
**Statement of
Jewish War Veterans of the USA 119th
Congress Legislative Priorities Before
the Joint House and Senate Veterans
Affairs Committees**

March 3, 2026



**Presented by
Scott P. Stevens, CWO4, USA (R)
National Commander 2025-2026**

Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, members of the House and Senate Committees on Veterans' Affairs, fellow veterans, and friends, I am CWO4 Scott P. Stevens, USA, Retired, and the 94th National Commander of the Jewish War Veterans of the U.S.A. (JWV). I have been a life member of JWV since 2012, previously serving as National Vice Commander, member of the National Executive Committee, and a Department Commander of Texas, Arkansas, Louisiana, and Oklahoma (TALO).

In February 1974, I began my military service as an E-1 and was posted to a HAWK Missile Battery, where I served as a Launcher Crewman. During the next twelve years, I advanced to the rank of Sergeant First Class (E-7). Following sixteen years of service, I applied for Warrant Officer and was subsequently designated as a Patriot Missile Tactician/Technician. Before retiring after 30 years of service, I served as a Brigade Senior Patriot Missile Tactics and Systems Maintenance Trainer and Evaluator.

JWV was established in 1896 and granted a congressional charter on August 21, 1984. JWV advocates for all veterans, regardless of religion, race, ethnicity, gender, or Branch of Service. It is the longest-standing Veterans Service Organization (VSO) in the nation, and we will celebrate our 130th anniversary on March 15, 2025.

JWV supports the military and veterans by taking part in Veterans Day and Memorial Day events, volunteering at Department of Defense military bases and Department of Veterans Affairs facilities, including medical centers, regional offices, and cemeteries. We mentor the next generation of military leaders through Junior Reserve Officer Training Corps (JROTC) and Scouting programs, by providing grants and scholarships, participating in the Service's Academy's Jewish Warrior Weekend, and many other projects and services.

JWV's mission message is strong and clear: advocating for servicemembers and veterans' benefits and services; engaging with Congressional officials, Executive Branch departments, and the White House; persistently fighting against antisemitism, bigotry, and hate wherever they occur.

Special Focus on Hatred, Bigotry, and Antisemitism

JWV is especially suited to address issues related to antisemitism. We also show our solidarity and unity with Israel. JWV opposes religious discrimination and ethnic bigotry, but we are especially determined to speak out against antisemitism. For six years, JWV—the sole Jewish Veterans Service Organization—has joined many roundtables, addressed hate speech, and denounced antisemitic activities, events, and statements. JWV will continue to be a strong voice in fighting antisemitism wherever and whenever it arises.

In April 2025, JWV formed the JWV Celiz Antisemitism Taskforce (JCAT), JWV's rapid-response policy, position, and planning team that offers recommendations directly to national leadership on urgent issues related to antisemitism. Made up of JWV members from around the country, these policy experts and communicators give JWV leaders advice on responding to antisemitic activities in a more effective way. For more information, see: <https://www.jwv.org/programs/the-jewish-war-veterans-celiz-antisemitism-taskforce-jcat/>

We recognize and appreciate Chairman Bost and Chairman Moran, as well as Ranking Members Blumenthal and Takano, for meeting with JWV leadership in 2024 and 2025 regarding antisemitic

activities targeting veterans and military communities. JWV requests your ongoing oversight and support to combat antisemitism and all forms of hate within executive branch departments.

As antisemitism increases nationwide, especially after the terrorist attacks of October 7, JWV remains committed to condemning hate speech and fighting antisemitism at colleges, universities, and in communities across the country. We also oppose externally organized and funded antisemitism – it is no coincidence that, for example, students “suddenly” have a tent city with identical tents across the nation.

JWV is ready to serve as a resource for you and your staff to help educate Americans. JWV understands that educating everyone is essential to reducing antisemitic actions and incidents across the United States and worldwide. Please see the separate entry on critical legislation addressing antisemitism. For additional information, please refer to “**Special Focus on Antisemitism**”, available at: <https://www.jwv.org/wp-content/uploads/2026/02/Special-Focus-on-Antisemitism-02-01-2026.pdf>

JWV Supports America’s Veterans, Service Members, Their Families, Caregivers, and Survivors

Overview

JWV works to support veterans and service members and believes that obligation extends to their families, including caregivers and survivors. JWV is and continues to be a leading voice not only for Jewish veterans but also for all veterans. As we approach the 119th Congress, Second Session, JWV will continue to advocate for everyone currently serving or who has served in the U.S. military. Our priorities are listed below.

