

**THE AMERICAN JEWISH JOINT
DISTRIBUTION COMMITTEE**

In Re Holocaust Victim Assets Litigation
“Looted Assets” Class

**PRESENTATION ON THE CONDITION AND NEEDS
OF JEWISH VICTIMS OF NAZI PERSECUTION IN THE
FORMER SOVIET UNION**

SUBMITTED TO

CHIEF JUDGE EDWARD R. KORMAN

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK**

JANUARY 30, 2004

INTRODUCTION

The network of 177 Hesed welfare centers in the former Soviet Union (FSU) developed by the American Jewish Joint Distribution Committee (JDC) currently serve 126,000 impoverished elderly Jewish “double victims” of Nazism and Communism. Since July 2001, Swiss Banks Settlement funds have helped provide critical services for some of these Jewish victims of Nazi persecution.

Given the large number of Nazi victims in the FSU and the magnitude of problems described below and in this report, it is the opinion of JDC that these are the poorest and neediest Jews and victims of the Holocaust in the world. For over forty years, from the end of Holocaust until the fall of the Iron Curtain, they:

- lived under repressive regimes
- worked and lived in poor conditions
- had virtually no access to quality health care services
- received no reparations or compensation
- were cut off from Judaism and Jewish communal services.

Since the fall of the Soviet Union, these Jewish Nazi victims have continued to suffer due to:

- very low pensions, especially in comparison to high inflation
- a collapse of Soviet-era structures resulting in food shortages, the lack of decent health care and social services, and poor housing conditions

- almost no institutional care facilities for the elderly
- a very limited nascent Jewish community without its own resources to provide charitable services.

JDC is pleased to submit this report to the Court in response to the Court's order of November 17, 2003 approving the Special Master's "Interim Report on Distribution and Recommendation for Allocation of Excess and Possible Unclaimed Residual Funds" (Interim Report) and requesting proposals for programs of assistance for needy Nazi victims. This report describes the continuing and future needs of needy Jewish Nazi victims who are or will likely be served by the Hesed programs in the FSU. It is also a continuation of JDC's "Report on the First Eighteen Months of Welfare Programs in the Former Soviet Union," filed with the Court on July 31, 2003 (together with an audit report prepared by Ernst & Young), and JDC's "Request for Second Period Funding for Welfare Programs in the Former Soviet Union," filed with the Court on September 17, 2003¹ (and approved by the Court on September 23, 2003), both of which documented the welfare services provided to a portion of the Jewish victims of Nazi persecution in the FSU from "looted assets" class funding of the Swiss Banks Settlement. These funds have enabled FSU Jewish welfare centers to provide a tremendous service to this neglected population.

In order to provide objective information to the Court on the needs of Jewish Nazi victims in the FSU, JDC asked Brandeis University to look at the economic and social conditions in the FSU. The result is a detailed study entitled, "JEWISH ELDERLY NAZI

VICTIMS: A SYNTHESIS OF COMPARATIVE INFORMATION ON HARDSHIP AND NEED IN THE UNITED STATES, ISRAEL, AND THE FORMER SOVIET UNION” (Brandeis Study), which was issued by the Brandeis University Cohen Center for Modern Jewish Studies and The Institute for Sustainable International Development. The full report is included as Exhibit 1 to this submission.

Included in the Exhibits to this submission are the profiles of a dozen Jewish Nazi victim clients of Hesed programs in different regions in the Former Soviet Union. These will provide the Court with a more personal view of the beneficiaries of “looted assets” class funds.

BACKGROUND

The Court has previously charged JDC with the management and administration of funds for Jewish victims of Nazi persecution in the FSU under the “looted assets” class of the Swiss Banks Settlement. On November 22, 2000, the Court adopted the Special Master’s “Proposed Plan of Allocation and Distribution of Settlement Proceeds” (Distribution Plan), under which funds are to “be allocated wholly to the network of social service programs known as the ‘Heseds’, created by JDC in 1992....”² The Court’s orders of April 13, 2001, September 25, 2002, September 23, 2003 and November 17, 2003 approved additional funds for the Hesed programs in the FSU to be

¹Copies of these filings are included as an Exhibit to this submission.

²Excerpts from the Distribution Plan related to the Hesed programs in the FSU and to JDC are included as an Exhibit to this submission.

distributed by JDC over a ten-year schedule. These funds have and will be used for vital services for Nazi victims according to the budgets submitted by JDC to the Court.

Over the past decade, all of the countries formerly in the Union of Soviet Socialist Republics have seen a significant erosion of their respective social safety nets. Moreover, as the Soviet successor states have transitioned into market economies, the magnitude of destitution among Nazi victims has been especially great. Not only have old age pensions not kept up with the cost of living, but also rampant corruption in the Soviet successor states has led to an erosion of their tax bases. The result has been a depletion of government revenues, and more often than not, old age pensions arrive late.

For almost 60 years, the JDC has been the central agency providing relief to Jewish victims of Nazi persecution in Central and Eastern Europe and the FSU.³ Today, local Jewish communities of the FSU operate 177 welfare centers (generally known as Hesed centers)⁴ with support from the JDC. These programs are located in 13 countries⁵ and provide aid and services to Jewish Nazi victims in over 2,700 localities, across eleven time zones, in 15 countries⁶ ranging from Hesed centers in major cities and large towns to direct services to individuals living alone in rural areas.⁷

The “looted assets” class funds for the Hesed centers have allowed some of the approximately 126,000 destitute and elderly Jewish “double victims” of Nazism and

³ Background information on JDC is included as an Exhibit to this submission.

⁴ Additional material about the Hesed program is included in the Exhibits to this submission.

⁵ Armenia, Azerbaijan, Belarus, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Moldova, Russia, Ukraine, Uzbekistan.

⁶ Hesed welfare services are provided in Tadjikistan, and Turkmenistan even though no welfare center is located there.

Communism in the FSU to live their lives with a modicum of better health and greater dignity.⁸

Court funds have also helped meet the shortfall created by the previously scheduled termination of the International Nazi Persecutee Relief Fund (NPRF) and the resulting expiration of non-recurring United States and Dutch NPRF grants for the Hesed programs. Had the Court's funds not been available during 2001-2003, the Hesed programs would have had to cut back on services to their current Nazi victim clients.

The Hesed centers' services include hunger relief programs, homecare, winter relief and medical services. As described in the prior JDC submissions to the Court, "looted assets" class funds have been used for the General Welfare Program (providing food packages, hot meals, homecare and winter relief), Medical Services, and the SOS Special Needs and Emergency Cases Program, all of which are described in greater detail below.

The JDC July 2003 report to the Court described the welfare services provided to Jewish victims of Nazi persecution in the FSU from the Swiss Banks Settlement. As the report indicated, "looted assets" class funds imparted some relief, but they accounted for only about a quarter of the services provided to the FSU's Nazi victims in 2001 and 2002.⁹

⁷A list of the 177 Hesed centers is included in the Exhibits to this submission.

⁸ The July 2003 and September 2003 JDC submissions to the Court indicated that during the 18- month period from July 2001 to December 2002, the Hesed programs served 134,296 Jewish Nazi victims in the FSU. At the end of 2003, the Hesed programs were serving 126,256 Jewish Nazi victim clients.

⁹ The services provided are summarized on pages 90-93 of the Special Master's Interim Report, which are included as an Exhibit to this submission.

