and American Legions was also identified as limiting veterans' knowledge of VA/community resources available to them.

The lack of home affordability and high real estate taxes on Long Island was noted as a concern for OEF / OIF veterans, and was cited for the number of veterans relocating to other states.

#### OEF / OIF Veterans: Recommendations

- 1) Conduct a public education campaign regarding the availability of veterans benefits and services. This would include printed materials, on-line materials, as well as in-person workshops. In addition to educating veterans, it is suggested that these efforts also focus on the family members, who may encourage their veteran family member to access benefits and services.
- 2) Encourage the VA to be clearer about service-connected issues, how to apply for compensation, and a how to navigate the appeals process should the claim be denied.
- 3) VA Northport remain open so that OEF / OIF veterans can access care in a similar manner to veterans of previous generations.
- 4) Sign into Law NYS Senate Bill 1183 which provides a property tax exemption for 100% service connected veterans. Make L.I. more affordable for veterans by doing away with any property taxes for veterans 100% SC.
- 5) VA Community Care: Educate the veteran community on what urgent care centers are authorized to treat veterans, and post it on the VA website. Increase access to local providers and expand telehealth options when appropriate.
- 6) Improve post deployment screening process to facilitate confidentiality around sensitive mental health and physical health issues.

#### **National Guard and Reserves:**

As of this report, CEC was unable to engage this cohort in forums, in part because of furloughs of federal workers connected with Guard / Reserve Units during the government shut-down. CEC will re-engage this effort in early 2026.

#### **Preliminary Conclusions and Initial Recommendations:**

A summary of the main points developed by this Needs Assessment are:

##### **(1) Re-focus efforts on Veterans issues in the post OEF / OIF period.**

The strongest recommendation to come out of the Needs Assessment is a need to re-invigorate and re-focus on Long Island Veterans issues. Since the U.S. withdrawal from Afghanistan in August 2021, the media reporting, and public attention regarding veterans' issues has decreased considerably. The recent NYS Health Foundation / Rand study showed that some of the outcomes have actually gotten worse when comparing 2011 to 2024.

In addition to the ending of the wars, it is true that the number of veterans living on Long Island has decreased considerably. As noted earlier the VA estimated that there were 124,000 Long Island veterans in 2010 and approximately 80,000 in 2023.

Despite the ending of the wars, and the decrease in the number of veterans, issues remain with assisting veterans to become aware of, and utilize, veterans benefits and services. **There is a strong call to government, local foundations, local businesses, and the non-profit community to come together, as they did during OEF / OIF, to provide care to Long Island veterans.**

**(2) Conduct Public Information Campaigns to Educate Veterans and their Families about Earned Benefits and Services.**

It was indicated several times in the Needs Assessment that despite the tremendous advances in technology and information sharing that have occurred since the start of OEF / OIF, veterans are still unaware of the full range of benefits and services available to them.

It is suggested that multiple Veterans Awareness Campaigns be conducted. These campaigns could be multi-faceted to focus on different veterans' cohorts and issues including: Women Veterans, Older Veterans, Military Sexual Trauma, Exposure to Hazardous Materials and Chemicals (Burn Pits / Agent Orange), availability of VA services, and how to file a VA claim.

Based on the feedback these campaigns should be conducted in a variety of ways including on-line materials, printed materials, and through in-person events. It was noted that NYS OASAS (Office of Addictions Services and Supports) is currently running radio and TV ads as well as signs on public buses regarding getting help for addictions including problem gambling. Similar advertising could be conducted regarding veterans' issues.

**(3) Pass Needed Veterans Legislation**

Veterans participating in the Needs Assessment brought forth pending legislation to help address various issues. This includes:

- Pass the Vietnam Veterans Liver Fluke Cancer Study Act (H.R.4424). Require the VA to recognize and treat bile duct cancer in Vietnam Veterans as a service-connected condition.
- Pass the Providing Veterans Essential Medications Act (H.R.1970). Require the VA to provide or compensate state veteran homes for certain costly medications.
- Allow State Veteran Homes to provide Home Care and Outpatient Rehabilitation Services.
- Sign into Law NYS Senate Bill 1183 which provides a property tax exemption for 100% service connected veterans.

**(4) Preserve VA Services and continue to supplement VA with the Community Care Network:**

While some challenges accessing VA services exist, there was general support among the veterans participating in the forums for the services they receive from the VA in Northport as well as in the Community Based Outpatient Clinics. Real concerns exist among Long Island veterans that the VA Northport will remain operational. Some notice a deterioration of the physical plant in Northport and note new, more modern VA facilities in other states they visit. There were questions if New York State continues to lose veterans who re-locate to other states, would VA funding be reduced in NY and increased elsewhere.

The VA Community Care Network, while not a replacement for the VA, is seen as valuable in ensuring access to services, especially in emergency or urgent situations, and when transportation is an issue.

**Conclusion:**

While the number of veterans is decreasing on Long Island due to older generations of veterans passing away, and due to veterans moving out of state, there is still a sizeable contingent of over 80,000 veterans who call Long Island “home”. As was indicated several times in this report, during OEF / OIF there was a tremendous level of support for veterans’ issues that was spurred on by the issues faced by Iraq / Afghanistan veterans. The attention given to the needs of those younger veterans resulted in an increase in services to veterans of all generations. There was a combined effort of non-profit organizations, foundations, local, state and federal elected officials and governmental offices, veterans organizations, local colleges and universities, National Guard and Reserve units, as well as individual veterans and their family members.

Since the US withdrawal from Afghanistan in 2021 the focus on veterans has decreased, but the diminished effort has resulted to poorer outcomes for veterans. It is time to renew our efforts to outreach and engage Long Island Veterans and their families.

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