Major Richard Star Act

JWV advocates for legislation to immediately allow concurrent receipt of full military retired pay and veterans’ disability compensation for disabled retirees. Specifically, JWV is pushing for the enactment of the Major Richard Star Act (H.R. 1282/S. 344), which authorizes the concurrent receipt of retired pay and VA disability compensation, including Combat-Related Special Compensation (CRSC)) beneficiaries who are medically retired with less than 20 years of service (Chapter 61). This legislation has strong bipartisan backing, with 313 cosponsors in the House and 74 in the Senate. Reducing retirement pay for those injured in combat and medically retired sends a terrible message to our all-volunteer force. Thank you to those members already serving as cosponsors; we encourage others to join. JWV urges Congress to schedule a floor vote on the Act or as an amendment to the NDAA during the 119th Congress. Feel free to contact JWV for more information supporting this priority legislation.

Addressing Toxic Exposures and the PACT Act

JWV, like many VSOs, made the PACT Act a top priority. While the legislation was life-changing for many veterans, more must be done. VA and DOW must be held accountable and share information on locations and facilities where veterans, servicemembers and their families were exposed to toxins both CONUS and OCONUS. JWV remains concerned that medical conditions, especially cancers, fail to be recognized at these locations. Lives have already been lost, and survivors are still coping with consequences. Congress must continue to provide the resources, including hiring individuals to adjudicate PACT claims and funding upgrades to Veterans Benefits Administration (VBA) IT systems, and ensure

Veterans Health Administration officials have clinical resources, equipment, and space to treat these veterans. JWV remains committed to holding VA accountable for implementing the PACT Act.

Individual Longitudinal Exposure Record (ILER)

JWV is a member of the Toxic Exposure in American Military Coalition (TEAM) and the Coalition is a valuable resource. While DOD/DOW's decision to provide active-duty forces members with an individual toxic exposure history screen within ILER is a step forward. However, three more changes remain, and each are vital.

First, families of currently serving armed forces members will not have ILER access. Their exposures and related consequences will remain unseen and unmeasured. Second, none of America's 16+ million Veterans will have ILER access. Veterans do not know what they were exposed to and without ILER's vetted data they cannot develop informed VA disability claims--a due process matter. Veterans sick from perceived service-related exposures cannot provide relevant information to their healthcare providers.

Third, families of Veterans who lived alongside and in certain cases may have been co-exposed, have no ILER information access. Lastly, DOD and VA healthcare providers are unable to leverage ILER in service to diagnoses; this must change. The wall between research and treatment must be deconstructed to facilitate diagnosis and potentially aid individual treatment. JWV and the TEAM Coalition support ILER 2.0

JWV Opposes VA's Interim Final Rule on Disability Ratings Docket No. VA-2026-VBA-0067

In a letter dated February 23, 2024, JWV joined 36 veterans service and military organizations in opposing the VA's Interim Final Rule (IFR) issued and effective on February 17, 2026. The IFR addresses changes to the disability evaluation and compensation framework. JWV opposes the IFR as issued, urges its immediate rescission, and requests that SVAC and HVAC committees exercise their oversight and oppose its implementation. The full letter and list of signers are available [here](#).

JWV acknowledges that VA Secretary Doug Collins announced on February 19 that the department will not enforce the interim final rule that would have based disability ratings on a veteran's condition after improvement. This rule would have changed how functional impairment is assessed and could have lowered compensation for some veterans whose symptoms are controlled by medication. Instead of just pausing enforcement, JWV insists it must be rescinded and warns that it could penalize veterans for following medical treatment. The Secretary's decision follows the rule attracting over 10,600 public comments, with the comment period remaining open through April 20.