ASSESSMENT OF SURVIVOR NEEDS

According to the findings of the Brandeis Study:

- The Jewish population in the FSU is substantially more elderly in comparison to the Jewish population in Israel and the United States. Moreover, in FSU countries, the Nazi victim population is a very large percentage of the Jewish population – as high as 53%-66% in Ukraine, and 49%-61% in Moldova. This compares with 5%-10% in Israel and 2.5% in the United States. The high percentages in the FSU mean that there is a comparatively small community available to support Victims.
- Existing population estimates likely underestimate the number of Nazi victims and other Jewish elderly in the Ukraine and Belarus. These estimates for Russia and Moldova may also represent an undercount.
- Nazi victims in the FSU are more likely to live alone and less likely to be married and have children than victims in Israel and the United States. There are several significant implications. Those living alone are more subject to loneliness and deprivation. Spouses and children can give financial support as well as caregiving and emotional support.
- Macro-level country comparisons highlight demographic imperatives and economic constraints that affect the lives of each country's inhabitants. These countries have much smaller economies per capita even when adjusted for purchasing power. Per capita health expenditures are far lower in the FSU and these expenditures are overwhelmingly in the depleted public sector. Life expectancies are far lower than in the United States and Israel, especially for males. Moreover, residents in the FSU spend a greater percentage of their lives in poor health.

When the JDC re-entered the FSU at the end of the Communist era, it found an aging Jewish population with severe economic and health problems. Municipal and Jewish welfare services for the elderly were inadequate, and effective service intervention from state agencies was nonexistent. The Holocaust and decades of Communism had decimated Jewish communal life. The collapsed post-Soviet economies left most elderly Jews in the FSU living in desperate poverty characterized by hunger, loneliness, cultural deprivation, and ill health. Many suffered from the bitter

cold during the winter, and they were forced to survive on their pensions alone, which were frequently below the official subsistence wage.

Jewish elderly, including Nazi victims, in the FSU may not always have lived well under Communism, but at least they had food and basic medical care. During the past 12 years, that security has slowly eroded to the point where a critical safety net no longer exists. While the privations are experienced by all, the situation of the Jewish elderly is frequently even more difficult, as many lack the safety net of familial support to assist them.

In many respects, the Jewish elderly have been more severely affected than the general population, as history's toll has produced today's harsh conditions. First, a disproportionately high number of Jews are elderly, the result of several factors—the passage of time being the primary factor. A large percentage of women never married because the Holocaust and World War II caused a shortage of Jewish men, and many Jewish children died during the harsh war years. Meanwhile, a large number of the children who did survive were forced by discrimination to pursue careers in far-flung under-developed regions of the Soviet Union; others emigrated. The weakest, the elderly, were left behind.

For these elderly Jews, the sense of abandonment is total. Their governments can no longer assure their physical well-being, offering pensions so meager they are inadequate to meet the most basic needs: for food and medicines, utilities and fuel. But with their links to society severed, they are also left to endure their poverty alone – forgotten, isolated and unwanted.

Under present conditions, JDC's welfare program in the FSU is achieving a minimal goal: to help those in the most dire distress meet their most basic needs. The Hesed network strives to ensure that needy Jewish elderly and Nazi victims have access to a minimal welfare package comprised of food, medicines, homecare for the bedridden and homebound, heating supplies in the winter, and simple rehabilitative equipment – and that the assistance is rendered in a manner which promotes the beneficiaries' dignity and eases their suffering. Complementary basic needs must be met in order to impact the quality of life of the client in more than a symbolic manner. A food package is woefully insufficient for a homebound elderly woman who has difficulty standing by a stove to cook. Such a client needs a homecare worker to pump and haul water, assist in the maintenance of basic personal sanitation, and assist in preparing meals. Such a client also cannot afford the medicines needed to preserve an existing level of functioning, or sufficient fuel to heat her home on freezing winter nights.

The plight of the elderly and the challenge of alleviating their suffering are exacerbated by geographical realities. About half of the elderly live in major urban areas, and most do not have gardens where they can grow vegetables and fruit to supplement what they can afford to buy with their pensions. The other half of the Jewish elderly population are scattered throughout the length and breadth of the FSU, with a disproportionately high number living in smaller towns, especially in the former *shtetls* that were once part of the Pale of Settlement. Their pensions tend to be lower than in the major urban areas, the state shops are more poorly stocked, and their very isolation makes it more difficult for the welfare services that JDC has established to reach them.

JDC's outreach to the periphery is necessitated by the particularly dire conditions faced by those living in remote areas, who have access to fewer services than do those living in urban centers. In the peripheral areas:

- Running water is erratic to non-existent
- Homes generally lack central heating
- Heating/cooking is done with coal or wood, which are heavy, scarce and expensive
- The percentage of young Jews who can provide financial or manpower resources is less, due to emigration or a move to larger cities for better opportunities
- Pensions are generally lower than in the larger towns and cities
- Supplies of food and medicine are extremely meager, even if affordable, and generally more expensive than in the larger cities.

It is important to note that due to the widely scattered distribution of clients over vast geographic regions in the peripheries, as well as the special challenges related to infrastructure development in these areas, the cost of services in the peripheries is higher than the cost of similar services in urban centers.

Victims of World War II/ Nazi Victims

Jewish victims of Nazi persecution continue to comprise the majority of the elderly Hased clients in the FSU. This population includes survivors of concentration and labor camps, ghetto survivors, those who were in hiding, and those who fled eastward to escape the Nazi advances during World War II (large numbers of the elderly

lived in areas occupied by the invading Nazi forces and were forced to flee their homes). The German armies occupied almost all of what is today Lithuania, Latvia, Estonia, Belarus, Moldova and Ukraine. In Russia, the Nazi forces penetrated to within 10 miles of Moscow and 5 miles of St. Petersburg.¹⁰

Swiss Banks Settlement funding is allocated in direct proportion to the distribution of Nazi victims across the FSU and thus differs from region to region. In cooperation with the network of Hesed welfare centers, JDC maintains a client-based management information system (MIS) that enables it to track the services and resources directed specifically to Nazi victims.¹¹

Table 1: FSU Nazi Victim Clients in Hesed Centers – as of the end of 2003

¹⁰ All Jewish Nazi victim clients served by the Hesed center in St. Petersburg meet the criteria above. There are an additional 8,500 survivors of the three-year Siege of Leningrad who are now poor elderly Jews and are also served by the Hesed in St. Petersburg but are not considered Nazi victims and thus are ineligible to receive services funded under the “looted assets” class or from other restitution programs.

¹¹ JDC has developed a comprehensive management information system (MIS) that allows the network of JDC-supported Hesed centers to record and manage client data. The MIS is primarily composed of two categories of information: Clients (general background, living conditions, health, economic situation, Nazi Victim status, etc.) and Services (data about each service received). As part of the client intake process, each new recipient of Hesed welfare services must provide data about his or her economic condition, family, housing and health situation. All the data is then recorded in the MIS and regularly updated by Hesed personnel. Clients are also asked about their status during World War II so as to be able to determine which clients were victims of the Nazis and eligible for funding from the various restitution sources; in 2001, all existing Hesed clients were resurveyed regarding their situation during World War II.

The MIS consolidates regional information, which is then sent to JDC’s FSU Program headquarters, which is located in Jerusalem. This procedure allows the management of operations in a computerized system and enables JDC to survey activities on several levels – from individual Heseds to entire regions. The MIS serves as an operative tool, playing a critical role in supporting JDC’s monitoring and oversight. Information compiled from the separate Hesed databases enables the JDC MIS to provide information about trends in service provision and need, assist Hesed centers in targeting their limited resources effectively, and ensure that needy clients receive the required services at the levels available. Specific client data enables JDC to monitor the level of service which clients receive and track changes in needs.

