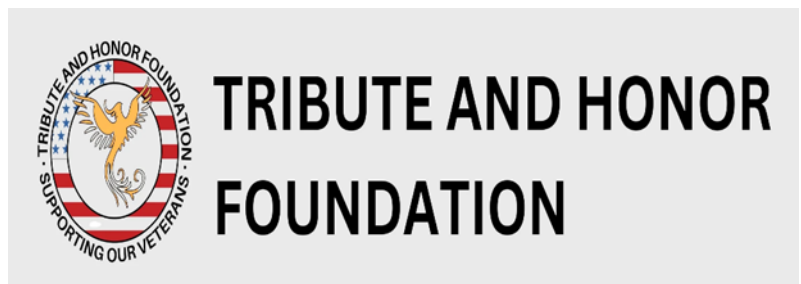




Long Island Veterans Needs Assessment:

May 2026



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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 veterans returning home 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 thousand 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 to conceal long wait times for services.

In addition to the scandals, the media also reported on poor outcomes experienced by OEF / OIF Veterans including: high 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, the consciousness of the needs of veterans of all generations in regards to these issues was raised.

It should also be noted that while a percentage of OEF / OIF veterans may have struggled during their transition home, a majority of OEF / OIF veterans did make a successful transition to higher education, employment and family life.

During this period of time the community was mobilized in support of veterans’ issues. Foundations provided grants for research and direct services, federal, state and local governments increased veteran services, colleges ramped up student veterans’ groups, hospitals and behavioral health providers created new programs and trained providers regarding veterans’ issues, and community groups raised funds to support veterans and their families.

Long Island Efforts During OEF / OIF:

While there are no major military installations on Long Island, the area is “home” to a number of National Guard and Reserve Units. Many of these units experienced multiple deployments during OEF / OIF. Additionally, Long Island historically had a high percentage of veterans. In this period Long Island was 2nd only to the San Diego area in terms of veteran population. In addition to the initiatives listed above, other notable Long Island efforts included:

Veterans’ Health Alliance of Long Island (VHALI):

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 and Reserve Units deploying to and returning from Iraq and Afghanistan, attending “Stand Downs” to assist homeless veterans, 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. 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.

2011 New York State Veterans Needs Assessment 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. Key findings were:

- 22 % were found to have a probable mental health diagnosis
 - 16% reported symptoms of major depression
 - 16% were believed to have PTSD
- 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 NYS unemployment rate.

The Need for a “Fresh Look” at Veterans Issues:

Following the withdrawal of US troops from Afghanistan in 2021, public attention paid to veterans’ issues noticeably decreased. Concerns were raised that a decreased focus on veterans might result in a worsening of veterans’ outcomes.

NYS Health Foundation:

In 2024 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 some progress had been made since 2011, 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.

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) 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 an updated Long Island Veterans Needs Assessment to reflect the current situation in 2025-26.

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 convening small groups of veterans and family members in “listening forums”. CEC conducted a series of in-person and virtual meetings and interviews from September 2025 – May 2026. CEC wishes to thank the following groups who assisted with in-person forums including:

- The Long Island State Veterans Home (Stony Brook)
- VFW Post 2718 (Franklin Square)
- Mental Health Association of Nassau County / Veterans Health Alliance of Long Island (Hempstead)
- Military Blue Star Mothers NY14 (Nassau County)
- The Merrick Library Veterans Group

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 regarding:

- What is working well in regards to veterans' services
- Gaps in care and areas needing improvement
- Concrete recommendations and suggested solutions to address the gaps in care

It should be noted that a majority of feedback obtained in this assessment came from "older veterans" (Vietnam, Korean War) who participated in in-person forums. One forum consisted exclusively of Women Veterans. Another forum was conducted with Blue Star Mothers. Additional feedback was obtained during an informal reunion with members of the 301st ASG, Fort Totten NY.

Operation Epic Fury:

It should also be noted that a majority of the feedback in this report was obtained prior to the commencement of Operation Epic Fury in February, 2026. It is also noted that Major Sorffly Davius died of a medical emergency in Kuwait while serving as part of the 42nd Infantry Division in the Army National Guard. Sorffly Davius was an NYPD Officer who was deployed to Kuwait in support of Operation Epic Fury. The onset of Operation Epic Fury, and the involvement of local National Guard members, reinforces the sense that communities must maintain a high sense of readiness regarding veterans' services so as not to be caught off-guard should hostilities suddenly commence.