Suicide Prevention and Mental Health -- Reducing Veteran Suicide

Mental health and suicide prevention remain a top priority for JWV because the suicide rate among veterans is nearly twice that of civilians, with women vets more than double the rate of female civilians. Veterans and service members need greater access to mental health services along with alternative and community-based treatments. JWV urges Congress to fully fund the VA's suicide prevention and mental health budgets, including extending free emergency health care for those in crisis. The transition from active military service to civilian life is complex, and individuals are often at

higher risk during this period. Education and awareness are essential and must be core components of any prevention strategy. Additionally, the suicide rate for active-duty service members has reached an all-time high.

While the VA recently released its Annual Report on Suicide, the reported statistics showed little progress. VA and DoD must continue to educate veterans, service members, and their families on suicide prevention. More must be done, as even one suicide is one too many.

The Written Informed Consent Act (H.R. 4837 and S. 3314) will address veterans' suicide and mental health issues, and JWV fully supports its enactment. JWV supports H.R. 4837, which improves veterans' understanding of the risks associated with certain pharmaceuticals to address persistent high rates of veteran suicides. Specifically, the bill requires that veterans provide written informed consent for Black Box medications included in the VA formulary. The U.S. Food and Drug Administration require Black Box warnings for medicines with a high potential for serious safety risks. Often, these warnings communicate rare but dangerous side effects or essential instructions for the safe use of the drug.

Many of the Black Box medications are prescribed to veterans, and suicidal ideation is commonly one of their primary side effects. VHA Handbook states: "Veterans must be informed of the side effects and the treatment options for medications and treatments they are prescribed." The Veterans' Written Informed Act improves the education veterans receive about certain risks associated with Black Box medications by requiring all veterans to provide written informed consent that they understand the dangers of these drugs.

On August 1, 2025, U.S. Representatives Bilirakis, Bergman, and Self introduced H.R. 4837, known as the "Written Informed Consent Act." This legislative proposal aims to improve and expand the Veterans Health Administration's (VHA) existing informed consent policies to cover a wider range of medications. As the name indicates, the bill requires explicit written informed consent for certain classes of drugs that are commonly used to treat various conditions among veterans. Currently, the VHA Directive 1005, established in May 2020, mandates informed consent specifically for long-term opioid therapy. The new Bill seeks to update and broaden this directive to include additional psychotropic and potentially life-altering medications.

Provisions

The bill directs the Secretary of Veterans Affairs to modify VHA Directive 1005 to ensure that informed consent policies are applied to a new set of medications.

Medications: The bill identifies specific categories of drugs that will require written informed consent: - Antipsychotics - Stimulants - Antidepressants - Anxiolytics - Narcotics

Impact: The legislation underscores the importance of transparency and ensures that veterans are fully informed before consenting to potentially powerful medications, promoting patient autonomy and safety.

The bill reflects a critical shift towards more comprehensive care protocols within the VHA, emphasizing the importance of ethical medical practices and informed patient decision-making. The main stakeholders affected by H.R. 4837 include veterans receiving care, healthcare providers within the Veterans Health Administration, and veterans' families.

Veterans receiving VHA care will experience greater autonomy and safety in their treatment. They

will be better informed about the benefits, side effects, and potential risks of a broader range of medications, contributing to their overall well-being.

Healthcare Providers: VHA medical professionals, including doctors, nurses, and pharmacists, will need to adapt to the updated consent procedures, which may entail additional administrative responsibilities and training to ensure effective communication.

Veterans' Families: Families and caregivers will be more involved in decision-making, providing additional support and ensuring veterans have the information needed to make well-informed decisions about their medication.

For healthcare providers and policy analysts, the bill presents an opportunity to review and improve current policies related to patient consent, ensuring adherence to best practices in patient care and ethical transparency.

Expanded and Updated Directive

The most critical aspect of H.R. 4837 lies in its clear articulation of which medications fall under the expanded informed consent directive. Understanding these key points helps clarify the bill's intentions:

Informed Consent Directive: Initially focused solely on long-term opioid therapy, the updated directive will now include:

- Antipsychotic medications are used in managing psychiatric conditions such as schizophrenia.
- Stimulant drugs are often prescribed for ADHD or narcolepsy.
- Antidepressants are utilized in the treatment of depression and anxiety disorders.
- Anxiolytics, prescribed for anxiety management.
- Narcotic medications, known for pain relief but carrying a risk of addiction.