Ukraine	50,453
Russia	56,867
Belarus	11,277
Baltic States	2,903
Moldova	2,104
Central Asian Republics	2,652
TOTAL	126,256

Through JDC's extensive efforts to reach indigent Jews in the FSU, the number of Nazi victim clients now represents about 85% of estimated the total population of Nazi victims in the FSU. However, there are still a substantial number of Jewish Nazi victims as yet unserved by JDC, representing a potential caseload of some 23,000 additional Nazi victims.¹² This includes a significant number of Nazi victims in Moscow; others in more remote areas, primarily in Russia, where JDC and the Hesed network are not yet operating; and some individuals who have not yet asked for Hesed services but may do so as they age or become infirm.

Trends Affecting the FSU's Jewish Elderly and Nazi Victims

The past 12 years have been years of turmoil in the FSU republics, beginning with the dissolution of the Soviet Union in 1991 and the transition from centralized to market economies. The negative impact on the populations of the various republics was further exacerbated by the Russian economic crises of 1993 and 1998. Together, these changes have contributed to dramatic declines in standards of living over this period, which have

¹²An Estimate of the Current Distribution of Jewish Victims of Nazi Persecution, Ukeles Associates, Inc., October 2003.

had a particular impact on the situation of the elderly. Following are some of the relevant factors, including overall economic situations, poverty, nutrition, and key social support mechanisms, such as the health and pension systems.¹³

Life Expectancy and Aging

Average life expectancy is one indicator of a nation's health and social situation, and this has been increasing rapidly in the 1990s throughout the West and most of the developing world. By contrast, due to severe economic, social, and environmental problems, including a virtual collapse in funding for health care, average life expectancy in some of the FSU countries has declined to as low as 58 for men and 72 for women.

The FSU's Jewish population is an inverted demographic pyramid. The community is characterized by a low birth rate, emigration (particularly among the young) and a high number of elderly with no children. JDC estimates that the elderly constitute over 33% of the Jewish population in the major cities of the FSU, while the proportion of elderly Jews living in the small towns and villages in the periphery can be as high as 80% of the total Jewish population. With the current levels of emigration, this percentage is increasing rapidly. This is because the elderly—those least able to support themselves due to physical infirmities and the effects of aging—are also the least likely to undertake the arduous task of emigrating to Israel or elsewhere.

These high percentages of elderly are due primarily to the tremendous Jewish emigration following the break-up of the Soviet Union. An unfortunate paradox of the

¹³ Additional information is include in the report on The Social and Economic Situation in the Countries of the FSU, JDC-Brookdale Institute, August 20, 2003, included as an exhibit to this submission.

emigration picture is that the same elderly who are least likely to undertake the difficult task of emigrating to a location where they might have better access to services, are the very ones most likely to be in need of increased assistance due to their physical infirmities and the effects of aging. The Hased caseload in the FSU is naturally aging, with almost 36% of Nazi victim clients over the age of 76. This is a remarkable statistic, given the average life expectancies cited above. However, due to deteriorating health and corresponding difficulties with activities of daily living (ADL), an elderly client base requires a higher basket of services/per capita cost to adequately meet its needs. Therefore, as our client base ages, we are facing a greater need for long-term, more costly care services that fall beyond the current range of service options due to budgetary restrictions.

Economic Situation and Poverty; General Standards of Living and Poverty

The economic decline in the 1990s has had a serious and long-term impact on the income and the well being of the FSU's elderly population. Any savings they had accumulated were eroded by inflation and most elderly now rely solely on pensions to support themselves. These pension payments are frequently delayed for months and their levels have not kept up with rampant inflation. JDC field staff confirm that with deteriorating living standards and inadequate pensions, the most isolated and needy Jewish elderly throughout the FSU are often forced to choose between purchasing medicines or buying food.

Pension Levels

The elderly are becoming an increasingly “at risk” and vulnerable group within the Jewish community. Too old to find new ways of earning money in the post-Soviet economy, most of the FSU's elderly are forced to survive on their pensions alone, and these are often below subsistence levels.

Table 2A: Average Hased Client Monthly Pensions in US \$ ¹⁴

REGION	Average Monthly Pension in US \$
Russia	59
Ukraine	29
Belarus	57
Moldova	19
Central Asian Republics	28

Purchasing Power Parity (PPP)

The disparity in cost of living skews the comparison of regional pensions. In order to gain a proper understanding of the implications of the monthly pension levels that Hased clients have to deal with, they need to be examined in Purchasing Power Parity (PPP) terms – as is common practice in international comparisons of income. The PPP calculation in dollars compares the purchasing power in each country to the American equivalent. For example, according to that calculation, \$1 is equal in Russia to

¹⁴ Source: May 2003 JDC database; calculations are based on the Interstate Statistical Committee of the Commonwealth of Independent States (<http://www.cistat.com/eng/index.htm>).

about 30 rubles; however, 30 rubles in Russia can buy a basket of goods and services that would cost about \$5 in the U.S.

When viewed in PPP terms, it is evident that a Jewish pensioner in the FSU lives in dire economic straits, with a monthly income that varies between \$155 to \$420 in American purchasing power terms.

Table 2B: Monthly Pensions in PPP terms¹⁵

REGION	Average Monthly Pension in \$	Monthly Pension in PPP terms in \$
Russia	59	304
Ukraine	29	187
Belarus	57	422
Moldova	19	156
Central Asian Republics	28	193

Comparative Poverty Levels

The use of PPP also facilitates a comparison of the FSU pension levels to the American poverty line, which was set at \$748 per month in 2003.¹⁶

Table 2C: FSU pensions as they correspond to the American poverty line

¹⁵ JDC Database – Actual pensions May 2003; PPP source: Alan Heston, Robert Summers and Bettina Aten, Penn World Tables Version 6.1, Center for International Comparisons at the University of Pennsylvania (CICUP), October 2002. The Penn World Tables provide a PPP rate for private consumption until the year 2000. Extrapolation to 2003 was done by JDC based on OECD guidelines and data from the Interstate Statistical Committee of the CIS.

¹⁶ U.S. Department of Health and Human Services, 2003 HHS Poverty Guidelines.

Region	Average Monthly Pension \$	Monthly Pension in PPP terms \$	% of Pension in terms of USA Poverty Line
Russia	59	304	40%
Ukraine	29	187	25%
Belarus	57	422	56%
Moldova	19	156	21%
Central Asian Republics	28	193	26%

The average FSU monthly pension, factored in PPP terms, is well under the established official American poverty line. In Moldova, pensions reach 21% of the American official poverty line. Thus, an elderly Jew in Moldova receives an average pension that would allow him to purchase a basket of goods and services equivalent to \$156 in the United States. (This only takes into account the pension. When entitlements [e.g. Medicare/ Medicaid, etc.] are included, the FSU pensioner is at an even further comparative disadvantage.)

JDC support attempts to ensure as much parity among clients as possible. In order to do so, JDC welfare budgeting per FSU country is not based solely on the number of clients, but also considers the relative cost of living, the regional prices of goods and services, the purchasing power of pensions, and the potential growth of the caseload in each area.

Nutrition and Food Insecurity

Throughout the FSU, food costs have increased, further limiting the access of elderly pensioners to sufficient nutritional intake, while diminished agricultural production has led to food scarcity. JDC has found that most basic foodstuffs, such as meat, fish, fruits and vegetables, are not accessible to most clients; meat, in particular, is prohibitively expensive. Most clients' everyday diets consist of insufficient protein, with large quantities of carbohydrates, including cheaper bread and potatoes, pasta, cereals and inexpensive vegetables. (Essentially, an inverted food consumption pyramid exists among FSU pensioners. While an elderly population is typically underweight, the FSU pensioners tend toward unhealthy corpulence, due to diets composed heavily of carbohydrates.)

