

## **Long Island Veterans Needs Assessment – Executive Summary**

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 veterans returning home after service received inadequate levels of services, and that there were some serious questions about the quality of those services. While much attention was paid to the needs of OEF / OIF veterans, consciousness regarding the needs of veterans of all generations was raised.

The Long Island community were mobilized in support of veterans' issues and many new initiatives were implemented. Following the withdrawal of US troops from Afghanistan in 2021, efforts around veterans' issues noticeably decreased.

In 2024, the New York State Health Foundation worked with the Rand Corporation to conduct a NYS Veterans Needs Assessment in order to update data from an earlier assessment done in 2011. The 2024 report indicated that some progress had been made since 2011 in certain areas, but that some outcomes had worsened over time.

- More veterans in 2024 than in 2011 had a VA disability rating.
- The percentage of veterans with PTSD diagnoses increased when comparing 2024 to 2011.
- In 2024, 21% of veterans with a mental health concern reported being unable to access care.
  - Fewer veterans in 2024 knew where to receive care than in 2011
  - More veterans in 2024 believed that mental health care “would not be effective” when compared to 2011.

This updated research and some worsening outcomes were a “call to action” to reinvigorate a focus on veterans' issues.

### 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 (<https://tribute-and-honor-foundation.square.site/>) to support its work with veterans. CEC decided to use the grant to conduct a Long Island Veterans Needs Assessment. CEC conducted a non-scientific assessment by convening small groups of veterans and family members in “listening forums” to obtain anecdotal information. The forums focused on:

- (1) What is working well in regards to veterans' services?
- (2) What are the gaps in care and areas needing improvement?
- (3) What are some concrete recommendations to address the gaps in care?

## **EXECUTIVE SUMMARY OF FEEDBACK OBTAINED IN FORUMS**

### **What has been effective:**

VA Northport: Veterans consistently reported positive experiences with care provided by the Northport VA and affiliated clinics. Older veterans described long-term engagement with VA services and noted significant improvements over time. Women veterans appreciated the Women Veterans Clinic at the Northport VA as a trusted and high-quality source of care

Access to VA Care across the Country: Older veterans cited the ability of the VA to access medical records across VA facilities and state lines was viewed as a major strength, particularly for veterans who travel or relocate.

Long Island State Veterans Home: The Long Island State Veterans Home in Stony Brook uniformly praised for the quality of care and support provided.

Peer Support and other Groups: Veteran peer support, especially the PFC. Dwyer program emerged as one of the strongest protective factors for veterans. Intergenerational support was highlighted as especially meaningful.

Nassau / Suffolk County Veteran Service Agencies: Participants also reported positive experiences with county-level services, noting accessible appointments and assistance with benefits applications.

## **Challenges and gaps in care:**

**Lack of Awareness and Confusion regarding Veteran Benefits and Services:** Veterans reported insufficient awareness and continuous confusion regarding available benefits and services.

**Women Veterans:** Women veterans described frequently being unrecognized as veterans, questioned about their service, or dismissed when raising health concerns. Significant gaps were identified in trauma-informed care for survivors of Military Sexual Trauma.

**VA Northport:** Veterans cited staffing shortages at VA facilities and difficulty reaching VA staff by phone. The physical infrastructure at the Northport VA campus was also a concern. Veterans expressed a fear that New York's declining veteran population could lead to reduced VA funding and services in the future.

**Isolation of veterans and families:** Some veterans cited challenges with isolation as family could not relate to their experiences. Family members of those currently serving in the military, who were deployed in Operation Epic Fury, also reported isolation as their friends and neighbors could not understand their experiences.

**Viability of Veterans Service Organizations:** Concerns were raised over the continued viability of Veterans Service Organizations such as the American Legion and the VFW; many posts are seeing declining membership as the number of veterans in the US decreases.

## **Concrete recommendations:**

### ***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 veterans services in the post OEF / OIF period. While the number of veterans living on Long Island has decreased due to the passing away of older generations of veterans, Long Island is still "home" to about 80,000 veterans, as well as untold numbers of veteran family members. Government, veterans' organizations, and the non-profit community should come together, as they did during OEF / OIF, to focus on Long Island veterans and their families. This will be invaluable should the U.S. enter into future hostilities, with Operation Epic Fury as a recent example.

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

Federal, state and local governments should conduct public education campaigns regarding the availability of veterans' benefits and services using a variety of methods and media. These campaigns could focus on different veterans' issues and how to access benefits and services.

### ***3) Preserve VA Services on Long Island. Adequately fund existing Northport VA Services and Consider Modernization.***

Younger veterans expressed real concerns that the VA may not be available to them as it was for previous generations of veterans. There is a call to adequately fund and staff the appropriate array of providers at Long Island based VA facilities. Veterans who travel to other states observed that the VA's in those areas seem more modern and accessible than the VA Northport. There was a suggestion to create a public-private partnership with a local hospital system and the VA to create a modern and more centrally located VA campus.

### ***4) Improve Services for Women Veterans:***

There is a need to improve access to a wider array of women's health care services at VA facilities, and employ more women as healthcare providers in VA women's health clinics. Military Sexual Trauma (MST) counseling services should be expanded. Women veteran peer support networks should be developed.

**5) *Increase training for health and behavioral health providers regarding veterans' issues.***

During OEF / OIF there were multiple opportunities for health and behavioral health providers to be trained in veterans' issues. In the post OEF / OIF period these trainings have decreased, and veterans noted a lack of awareness among healthcare providers regarding veteran-specific issues.

**6) *Address Veteran Isolation through Peer Support / Support family members of current service members***

One theme that came up in various ways was a sense of isolation found in some veterans and for some family members. There was strong enthusiasm for veterans' peer support (namely the PFC. Dwyer Project) as well as other types of veterans' support groups.

The "isolation" of parents / families of those currently serving in the military was raised, and these concerns were heightened Operation Epic Fury. Family support groups should be organized for parents / families of those currently serving.

**7) *Enhance State Veteran Home Capacity:***

As about half of NYS veterans are 65+ years of age, and NY State Veterans Homes are an invaluable resource in serving older veterans. On a federal level, there is a recommendation to pass the Providing Veterans Essential Medications Act (H.R.1970) which would require the VA to provide or compensate state veteran homes for certain costly medications. State Veteran Homes should also be authorized to provide Home Care and Outpatient Rehabilitation Services.

**8) *Discharge and Transition Issues:***

The armed services need to improve the processes by which service members are prepared for demobilization and discharge. Preparations could include signing up with the local VA and connecting with the local Veterans Service Agency where the service member will be living. Local governments should be encouraged to use the VA RONA (Release of Names and Addresses) process to reach out to veterans who are discharged to that locality to encourage them to utilize VA and other veteran services.

**Conclusion:**

While the number of veterans is decreasing on Long Island due to older generations of veterans passing away, there is still a sizeable contingent of over 80,000 veterans who call Long Island "home". During the height of the wars in Iraq and Afghanistan the Long Island community was mobilized to provide services and supports to all generations of veterans. After the U.S. withdrawal from Afghanistan in 2021, there was a diminished focus on veterans' issues.

The NYS Health Foundation / Rand study of 2024 pointed out some worsening behavioral health outcomes for new veterans (when compared to the OEF / OIF period) and served as a "wake-up call". The commencement of hostilities in Operation Epic Fury served as additional motivation.

**It is time to re-energize our efforts to outreach and engage Long Island Veterans and their families!**

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