These updates aim to ensure that patients fully comprehend their treatment options, potential side effects, and any associated risks. Such knowledge empowers patients to make informed decisions that align with their health priorities.

The Written Informed Consent Act highlights the ever-increasing need for transparency in medical practices, particularly concerning medications that have a profound impact on a patient's mental and physical health. Here's why this bill is important:

- **Enhancing Patient Rights:** It reinforces the commitment to ensuring veterans are active participants in their healthcare decisions, thereby promoting dignity and respect in medical care.
- **Addressing Safety Concerns:** Given the potential side effects and dependencies associated with the new list of medications, informed consent is a critical step in preventing adverse outcomes and improving safety.
- **Legal and Ethical Implications:** By aligning with ethical medical practices, the Bill ensures compliance with broader legal standards, decreasing the likelihood of malpractice and legal disputes.

- **Broader Health Initiatives:** The Bill reflects broader health initiatives aiming for holistic and integrative care approaches, fostering better health outcomes and veteran satisfaction with their healthcare.

Conclusion

H.R. 4837, the Written Informed Consent Act, represents a substantial advancement in healthcare policies impacting veterans. Mandating written informed consent for a broader array of medications ensures that veterans can engage in their treatment processes with full knowledge of their options. For stakeholders, staying informed about this legislative development is critical. Those in the healthcare sector should prepare for procedural updates by educating staff and developing comprehensive strategies to integrate these changes into everyday practice. JWV urges the Senate and House Veterans Affairs Committees to pass the bill and seek swift floor action.

Veterans in the Private and Public Sector Workforce in 2026

JWV remains concerned and recognizes that veterans will face new employment challenges in 2026. Veterans are an asset to our nation as many continue to serve or volunteer in their local communities, start small businesses, or serve in government as public or elected officials. Others contribute as schoolteachers, coaches, police officers, and role models, inspiring the next generation of young men and women to celebrate these accomplishments.

JWV is proud that, according to the Office of Personnel Management, approximately 30% of the federal government workforce were veterans, many of whom were disabled veterans. The percentage of employees who served in the military is even higher at the VA and DOW.

Congress must carefully review recent employee-related policy documents issued by the Secretaries of Veterans Affairs and War. JWV urges appropriate congressional oversight to ensure that the VA and DOW human resources actions are carefully reviewed for short and long-term considerations.

VA VHA Proposed Reorganization

VA recently announced a Veterans Health Administration Reorganization plan. While JWV expressed concern when VA reduced its number of employees by 30,000 in 2025, we provided VA with the opportunity to provide details on its staffing requirements. The Department stated most of the 30,000 were vacant billets and did not involve layoffs.

Under the proposed reorganization, VA would consolidate 18 Veterans Integrated Service Networks (VISNs) to 5, shifting to centralized decision-making away from the field in favor of headquarters. JWV cautions VA to carefully review each VISNs requirements to maintain health care services to veterans in their communities. Doctors, nurses and other clinicians provide essential services, and those services should not be compromised nor should staffing be reduced for VA direct care. The VHA structure must be reformed, not dismantled.

VA also announced it was investing a record \$5 billion in health care infrastructure, including improving medical facilities, building upgrades, and electronic health care modernization. Congress

must ensure these funds are carefully monitored and that VA is held accountable for the \$5 billion investment.

Mission-critical activities and requirements must not be compromised. Our active-duty service members must have the personal and financial resources to provide a strong national defense. Our veterans must have a fully resourced and staffed VA to provide them with the benefits and state-of-the-art medical care they have earned and deserve.

JWV further wants to be clear that the Community Care Network is not a substitute for VA direct care. While community care funding has increased significantly, VA direct care must not be compromised. With new community care contracts being negotiated JWV will continue to monitor the results of the contracting activities.