JDC & Hesed Response: Food Programs in the FSU

JDC strives to ensure that adequate levels of health are maintained through the provision of food. We seek to assure food security for Hesed clients – by giving them access at all times to enough food for an active, healthy life, with no need for recourse to emergency food sources or other extraordinary coping behaviors to meet basic food needs. The primary goal is to provide as much of the basic food groups as possible to our Hesed clients, knowing that, for many of them, the meals we provide, either in their homes or in the canteens, are their primary source of nutrition.

Food Packages: This is the most basic component of the FSU food program. These packages, containing basic non-perishable items such as pasta, flour, beans,

canned fish, rice, sugar and oil, are intended to supplement the insufficient diets of the elderly. They are distributed to clients, on average, about six times per year, including special packages prepared for Passover and Rosh Hashanah. The contents were developed pursuant to the recommendations of a Hebrew University nutritionist and adjusted according to the availability of local products.

Hot Meals: These full meals are served three to four times per week, on average, either in communal dining rooms in the Hesed centers, or, in small towns where there is no local Hesed building, at a local cafeteria where clients eat during a special daily time period when it is rented specifically for their use. For many Hesed clients, this is the only hot meal they will receive during the course of a week, and their only source of protein. In many cases, these meals prevent malnutrition and starvation. A typical meal includes salad, chicken, fish or soy, a vegetable, pasta or cooked grain, and a baked dessert or fruit. In addition to providing vital supplementary nutrition, the warm, family-like atmosphere serves a critical social function by combating feelings of loneliness and estrangement among the elderly — many of whom live alone and have no family whatsoever — and enabling them to spend time interacting socially with their peers.

Meals-on-Wheels: These are provided four to five times per week to bedridden or otherwise homebound clients and are ready-to-eat, cooked meals delivered to those who are unable to prepare food for themselves. Many of the meals-on-wheels recipients have not gone outside in years. Hesed centers use reusable containers to package and deliver the meals. Some also use a special method of deep freeze cooking that keeps food sterile and fresh. In these cases, the Hesed is able to deliver several meals at a time to the client's home, which can last over the course of a week. The Hesed centers rely as

much as possible on volunteers to prepare, serve and deliver food packages, congregate meals and meals-on-wheels. Many of the more than 14,000 volunteers throughout the FSU are themselves needy Nazi victims. Others are involved with the Jewish community or are Jewish university students. (These volunteers are involved with the full range of Hased services, not just meals-on wheels.) In addition to providing nutritional sustenance, the Hased employee or volunteer is frequently the client's primary contact with the outside world.

Fresh Food Sets: This Market-to-Home program offers an alternative to the more expensive meals-on-wheels. Food sets with fresh products such as eggs, poultry, cheese and milk are delivered about every three weeks to the homes of clients who lack the strength to go out to the market, but are capable of preparing their own meals – either independently, or with the assistance of a homecare worker.

THE NEED FOR INCREASED FOOD SERVICES

Current Hased criteria limit each client to eligibility for one food program¹⁷ and to maximum assistance in that program. Thus a client can receive up to one hot meal once a day, or a monthly food package, or 2-3 fresh food sets per month. This is clearly very minimal assistance and is inadequate to meet the needs of clients, many of whom rely on the hot meals provided by the Hased centers as their basic source of supplemental nutrition.

Budgetary restrictions have also necessitated reductions in food services. Reducing the cost of food packages has brought a quantitative and qualitative reduction

in the contents. Holiday food packages have been limited. They are, for the most part, distributed now only twice a year, as opposed to 3-4 times in the past, and they contain a symbolic set of one or two products only. Nevertheless, discontinuing them would result in a significant loss, since these packages are a way of maintaining a connection with members of the community who are ineligible for other food services, and they are a valuable method of transmitting Jewish traditions. There has been a marked decrease in the frequency and quality of hot meals, a service that is now down to 3-5 meal days per week. Most regions have cut back on the distribution of weekend product sets, which were offered to clients in addition to daily meals. Another concession to budget cuts has been a reduction in the amount of food served, and many areas have been forced to omit fresh salads from the menu.

JDC proposes to increase the level of food programs by one of the following methods:

A) INCREASED FREQUENCY OF SERVICE

* Increasing the frequency of both canteen meals and meals-on-wheels so that all Nazi victims in these programs receive a hot meal once a day – an increase of 134% in the number of meals currently received by Nazi victims in canteens and an increase of 58% in the number of meals-on-wheels provided.

* Increasing the frequency of fresh food sets so that all Nazi victims in this program receive 2.5 fresh food sets a month – an increase of 59% over the number of fresh food sets currently distributed to Nazi victims.

¹⁷Except for Moldova.

* Increasing the frequency of food packages so that all Nazi victims in this program receive a food package once a month – an increase of 98% over the number of packages currently distributed to Nazi victims.

The annual cost of increasing these programs in this manner is estimated to be \$5,000,000 – or an additional cost of \$39 per capita annually for those Nazi victims already receiving food program assistance. In addition, the cost of providing food services to Nazi victims in the FSU who are not currently receiving such assistance would be approximately \$900,000 per year.

B) ADDITIONAL FOOD PROVISION

A second option involves the addition of fresh food sets to the assistance provided to all clients currently eligible for any other food program. This would serve as a substitute for a second daily meal for these clients, thereby providing for their complete nutritional needs. This option requires the purchase of nearly 4,000,000 additional fresh food sets annually for distribution to Nazi victim clients, at an estimated cost of \$18,500,000 or an additional \$150 per capita annually). In addition, the cost of providing fresh food sets to additional Nazi victims in the FSU (who are not currently served by the Hesed food program) would be approximately \$3,500,000 per year.

Social and Health Services

The overwhelming demand for social and health services in the FSU far exceeds government capabilities. The *Sobiyez* social service organizations, which in Soviet times provided basic welfare services, have since been rendered ineffective. Free medications

and hospitalization for the elderly are no longer available. Those requiring hospitalization generally have to provide their own supply of medicine, linen and food. Homecare for the homebound, bedridden and blind is practically non-existent.

As stated earlier, Jewish elderly in the FSU may not always have lived well under Communism, but they did have food and basic medical care. During the past 12 years, that security has slowly eroded to the point where a critical safety net no longer exists. According to Dr. Stephen Kutner, Medical Director of Jewish Healthcare International (JHI)

“Due to the current economic and political situation in the FSU, governments are unable to provide sufficient funding to adequately support the public health system that, in theory, should provide free medical services to the entire population. Although free diagnostic and treatment services exist, access to these services is quite limited. In order to get adequate medical care, especially for more serious conditions, most find it necessary to pay for their healthcare needs. Many of the people within the Jewish community are living far below poverty standards, and are unable to pay for special medical care. They are completely reliant on the state’s “free” medical services, and they are forced to wait, often indefinitely, because access to medical services is so limited.”¹⁸

The growing need for medicines is attributable to worsening socio-economic conditions in some FSU countries, inadequate living conditions, harsh environments, seasonal epidemic diseases, and the aging of clients. Services that were previously government subsidized must now be paid for by the individual, including treatment for

¹⁸ Jewish Healthcare International (JHI) is a non-profit organization that works to enhance the quality of healthcare services provided to communities in need throughout the world by sending volunteers to train local healthcare professionals. In the FSU, JHI works at several sites based on the overwhelming needs of the Jewish communities there, particularly the needs of elderly Holocaust survivors. See www.jewishhealthcareinternational.org for further details.) A full set of recent JHI medical reports from the FSU are included as an Exhibit to this submission.

many problems endemic among the elderly, such as cataracts, hip fractures, dental and surgical needs, and Alzheimer's disease.