Current National, NYS and Long Island Veteran Statistics:

The Department of Veterans Affairs Veteran Population Projection Model 2023 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% were 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 9th 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

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 Community-Based Outpatient Clinics. A number of older veterans described long-term engagement with VA services and noted significant improvements over time. Veterans specifically cited excellent care provided by dental, audiology and optometry.

Women veterans appreciated 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 area.

Among OEF / OIF veterans “word of mouth” between veterans encourages use of the Northport VA.

Many veterans also used their appointments at the Northport VA as an opportunity to socialize with fellow veterans and to share information. Some report going early to appointments specifically for this reason.

Access to VA Care across the Country / Emergency Coverage / VA Community Care Network: 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. Veterans also expressed appreciation for VA coverage of emergency care at non-VA hospitals during life-threatening situations. Access to services through the VA Community Care Network was also highlighted.

Long Island State Veterans Home: Participants familiar with the Long Island State Veterans Home uniformly praised the quality of care and support offered at the facility. 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 invaluable benefit.

Peer Support and other Groups: Veteran peer support, especially the PFC. Dwyer program emerged as one of the strongest protective factors for 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 were also praised.

Nassau / Suffolk County Veteran Service Agencies: Participants also reported positive experiences with county-level services, particularly the Nassau County Veterans Service Agency, noting accessible appointments and assistance with benefits applications. Suffolk County was acknowledged for its focus on Women Veterans.

Better understanding of PTSD over time: 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.

Housing Initiatives: Participants appreciated the development of new housing for veterans including Liberty Village in Amityville (which was developed in 2014) and the projected development of Tunnel to Towers Housing in Island Park. (targeted completion in 2027-28)

Blue Star Mothers: During the forum conducted with Blue Star Mothers, some mothers were present who had children deployed in support of Operation Epic Fury. The Blue Star Mothers were a major source of support. Facebook has a few groups providing on-line support and information.

CHALLENGES AND GAPS IN CARE:

Lack of Awareness and Confusion regarding Veteran Benefits and Services: Veterans reported insufficient awareness of available benefits and services. Older veterans reported that the increasing reliance on online systems to disseminate information is a barrier for older veterans with limited technology skills.

OEF / OIF veterans indicated that there was continuing confusion as to what the service-connected medical conditions are. These veterans also identified a lack of transparency as to why a claim is denied, particularly when conditions are presumed to be service connected. Additional concerns included confusion around toxic exposure testing.

There were also specific concerns regarding burial benefits. One veteran described how his family was not informed of available benefits following the death of his World War II veteran father. This resulted in unnecessary distress for the family.

Women Veterans: A central theme of women veterans was a sense of invisibility within the broader veteran community. Women veterans 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.

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; there is a lack of all-female or family-centered veteran housing and shelter options

VA Northport: At a systems level, veterans cited staffing shortages at VA facilities, contributing to appointment cancellations and delays. Difficulty reaching VA staff by phone was also reported, with veterans noting long wait times and calls often routed to non-local call centers.

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.

Limited evening hours that conflict with work and caregiving responsibilities is also a barrier to care for younger veterans.

Older veterans also described difficulties navigating the online mileage reimbursement system, leading to missed or incomplete reimbursements.

The physical infrastructure at the Northport VA campus was also a concern, particularly parking and 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. OEF / OIF veterans openly wondered if the VA Northport would be there for them as they get older as it was for previous generations of veterans.

VA Community Care Network: While some veterans reported positive experiences with the VA Community Care Network, others noted that community providers often lack familiarity with veteran-specific issues. Additionally, some veterans report bills from the facilities were being sent to them instead of being sent to the VA Community Care Network. Veterans expressed confusion about which urgent care facilities are covered under the VA Community Care Network, when travel to the Northport VA is not feasible. Other concerns noted were that the process of getting referrals is challenging, and that some services are authorized only for a limited number of sessions.

Discharge / Transition for OEF / OIF Veterans: 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.