Fixing VA's Electronic Health Record System

JWV remains concerned that VA continues to face challenges in deploying its electronic health record system and commends VA for pausing deployments in 2024. The combination of cost overruns and insufficient training for clinicians and staff threatens patient safety. JWV urges the VA to enhance staff training and hold its own officials and Oracle accountable for the system's failures. JWV insists that VA learn from these issues and take corrective actions to prevent failures before any deployment in 2026 and beyond. JWV urges Congress to ensure patient safety is protected during any future implementations.

Supporting Women and Underserved Veterans

According to the VA, women are the fastest-growing group of veterans using VA services. JWV is dedicated to addressing the specific healthcare needs of women veterans, including increasing cancer screenings, enhancing mental health care and access, addressing infertility, and reducing intimate partner violence. JWV supports the provisions of the Deborah Sampson Act and remains dedicated to improving maternal health. The Act also assigns a Women's Mental Health Champion Coordinator to each VA Medical Center to ensure women feel welcomed and receive fair treatment and care.

Supporting Emergency Air Ambulance Services

JWV strongly supports the Protecting Air Ambulance Services for Americans Act (S. 2518 / H.R. 4792). Introduced by Senators Marsha Blackburn (R-TN) and Michael Bennet (D-CO), along with Representatives Ron Estes and Suzan DelBene, this bipartisan legislation aims to ensure that veterans across the United States can continue accessing emergency air medical services.

Access to urgent emergency air transport should never depend on luck. However, these services are at risk because the reimbursement system is outdated. If Congress does not intervene, air bases could begin shutting down, and veterans and their families might end up stranded as access diminishes.

Over the past several years, JWV has collaborated with Congress, the VA, and the air ambulance industry to develop a long-term solution that safeguards veterans and grants the VA increased budget flexibility. S.2518 / H.R. 4792 is a practical measure that gives the Centers for Medicare & Medicaid Services the data and authority needed to update the air ambulance fee schedule and ensure veterans can continue accessing this vital service. On September 6, 2024, due to strong pressure from Congress and the VSO community, the VA announced a delay until February 16, 2029, to implement the regulation.

JWV and the VSO community have advocated for this issue for many years. Although small progress has been made, we strongly urge Congress to pass this essential legislation to ensure air emergency transportation services are available for veterans everywhere. These emergency services are crucial because transport time often determines whether patients survive. When seconds matter, veterans must be confident they can access life-saving care.

We urge you to support and swiftly pass the Protecting Air Ambulance Services for Americans Act. Veterans answered the call to serve. Now, Congress has both the opportunity and the responsibility to ensure no veteran is left behind when every second counts.

Delivering Timely, High-Quality Benefits and Services

During the last two years, VA processed a record number of veterans' claims. JWV will continue to hold VA accountable and urge them to continue being innovative and providing timely service to all veterans. JWV remains concerned that private attorneys are charging the veterans for claims' assistance. These unlicensed individuals are taking advantage of veterans. Service organizations are accredited and provide this service at no cost.

Ending Veteran Homelessness

More veterans need homeless assistance resources than the existing capacity can provide. JWV commends the VA for its outreach to veterans experiencing homelessness in 2025-2026. We must continue to work together so that veterans receive the safe, stable environment they deserve. As a member of the National Coalition on Homeless Veterans, JWV continues to support efforts to permanently reduce homelessness. We urge VA and Congress to remain committed to reducing homelessness among veterans. One homeless veteran is one too many!

Survivor Benefits Love Lives on Act

JWV joins with others in the military survivor community to thank Senators Rafael Warnock and Jerry Moran for their leadership on the Love Lives on Act (S. 410, H.R. 1004). We also commend Representatives Richard Hudson, Joe Neguse, Derrick Van Orden, Morgan Luttrell and Kelly Morrison for their leadership in the House. The proposed bipartisan legislation is the first comprehensive approach to allowing eligible military surviving spouses to retain survivor benefits upon remarriage before age 55.

The Love Lives on Act will ensure that surviving military spouses retain eligibility for survivor benefits from the DOW and the VA if they remarry before age 55. This is an unjust situation that must be rectified. Military surviving families face this restriction, whereas the families of first responders do not. For example, most U.S. surviving spouses of fallen firefighters and law enforcement officers can remarry before age 55 and maintain survivor pensions and benefits.