The basics of medical care – an adequate and regular supply of medications and surgical equipment and postgraduate training for doctors and nurses – are not merely a luxury in the FSU; often they simply do not exist at all. State medical services have deteriorated dramatically since the collapse of Communism – governments lack the funds to continue providing free health care; public clinics lack diagnostic equipment; drugs are in short supply and, if available, are often too costly for the elderly and invalids to afford; and it is sometimes difficult for the elderly to get appointments to see public doctors. Hospitals are ancient, ill equipped and inefficient, and hospitalization procedures include a multitude of incidental costs (such as jackets for doctors or special food for hospitalized patients). The overwhelming demand for services far exceeds current governmental capabilities.) For example, there can be an 18-month waiting list for those who need rehabilitative items such as wheelchairs.¹⁹

Disabilities

Elderly people in the FSU are not usually afforded post-traumatic care, and the system is not set up to deal with a temporary loss of function. A hip fracture is stressful enough in terms of the pain and discomfort it causes the frail patient, but in the FSU, such a trauma is habitually treated with orders for strict confinement to bed - for up to 6 months. In addition to the attendant physical problems this causes, psychological trauma

often follows, with patients becoming completely dependent upon others for their every need. Many times, such a patient will never get out of bed again, and ensuing complications may even result in an early demise.

JDC & Hesed Response: Medical Programs in the FSU

From its inception, the JDC's FSU Medical Program has worked to enhance the Hesed clients' quality of life by facilitating preventative and curative medical assistance. JDC's medical initiatives are aiding Hesed clients by ensuring proper medical care for needy Jews in the FSU; supplementing existing State medical services; offering clients access to prohibitively expensive medications and diagnostic tests; and providing medical training and programs to improve the skills of Hesed and community practitioners. Cooperation with State medical institutions helps facilitate free medical assistance for clients, while public tenders for the provision of medicines encourage competitive prices and the best available service.

Medical consultations are provided free of charge to Hesed clients by a wide and varied range of volunteer physicians, including general practitioners, cardiologists, gastroenterologists, orthopedists, urologists, podiatrists, psychiatrists ophthalmologists, and endocrinologists, etc. Other specialists providing consultations and services include dentists, physical and occupational therapists, psychoanalysts, and massage therapists. In addition to consultations in Hesed centers, volunteer physicians regularly make home

¹⁹Reports on medical visits to the FSU by Dr. Spencer Foreman, President of Montefiore Hospital, and by the International Jewish Healthcare Organization are included as an Exhibit to this submission.

visits to the homebound and periodically accompany *Hesed*Mobiles on their rounds in order to treat clients in the periphery.

The *Medicine Distribution* program provides subsidies to needy *Hesed* clients to purchase medications. Medicines are provided either through the services of a volunteer pharmacist working at a dispensary established within a *Hesed*, or via an arrangement made between a *Hesed* and a local pharmacy. Given the extremely high cost of medicines in the FSU, this service is of tremendous significance to the *Hesed* network.

Another area which has required JDC and *Hesed* intervention is assistive devices - such as eyeglasses and hearing aids - for the hearing and visually impaired. Once provided free of charge by the State, these devices are now available only through our efforts.

The *Rehabilitation Equipment Lending Service* helps disabled Jewish clients to function more independently in their daily living and to attain greater mobility. The service also provides clients who have been injured or ill with the rehabilitative equipment they need for a limited period, until they recover. It also offers equipment to improve the abilities of the disabled and to assist the frail elderly to function more independently. Auxiliary rehabilitation equipment includes wheelchairs, canes, walkers, crutches, non-slip aids, bedsores prevention mattresses, and special devices for bed-adjusting and bed-lifting.

Beyond that, the service provides the means for social rehabilitation, offering the elderly the tools and knowledge they need to resume functioning within society. A wheelchair or a cane, for example, can give them the ability to leave their house to join in activities at the *Hesed* day care center or to buy bread and milk. And the use of a walker

may enable the elderly to retain a level of dignity in their own homes, allowing them to move about more easily to perform daily tasks such as making tea or a simple meal.

THE NEED FOR INCREASED MEDICAL SERVICES

Budget limitations have had a severe impact on the ability of Hased programs to fully meet the complete medical needs of Nazi victim clients. Since they are considered secondary programs, the rehabilitation equipment loan services have virtually been cut in many regions in favor of other life-sustaining programs. In terms of medications, we assume that nearly all elderly or invalid clients require some type of medical intervention or vitamin supplements. According to JDC's Hased MIS database, only 2% of all Hased clients self-report as being in good health and 98% report suffering from multiple infirmities. And while we make an effort to provide medicines that are otherwise unaffordable to our clients, our resources are extremely limited relative to actual needs. While the client base continues to age, Hased programs lack sufficient funds to provide costly life-sustaining medication, such as those needed for chronic medical conditions and cancer and chemotherapy treatments. Other matters, including hip fractures, cataracts and dental care, also require attention, but cannot currently be addressed due to budgetary restrictions.

The annual cost for providing medicines and rehabilitation equipment to existing Hased Nazi victim clients who are not currently receiving medical services is estimated to be approximately \$1,500,000. The cost of providing medical services to additional Nazi victim clients would be approximately \$500,000 per year.

BROADER RESPONSE TO MEDICAL NEEDS

The current medical program provides only a partial response to the clients' medical needs. The medicine program enables clients to receive a subsidy for the purchase of medications, but it does not provide an answer to the need for hospitalization and other clinical and diagnostic procedures. These needs are only partially addressed by the SOS program, which will be described below.

With government budgeting for hospitals and local medical clinics continuing to decrease, it has become necessary for us to provide increased levels of assistance. Special funding goes toward helping to provide the medicines necessary for hospital stays. Thus, when funding for medicines is cut, it impacts upon hospitalization as well. While SOS funding was initially requested only for extreme medical cases, lately requests have been made for procedures involving routine hospitalizations, which now include a multitude of incidental costs, and for recuperation costs, surgeries, and rehabilitative courses of treatment – all outside the scope of the current medical program.

Increased funding will allow the possibility of offering a more sophisticated, comprehensive response to the real medical needs of our clients, mirroring the universal health insurance available in Israel and Medicare / Medicaid entitlements in the U.S.

Medical Insurance

A more complete solution to the lack of structured healthcare can be given by providing the clients with medical insurance. The FSU national health system is theoretically supposed to cover all the medical needs of the population; in reality, this does not occur.

JDC has looked at funding a voluntary medical insurance program for Hased clients. Based on one such private program currently operating in Russia, it estimated the minimum required to cover clients' medical needs. The insurance program provides three levels of coverage that are presented below:

Minimum Insurance	Improved Insurance	Maximum Insurance
<p>Covers:</p> <ol style="list-style-type: none"> 1. Ambulatory treatments in clinics. 2. Home visits by physicians. 3. Immediate medical care. 4. Emergency hospitalization. 	<p>Covers:</p> <ol style="list-style-type: none"> 1. Ambulatory treatments in hospitals or clinics (improved service). 2. Home visits by physicians. 3. Immediate medical care. 4. Emergency and planned hospitalization. 	<p>Covers:</p> <ol style="list-style-type: none"> 1. Ambulatory treatments in hospitals or clinics (improved service). 2. Home visits and follow-up by physicians. 3. Immediate medical care. 4. Emergency and planned hospitalization. 5. Injections, infusions and medical tests at the patient's home.
<p>Maximum compensation per occurrence: \$2,500</p>	<p>Maximum compensation per occurrence: \$4,500</p>	<p>Maximum compensation per occurrence: \$6,000</p>
<p><i>Annual premium: \$250</i></p>	<p><i>Annual premium: \$490</i></p>	<p><i>Annual premium: \$640</i></p>

Providing every Jewish victim of Nazi persecution in the FSU with the “minimum” health insurance coverage described would cost over \$31,000,000 per year.