Isolation: One theme that came up in several instances was a sense of isolation that some veterans experience. Some cited challenges reintegrating into family life following military service, and report that their families did not understand their experiences. For other veterans living alone who are retired and / or are disabled “there is no reason for the Veterans to get out of bed” and “there are no activities for the Veterans to look forward to”.

Isolation of Families of those currently serving: Since Long Island is not home to a major military installation, and since the number of veterans, and the percentage of the U.S. population who join the military has decreased, family members of those who are currently serving feel isolated. There is a sense of a lack of a common experience and a lack of understanding from neighbors and the general public of what they are feeling. The feelings increased with the onset of Operation Epic Fury. It was commented that “the only ones who understand are the Blue Star Mothers”.

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. OEF / OIF Veterans have tended not to join these traditional organizations. A suggestion that neighboring VFW / American Legion posts consider consolidation due to declining membership was not generally supported as older veterans expressed reluctance to go to night-time meetings outside of their home area.

State Veterans Homes: Funding gaps affecting State Veterans Homes, particularly for high-cost medications, was noted. Additionally, veterans expressed interest in home-based services, pointing out that State Veterans Homes are currently restricted from providing home care and outpatient rehabilitation despite growing aging-in-place needs.

Affordability: 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.

Liver Fluke Issue for Vietnam Veterans: 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. The Vietnam Veterans Liver Fluke Cancer Study Act (H.R.4424) would require the VA to recognize and treat bile duct cancer in Vietnam Veterans as a service-connected condition

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 and re-focus on Long Island Veterans issues. Since the U.S. withdrawal from Afghanistan in August 2021, the media reporting, and public attention to veterans’ issues, has decreased considerably. The updated NYS Health Foundation / Rand study showed that some of the veteran outcomes have actually gotten worse when comparing 2011 to 2024; this may be due to the lack of focus on veterans’ issues.

While the number of veterans living on Long Island has decreased due to the passing away of a large portion of WW II and Korean War veterans, Long Island is still “home” to about 80,000 veterans, as well as untold numbers of veteran family members.

There is a strong need for 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 and their families. This will be invaluable should the U.S. enter into future hostilities, with Operation Epic Fury as an 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. The campaigns should include printed materials, TV / Radio advertisements, signage, 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.

These campaigns could be multi-faceted to focus on different veterans' cohorts and issues including: Women Veterans, Older Veterans, Post Traumatic Stress Disorder, Traumatic Brain Injuries, Military Sexual Trauma, Substance Use Disorder, Exposure to Hazardous Materials (Burn Pits / Agent Orange), the availability of VA services, and how to file a VA claim. On a New York State level, the NYS Department of Veterans' Services, the NYS Office of Mental Health, and NYS Office of Addiction Services and Supports could combine efforts on such a campaign. The current NYS OASAS radio, TV and bus sign campaign regarding Opioids could be used as a template for Veteran-specific campaigns.

Another suggestion would be to employ and place Veteran outreach workers in the community (such as in selected VFW and American Legion Halls) who would assist in educating veterans and their families on the availability of services.

It was acknowledged that it is more challenging to outreach the younger generation of OEF / OIF veterans than "older" veterans. Younger veterans are often busy with their families and careers, and may not have the time to devote to veterans' organizations and activities. It was suggested that on-line activities and social media might be effective in reaching those veterans.

In a follow-up to the aforementioned NYS Health Foundation / Rand studies a focus on outreaching OEF / OIF veterans would be to highlight the efficacy of behavioral health treatment and increase awareness of both VA and non-VA behavioral health services.

3) *Preserve VA Services on Long Island. Adequately fund existing Northport VA Services and continue to supplement VA with the Community Care Network:*

There was a real concern expressed by younger Long Island veterans that the VA may not be available to them as it was for previous generations of veterans. It was also noted by veterans who travel to other states that the VA's in those locations seem more modern and accessible than the VA Northport. It was feared that as some Long Island veterans pass away, and others move from Long Island to other states, that funding for the VA on Long Island will be decreased and redirected elsewhere.

A recommendation is to ensure that newer Long Island veterans have access to VA care as did previous generations of veterans. There is a call to adequately fund and staff the appropriate array of providers at Long Island based VA facilities. Evening hours should be expanded and access to transportation should be improved. The Northport VA should provide hands-on assistance to help older veterans to access technology during the check-in process as well as for travel reimbursement.