Our nation's fallen military heroes deserve no less. Additionally, the bill provides parity with all other federal programs by allowing surviving spouses to restore access to Tricare if the subsequent marriage ends in death, divorce, or annulment.

Pay Our Coast Guard Parity Act of 2023

The United States Coast Guard conducts essential national security operations, supported by appropriations from the Department of Homeland Security. As a result, Coast Guard personnel are more likely to experience pay interruptions during a government shutdown. The threat of a shutdown brings unnecessary hardship to these men, women, and their families. JWV calls on Congress to pass the Pay Our Coast Guard Parity Act, a bill ensuring Coast Guard members receive pay during any government shutdown.

Policy – National Standards of Practice for Anesthesia Health Care Professionals

JWV is genuinely concerned that VA and the Veterans Health Administration are again considering dismantling the gold standard of anesthesia care—the physician-led Anesthesia Care Team Model (ACT), with the development of the National Standard of Practice for Certified Registered Nurse Anesthetists (CRNA). VA appropriately acted to maintain the physician-led Anesthesia Care Team model in its deliberative rulemaking in 2016. JWV urges VA to maintain VHA Directive 1123 as the National Standard of Practice for CRNAs.

Utilized by the nation’s top hospitals, the ACT ensures veterans receive care from a physician anesthesiologist, as well as a Certified Registered Nurse Anesthetist (CRNA) or a Certified Anesthesia Assistant (CAA), working together in a team model. JWV is concerned that the removal of anesthesiologists from VA’s surgical teams will provide veterans with a lower standard of care than civilians receive in private hospitals. JWV is aware that the vast majority of states (45) require the involvement of an anesthesiologist during surgery and urges VA to continue to defer to state law as stipulated in VHA Directive 1123.

While the VA’s existing directive respects state law, attempts to exploit ambiguous areas in state statutes to bypass or manipulate procedures for permanent bylaw changes — especially those that undermine established standards—should be opposed. JWV is aware of such efforts at Minneapolis VA, a level 1A facility performing complex cardiac and neurosurgical procedures, which led to a bylaws change to allow nurse-only anesthesia care after failing to appropriately retain and recruit anesthesiologists.

JWV calls on the SVAC, HVAC, and the VA Office of Inspector General to look into the circumstances surrounding the bylaws changes. JWV also encourages the VA to give the National Anesthesia Program the authority and resources needed to offer proactive support and guidance at both the VISN and facility levels. If not addressed, this issue may result in continued disruption and a reduction in anesthesia care for Veterans at additional facilities. JWV strongly encourages VA to take prompt action to reaffirm VHA Directive 1123 as the National Standard of Practice for CRNAs.

Policy – National Standards of Practice for Eye Care Health Care Professionals

JWV remains concerned about actions the VA has taken in recent years to dilute surgical eye-care standards in this program. Specifically, the VA modified its Community Care “Standardized Episode of Care (SEOC): Eye Care Comprehensive” guideline by removing language that has

historically provided that “only ophthalmologists can perform invasive procedures, including injections, lasers, and eye surgery.” If this sentence is omitted, it means that VA is indirectly allowing optometrists to carry out eye surgeries on veterans referred through the Community Care program, but only in states where state licensure laws permit it.

JWV understands that the VA removed this language without allowing the public or veteran community to comment. We are concerned that removing this patient safeguard increases risk for veterans needing eye surgery. Veterans have benefitted from established, consistent, high-quality surgical eye care for decades because the VA maintained a long-standing policy that restricts the performance of therapeutic laser eye surgery to ophthalmologists and medical or osteopathic doctors who specialize in eye and vision care in VA medical facilities.

This policy is consistent with the standard of medical care in most states. It also ensures a system-wide quality standard for surgical eye care and that all veterans have access to an eye care provider with the appropriate education, training, and professional experience needed to perform their eye surgery.