Homebound and Bedridden

JDC estimates that half of all elderly Jews in the FSU live alone, while 11% are homebound and 2% are bedridden. Some 24% have physical limitations and almost half (47%) have limited mobility. Many have not been outside their apartments for years, as they cannot negotiate the stairs in the old buildings that house them. Some have restricted mobility because government social services do not provide basic aids like wheelchairs and walkers to increase their independence or bedpans to restore their dignity; nor do they provide rehabilitation. State welfare services in the FSU – if they provide homecare at all – provide mainly home delivery of groceries or, occasionally, prescriptions and do not offer the requisite personal or hygiene care.

JDC has found that large numbers of Hesed clients in the FSU have difficulty with ADL (Activities of Daily Living) and therefore are limited in their ability to care for themselves. These basic self-care skills include bathing, feeding, dressing, transferring into and out of bed or onto and off the toilet, and walking or using a wheelchair, as well as cooking and cleaning.

JDC & Hesed Response: Homecare Services

The homecare program provided through the Hesed network responds to this need. This service provides physical, social and emotional support and enables clients to remain living independently in their own home and local community. The homecare

service recognizes and respects the clients' dignity and integrity by developing individual homecare plans that take into account a client's personal circumstances, needs and preferences. Caregivers look after, shop and cook for people who cannot perform these tasks for themselves and see to it that essential home repairs are carried out. In more remote areas, homecare includes carrying water from local wells and chopping wood for heating and cooking.

Homecare workers assist with dressing and feeding the client, administering medications, and facilitating mobility and limited activity; they take care of personal hygiene needs and track clients' changes in health. Homecare services are also designed to help with fundamental activities of daily living, such as tidying and cleaning, laundry, shopping, food preparation, and accompanying the client to various appointments.

All homecare clients benefit from the warmth and companionship of a home visitor; this helps combat the numbing isolation, loneliness and depression that often confront the thousands whom history and fate have left utterly alone. Homecare workers are encouraged to stress interaction and communication, engaging in conversation and showing interest in each client.

THE NEED FOR INCREASED HOMECARE SERVICES

The needs far outweigh current resources; more hours of homecare are required in order to ensure that clients live in dignity. Due to budgetary constraints, the fact that clients receive homecare does not mean that they receive the requisite amount. This is true particularly for the bedridden, for whom the homecare worker functions as an

attendant. The greatest part of the service is still focused on personal care, but this comes at the expense of social assistance and cleaning.

The current level of homecare services is adequate only to 'sustain life' and is provided on the most basic level. Bedridden clients do not receive sufficient hours of homecare (a bedridden client needs to be turned every 2 hours to prevent bedsores); they are showered less often; laundry is done less frequently, the quality of cleaning has been reduced, and time constraints no longer allow for reading to blind people. Budgetary restrictions do not allow for the following essential facets of homecare services: rehabilitation, assisting clients to go outside or bringing clients to Heseds (no funds for accompanying them or providing transportation). Less time is available to spend on shopping (as a result, purchases are made in the nearest shops, which are invariably more expensive), or on sewing/repairing clothing.

As the current elderly client base continues to age, it is likely that the need for homecare services will increase, particularly for those clients living alone. Hesed programs report that there is a direct correlation between the provision of homecare services and an extended lifespan for clients. Any tendency towards longevity results in an increase in the length of time homecare is needed per client

An FSU Nazi victim client classified as limited in mobility receives an average of 4 homecare hours per week. Those who are bedridden need an average of 9 homecare hours per week. In contrast, Israel's Community Long-term Care Insurance Law, in effect since 1988, mandates home care services and long-term care benefits to elderly people who are disabled in ADL such as bathing, dressing, eating and in basic homemaking activities such as preparing meals. Under that law, services are provided in

kind for between 9.75 (for those with partial dependency) and 15.5 (for those with total dependency) hours per week, depending on the elderly person's level of disability. Those with total dependency are also eligible to receive up to 9 additional hours from the Foundation for the Benefit of Holocaust Victims; they may then receive up to 24.5 hours of personal care per week²⁰.

For the bedridden in the FSU, there is no satisfactory alternative option to homecare. A significant part of this caseload, and those receiving maximum homecare, are individuals who would elsewhere be eligible for institutional care. The average FSU pensioner does not have access to public, institutionalized care settings. A significant amount of homecare thus comes in lieu of institutionalization.

INCREASING THE FREQUENCY OF THE SERVICE

JDC hopes to increase homecare services to achieve greater parity with Israeli and internationally accepted norms. This involves increasing the number of weekly hours in the regions according to the Israeli norm, which is, on average, 12.6 hours per week. The Nazi victims in Israel receive additional weekly hours, which effectively double the amount that they are entitled to receive from social security.

In Israel about 25% of the bedridden are in institutions. The remainder live with their families, but are entitled to funding of 50% of daily homecare treatment. As stated above, institutionalization for FSU bedridden clients currently does not exist. As an alternative, JDC proposes additional daily homecare hours to partially compensate for

²⁰ "Holocaust Survivors in Israel: Current and Projected Needs for Home Nursing Care," JDC-Brookdale Institute, Brodsky, Be'er and Shnoor, October 2003.

that lack of institutionalized care. We have calculated the equivalent for the Israeli norm as 12 hours of homecare treatment per day.

To provide homecare services to Hased Nazi victim clients in the FSU at a level equal to 80% of the Israeli standard would cost approximately \$23,000,000 (or an additional \$185 per capita annually). The cost of providing such homecare services to additional Nazi victims in the FSU would be about \$4,250,000 per year.

Utilities and Winter Relief

It is not uncommon for an elderly Jewish Nazi victim to live in sub-standard housing with no heat or hot water for most of the winter. In the private sector, where there are no government subsidies for heating, pensions remain inadequate to provide for sufficient heating.

JDC Response: Winter Relief

The frigid temperatures in many regions of the FSU make JDC's winter relief program vital in helping people cope with the harsh weather conditions. Winter relief "kits" are distributed once per winter, at an average cost of \$50 per kit. They may comprise heating and cooking fuel, including coal, wood and gas, as well as blankets, coats, sweaters and boots. This one "kit" has to last throughout a long harsh winter and, due to budgetary limitations, is only available to alleviate freezing conditions for the most needy of this very poor Nazi victim population. This is a service unique among the

dozens of countries where JDC provides welfare services and shows the extreme conditions and needs in the FSU.

An additional \$500,000 per year is needed to ensure that all Nazi victims in the FSU who need a winter relief “kit” can receive one.

SOS SPECIAL NEEDS AND EMERGENCY CASES PROGRAM

In 1999, JDC established the SOS Special Needs and Emergency Cases Program with private donations. At first, it was open to all members of the Jewish community, regardless of age or pension status. However, the need was so great that the program became a casualty of its own success. Were it not for Court funds, the program would no longer exist. It has been redesigned so that only Hesed clients who meet “looted assets” class criteria can receive SOS assistance.²¹

Although Hesed welfare services are tailored to serve the individual needs of clients in a variety of circumstances, the strict set of eligibility criteria makes it impossible for every eventuality to be met. The SOS program provides for emergencies and special needs.

Each Hesed has established an Emergency Aid Committee to review SOS applications against specific criteria in order to determine eligibility for the grants. The average SOS grant is \$50 and a client may receive more than one grant if needed.

The range of SOS goods and services includes:

²¹There is a very limited SOS program, made possible by private grants to JDC, for Hesed clients who are not Nazi victims and therefore not eligible for “looted assets” class funding.