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. More clarity is needed about what providers are in the VA CCN Network.

4) *Overall Improve Services for Women Veterans:*

Women are increasingly becoming a larger percentage in the U.S. military and consequently among the veterans' population. 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. There is a call to facilitate access to services by providing childcare where feasible. Homeless housing / transitional housing for single mothers with children is needed. There is a need to enhance Military Sexual Trauma (MST) counseling services, train staff in trauma-informed care, and to

develop a women veteran peer support network. There is a suggestion to continue women-only listening forums to break silence, reduce isolation, and connect women to services.

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

A common theme that arose in discussing non-VA services accessed through the VA Community Care Network and civilian providers was a lack of awareness among providers regarding veteran-specific issues. As the number of veterans in the US decreases, there is less of a likelihood that providers will be veterans themselves or that the provider would be the family member of a veteran.

Current health and behavioral health regulatory standards and “best practices” require providers to be culturally competent in serving patients from a wide range of ethnic and religious cultures. It is suggested that veterans’ cultural competency training should be added to these requirements and best practices. It is noted that the Veterans Health Alliance of Long Island had conducted a series of trainings and conferences on these topics during the height of the wars in Iraq and Afghanistan, and that the trainings are still being offered.

6) *Address Veteran Isolation through Peer Support, Veterans groups and volunteer efforts / 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. Some veterans expressed that they feel isolated as others do not understand, or can relate, to their experiences. There was strong enthusiasm for veterans’ peer support (namely the PFC. Dwyer Project) as well as other types of veterans’ support groups (such as a veterans group operated by the CEC COMHPS Team at a library) to assist veterans with overcoming isolation. These groups are seen as offering a different connection than attendance at a standard VFW or American Legion meeting provides.

There was also a concern raised over veterans feeling isolated who may live alone or who may live in veterans housing programs. It was suggested that volunteer groups be organized to call and or write / email (i.e. “pen pals”) veterans wishing to receive support.

In terms of family members, the “isolation” of parents / families of those currently serving in the military was raised. This concern was heightened during Operation Epic Fury when families had members deployed in the Middle East. Since fewer young people enlist in the U.S. military there are fewer families who have awareness of military service. During OEF / OIF local National Guard / Reserve Units would organize Family Readiness Groups around deployments, but the same opportunities do not exist for families of those on active duty (unless the family lives on, or near the military installation). There was a suggestion that family support groups be organized for parents / families for those currently serving for information-sharing and mutual support.

7) *Enhance State Veteran Home Capacity:*

As about half of NYS veterans are 65+ years of age, 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) *Active Duty and Transition Issues:*

Stronger policies are needed in order to safeguard women during their time in service and reduce the incidents of Military Sexual Trauma.

The armed services also need to improve the processes by which service members are prepared for demobilization and discharge. There is a need to improve post deployment screening process to facilitate confidentiality around sensitive mental health and physical health issues. Service members must be reminded that when they are leaving the service that they should report all injuries and issues, should there be a need to file a service-connected claim in the future.

While it is entirely understandable that when service members are leaving the military they mainly focus on “going home”, the branches need to improve upon the processes by which they prepare service members for the successful transition to civilian life. 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 periodically reach out to veterans who are returning to that locality to encourage them to utilize VA and other veteran services. Additionally, there is a model called the ETS Sponsorship / Onward Ops that provides mentorship to transitioning veterans.

9) Affordability / Veterans Tax Exemptions and other benefits

There have been a number of recent efforts to honor veterans service and enhance affordability through: state and local property tax exemptions, free car registration, and other initiatives such as National Grid providing discounted rates. While these exemption and discounts greatly appreciated by the veteran community, sometimes the eligibility criteria is so strict that few veterans may actually qualify. It was suggested that the state, localities and business re-examine their eligibility criteria and consider making a larger segment of the veterans’ population eligible.

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”. 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’ issues has decreased. One might surmise from the NYS Health Foundation / Rand studies that the diminished focus resulted in some poorer outcomes for veterans when comparing 2024 to 2011.

Operation Epic Fury and the tenuous situation in the Middle East show that communities must be in a state of readiness to support members of the military, their families, and veterans should hostilities ensue.

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

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