JWV remains concerned that the VA wants to adopt a national standard of practice that could allow optometrists to perform surgery on the eyes of veterans, even though optometrists do not have the necessary level of medical education or surgical training to be surgeons. While JWV acknowledges that optometrists play a critical role in delivering quality eye health care for our nation’s veterans, we firmly believe that optometrists should not be allowed to perform eye surgery on veterans because they do not possess the requisite training or medical degree.

JWV urges the VA to immediately reinstate the SEOC’s language, stating that “only ophthalmologists can perform invasive procedures, including injections, lasers, and eye surgery.” JWV remains ready to work with the VA, HVAC, and SVAC officials as the VA seeks to establish national standards of practice for optometry and ophthalmology within the VA health system.

National Museum of American Jewish Military History (NMAJMH)

Are you aware of our museum located in our headquarters building? JWV’s leadership recognized the importance of sharing the stories of Jewish servicemen and women with the public because if Jews do not tell our stories or share our message, who will? Founded in 1958, the National Museum of American Jewish Military History is located near Dupont Circle. The museum is committed to recognizing, preserving, and remembering the bravery, service, and sacrifices of Jewish men and women who served in wars and helped secure America’s peace and freedom. We encourage you to visit the museum on your next trip to Washington, DC. I am confident you will be surprised to learn about the long and rich history of Jewish military members and veterans in the U.S. military.

Conclusion

JWV has a long history of advocating for a strong national defense and fair recognition and compensation for veterans, service members, and their families. We are proud to share and work with Members of Congress and colleagues at other VSOs. There is strength in numbers, and by working together, we can continue to ensure that all veterans, service members, and their family members

receive the benefits earned and deserve.

We thank you for the opportunity to present our legislative and policy priorities to the House and Senate Veterans Affairs Committees today. JWV also appreciates the ability to have open dialogue with all of the members of both committees and the support of the hard-working committee staff on both sides of the aisle.

God Bless the United States of America and all the brave men and women in uniform who have served and continue to serve this great nation. This concludes our testimony, and we look forward to answering your questions.

No Government Funding

For the record, the Jewish War Veterans of the USA do not receive any grants or contracts from the federal government.

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JWV National Commander 2025-2026
Biography



National Commander (NC) Scott P. Stevens, a Life Member of JWV since 2012, has held a wide range of leadership positions within both JWV and the National Museum of American Jewish Military History (NMAJMH). Nationally, he has just completed his term as National Vice Commander, served on the JWV National Executive Committee, and has been an active member of several key committees, including Action Officer, the Constitution & Bylaws, Membership, and Information Technology Committees. He also chairs the National Convention Credentialing and Registration Committee and leads efforts to update the organization's vital documents. At the regional level, Stevens served as Department of TALO Commander from 2018 to 2020 and chaired their Membership Committee. Locally, he has held multiple leadership roles in Maurice Kubby Post 749.

At NMAJMH, Stevens served on the Board of Directors and contributed to the Programs and Exhibits Committee.

“As National Commander, my focus will be on putting the National organization on a stable financial condition, establishing sound business practices, establishing a Development Program, and increasing our membership. During my year, I reaffirm that JWV will continue to be at the forefront of advocacy for veterans and service members in Congress, as well as standing firm against antisemitism and all kinds of hatred, bigotry, and discrimination. I will also look to strengthen JWV's outreach and coalition building with Jewish community organizations and veterans service organizations.

Stevens began his military career in February 1974 as an E-1 and was assigned as a HAWK Missile Battery Launcher Crewman. Over the next twelve years, he was promoted to Sergeant First Class (E-7). After 16 years of service, he applied for the position of Warrant Officer and was assigned as a Patriot Missile Tactician/Technician. Before his retirement (after 30 years), he served as a Brigade Senior Patriot Missile Tactics and Systems Maintenance Trainer/Evaluator.

Scott is a past Vice President of the Sun City Chapter of the US Army Warrant Officer Association (1997-1998) and currently serves as the President of Congregation Temple Mount Sinai, El Paso, Texas (2023-2025).

Scott was born in Cocoa Beach, Florida (1957). Scott is married to Bonny Stevens (1977) and has two sons and five grandsons.



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