1. Health services, including drugs, hearing aids and glasses, emergency dental care, hospitalization costs such as surgery, adult diapers, bedding, test-strips, medical tests and transportation, and laundering of soiled clothes, as well as prostheses and the purchase of rehabilitative equipment and rehabilitative courses of treatment.
2. Food and utilities, including emergency food supplies and payment of utility debts.
3. Extra winter relief such as the purchase of heating fuels (wood, coal and gas) and heating appliances, clothing, boots, and blankets.
4. Home repairs for houses and apartments, including roof repairs and the purchase of building materials.
5. Purchase and repair of household goods and electrical appliances, including stoves, refrigerators, furniture, and telephones.
6. Other humanitarian aid, including, for example, the purchase of pots and pans, sinks, and toilets; dentures; bedpans; adaptation of bathrooms for the elderly; special medical equipment; provision of water jugs to enable a Nazi victim to bring water from a well to his/her home and outhouse; the purchase of a cow to provide milk for a client in a remote rural area; connection of a gas pipeline to heat a home; and payment of rent to prevent eviction.

An additional \$500,000 per year is needed to ensure that all Nazi victims in the FSU who face emergency situations can benefit from the SOS program.

INVOLVEMENT OF LOCAL JEWISH COMMUNITIES

JDC has worked closely over the past years with the Heseds to ensure that the programs and budgets recommended are consistent with local needs. As described in the Distribution Plan, each Hesed has a board that is representative of the local Jewish community. It normally includes representatives from Holocaust survivor organizations, religious leaders and prominent Jewish community leaders.

JDC field staff in the FSU regularly consult with Hesed Executive Directors and Boards regarding available funds and the annual budget for each welfare center.

Letters from FSU Jewish communities and Hesed centers regarding welfare needs in the FSU are included as an Exhibit to this submission.

AUDITS & EVALUATION

The international accounting firm of Ernst & Young prepares annual audited financial reports for the Hesed centers, including special reports on the spending of "looted assets" class funds from the Swiss Banks Settlement for Hesed welfare programs for Jewish Nazi victims.

Over the years, ongoing JDC field evaluation has succeeded in improving the provision of welfare services. Needs assessment surveys are conducted with the cooperation of our partners in the field, with information-sharing assuring regular updates and appropriate strategic planning. Pension levels and payment frequency, costs of living, and the availability of health and social services in the various regions of the FSU are constantly monitored. Regional data is obtained from the field, including an overview of community welfare needs and how they are impacted – by economic factors, agricultural developments or sociological trends.

Recognized standards and criteria for service provision have been established and form the basis for evaluating the performance of different programs. The setting of standards ensures that each client receives service in an effective, compassionate manner that best meets his /her needs. Systematic evaluation procedures are used to identify key

problems and strengths in service provision. A quality assurance process is used as a basis for modifying standards where appropriate. Information compiled plays a critical role in supporting JDC’s monitoring and oversight, providing information about trends in service provision, assisting in applying limited resources effectively, and ensuring that needy clients receive the required services at the levels available. Finally, client satisfaction is regularly assessed through interviews, questionnaires and surveys.

The Conference on Jewish Material Claims Against Germany (Claims Conference) is JDC’s partner in funding Hesed programs in the FSU. The Claims Conference and JDC together provide oversight of “looted assets” class funds for Jewish Nazi victims in the FSU. Claims Conference representatives regularly visit and monitor Hesed programs in the FSU.

FUTURE CLIENT PROJECTIONS

JDC has estimated the future number of Nazi victim clients in the FSU, taking into account factors such as mortality and emigration rates, the age distribution of current clients, and the number of additional Nazi victims in the FSU who are likely to seek assistance from Hesed programs in the future. Based on these factors, we estimate the following Jewish Nazi victim clients in the Hesed programs:

Table 4: Hesed Client Projections:

Year	Estimated # of Nazi Victim Clients
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2004	121,600
2005	114,500
2006	105,600
2007	96,800
2008	87,700
2009	79,500
2010	71,000
2015	33,300
2020	22,100
2025	10,300
2030	4,100
2035	600

EXHIBITS

1. Jewish Elderly Nazi Victims: A Synthesis of Comparative Information on Hardship and Need in the United States, Israel, and the Former Soviet Union. Brandeis University, Maurice and Marilyn Center for Modern Jewish Studies and the Heller School for Social Policy and Management. Report prepared by: Andrew Hahn, Shahar Hecht, Tom Leavitt, Leonard Saxe, Elizabeth Tighe with Amy Sales, January 20, 2004.
2. The Social and Economic Situation in Countries of the FSU: Case Studies of Ukraine, Russia and Moldova. Report prepared by JDC Brookdale Institute, August 20, 2003.
3. Reports on Medical and Health Conditions in the Former Soviet Union by:
 - Dr. Spencer Foreman, President of Montefiore Medical Center, January 15, 2004
 - Jewish Healthcare International, January 2004
 - International Jewish Healthcare Organization, 2002-2003
4. News and Journal Articles Related to Jewish Nazi Victims and Hesed Programs in the Former Soviet Union
5. Letters of Endorsement from Hesed Programs and Jewish Communities in the Former Soviet Union
6. List of Hesed Programs
7. Representative Profiles of Hesed Clients (in original translations as received from local communities in the Former Soviet Union)
8. Background Material on JDC From the JDC Website
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11. Excerpts from Special Master's Interim Report on Distribution and Recommendation for Allocation of Excess and Possible Unclaimed Residual Funds, October 2, 2003.
12. The American Jewish Joint Distribution Committee Submissions to the Court in 2003:
 - Report on the First Eighteen Months of Welfare Programs in the Former Soviet Union, June 28, 2001-December 31, 2002
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JEWISH ELDERLY NAZI VICTIMS:
A SYNTHESIS OF COMPARATIVE INFORMATION ON
HARDSHIP AND NEED IN THE UNITED STATES, ISRAEL, AND
THE FORMER SOVIET UNION

REPORT PREPARED FOR THE JOINT DISTRIBUTION COMMITTEE

By

Andrew Hahn
Shahar Hecht
Tom Leavitt
Leonard Saxe
Elizabeth Tighe
with Amy Sales

January 20, 2004

Maurice and Marilyn
Center for Modern Jewish Studies



The Heller School
for Social Policy and Management

Institute for Sustainable International
Development

Brandeis University
Waltham, Massachusetts

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EXECUTIVE SUMMARY

It is now nearly sixty years after the end of the reign of terror engineered by the Nazis. Victims of Nazi persecution are mostly elderly and they are dispersed around the world, with the largest numbers living in the Former Soviet Union (FSU), Israel, and the United States. It is not possible to compensate victims fully for the deprivations they suffered as a result of Nazi terror. Nevertheless, efforts to provide health, social, and welfare support to victims – in particular, using resources from the Claims Conference and the Swiss Banks Settlement, as well as the International Commission on Holocaust Era Insurance Claims – have brought a measure of justice for many victims. It may enable victims to live the end of their lives with a measure of dignity and material security that otherwise would be impossible. The decisions, however, on how best to allocate available restitution funds among groups of victims require the wisdom of Solomon. The present report is designed to aid decision-making about allocation of funds to victims by using available data to analyze the status of victims in the three regions.

The Brandeis research team examined and analyzed all available extant data about victims in the FSU, Israel and the United States. Within the FSU, our focus was on the four countries – Russia, Ukraine, Belarus, and Moldova – in which the vast majority of Jews, including Nazi victims, live. Although each of the datasets we examined has important limitations, it has been possible to draw on the available data to make comparisons. Our analyses include regional comparisons among victim populations, comparisons of the characteristics of victims to other elderly Jewish populations in each of the countries, and evaluations of the countries on a variety of macro indicators.

The key finding of our analyses is that Nazi victims in the FSU are clearly more disadvantaged than victims in the United States and Israel. This is not to say that there is not significant need among victims in the United States and Israel. In particular, recent immigrants to both countries – who are predominantly emigrants from the FSU – share many characteristics of their fellow victims in the FSU. However, these victims now live in countries with considerable resources, as compared to the FSU. In non-FSU countries, victims have access to state-supported social service networks, as well as services managed by well-established Jewish communities.

Among the specific findings are:

- The Jewish population in the FSU is substantially more elderly in comparison to the Jewish population in Israel and the United States. Moreover, in FSU countries, the Nazi victim population is a very large percentage of the Jewish population – as high as 53%-66% in Ukraine, and 49%-61% in Moldova. This compares with 5%-10% in Israel and 2.5% in the United States. The high percentages in the FSU mean that there is a comparatively small community available to support Victims.

- Existing population estimates likely underestimate the number of Nazi victims and other Jewish elderly in the Ukraine and Belarus. These estimates for Russia and Moldova may also represent an undercount.
- Nazi victims in the FSU are more likely to live alone and less likely to be married and have children than victims in Israel and the United States. There are several significant implications. Those living alone are more subject to loneliness and deprivation. Spouses and children can give financial support as well as caregiving and emotional support.
- Macro-level country comparisons highlight demographic imperatives and economic constraints that affect the lives of each country's inhabitants. These countries have much smaller economies per capita even when adjusted for purchasing power. Per capita health expenditures are far lower in the FSU and these expenditures are overwhelmingly in the depleted public sector. Life expectancies are far lower than in the United States and Israel, especially for males. Moreover, residents in the FSU spend a greater percentage of their lives in poor health.
- Analysis of survey data about Americans suggests that Nazi victims in the USA are in many ways worse off than other elderly Jews in the country. The vast majority of victims, however, do not report that they have a hard time making ends meet. Poor health and poverty, to the extent it exists, is especially concentrated among recent immigrants from the FSU. Directly addressing the needs of the victims in the FSU may ameliorate both the need to emigrate, which may be considerably more difficult and trying on the elderly populations than on younger FSU immigrants, as well as the levels of hardship among those who do choose to emigrate.
- In Israel, the Nazi victims are older and less likely to be married or to own their own homes compared to other Jewish elderly in the country. Victims, however, were very similar to other European-born Israelis on each of these dimensions. Indicators of health and financial well-being were more mixed. Victims reported poorer overall health than other elderly, but lower rates of problems associated with Activities of Daily Living.

Although our conclusion is that Nazi victims in the FSU are severely disadvantaged, this should not obscure or lead to indifference regarding the status of victims in Israel and the USA. The information in this report demonstrates that relative to other Jewish populations, these groups in Israel and the USA suffer from disadvantages that reflect the terrible legacy of persecution. The undeniable fact, however, is that the public and private social and economic protection systems available to assist these groups and the normal process of adjustment reflecting the immigrant experience serve as buffers. Moreover, to the extent that there are problems of poverty and lack of access to service systems in the United States, they largely involve immigrants from the FSU.

The results of the present study should not be surprising. Yet, the collection of indicators of well-being and hardship that point in the same direction should be useful for allocation

and planning decisions among funding sources and fund seekers alike. The limitations we faced in conducting this study reflect a larger problem, perhaps even a crisis, in the state of research. The search for reliable estimates for the Jewish population, the elderly Jewish population and victims is more difficult than it should be and there are a host of questions about samples, weighting, questions asked and not-asked, definitions of a Jew, elderly person and victim. More proactive attention to these issues would greatly facilitate synthesis and the development of useful information.

One recommendation is that more resources *should be invested in better data, greater analytic capacity, and open exchange of available information*. It should not be necessary to have to cobble together information to assess and support major policy decisions. The methods, and indeed, the information to make such work possible are relatively easy to organize. In particular, a cross-national study of Nazi victims in the USA, Israel, and the FSU would be useful to document needs and monitor provision of services. These data should be collected using qualitative methods and standardized surveys.

In parallel to additional research, there is a pressing need to bring together researchers who have been studying these issues (primarily in the US and Israel). Our assessment is that differences which have appeared to exist in the literature (e.g., about the number of victims) could be relatively easily resolved were there a forum among social scientists. It should be possible to come to consensus on these issues and, in so doing, provide more useful information to those who need to make policy decisions about the allocation of scarce resources.

Identifying and addressing the needs of Jewish Nazi victims seems too important a task to be based on limited data, in particular, information that is out of date and does not represent the present condition of surviving victims. Even if one accepts reports of “levels of need” for victims in the US and Israel, these data are based on surveys that draw on small numbers of actual victims relative to the total number of victims. Resources can be allocated based on these general estimates, but without an organized system for identifying the population of victims and tracking their access to services, we may fail to identify and meet current needs. It is clear where the greatest need currently resides. It is essential to make sure that we can follow the delivery of services to all victims and have the information that can allow the best use of available resources.

INTRODUCTION

It is now nearly sixty years after the end of the reign of terror engineered by the Nazis. Most victims of Nazi persecution are elderly. They are dispersed around the world, with the largest numbers being in the Former Soviet Union (FSU), Israel, the United States, and Europe. As Eizenstat¹ has eloquently argued, any justice for those who survive is inherently imperfect. That said, it is clear that efforts to provide health, social, and welfare support to victims – in particular, using resources from the Claims Conference,² Swiss Banks Settlement,³ and International Commission on Holocaust Era Insurance Claims (ICHEIC) – bring a measure of justice to many. The decisions, however, on how best to allocate available restitution funds among groups of victims require the wisdom of Solomon. The present report is designed to aid decision-makers by analyzing available data on the status of victims in the three principal regions in which they live.

Although this report was commissioned by the Joint Distribution Committee (JDC), the authors take a neutral stance about allocation decisions and approached data collection and analysis without preconceptions. Our focus was to assess and analyze what is known about the situation faced by victims and, where appropriate, to make comparisons among them. Because we are researchers and evaluators,⁴ much of the commentary in the report concerns the methodological soundness of the information. The available information about victims is detailed but uneven. There is, for example, much better information about victims who live in Israel and the FSU as compared to those who reside in the United States. Furthermore, data – even on similar measures – is not easily compared across regions. We rely, wherever possible, on existing paradigms for making such comparisons, but we also note the pitfalls in doing so.

The request for this report was driven by the difficult decisions that need to be made about how best and where to distribute funds among victims and across different areas of the world. Since humanitarian resources are too few relative to need, competition has increased among those seeking funds to do good work in places where Nazi victims live and to provide education about the Holocaust where necessary. Where and whom to fund, how much, for what duration, with what reporting and evaluation requirements, and for what purposes are all questions that decision-makers must confront. Our contribution is to provide a review of existing data sources that can be used to draw inferences about the nature of problems facing the elderly in various national contexts and, in particular, Jewish elderly Nazi victims. Along with providing information essential for allocation

¹ Eizenstat, S. (2003). *Imperfect justice: Looted assets, slave labor, and the unfinished business of World War II*. New York : Public Affairs.

² The Conference on Jewish Material Claims Against Germany.

³ Holocaust Victim Assets Litigation (Swiss Banks).

⁴ The report was developed by an interdisciplinary team of social scientists from the Cohen Center for Modern Jewish Studies and the Institute for Sustainable Development at Brandeis University. Two of the senior authors (Hahn and Saxe) are faculty of the Heller School for Social Policy and Management. All of the members of the team are experienced evaluation researchers with a broad history of involvement in social policy.

decision-making, we hope that this report will also promote transparency and will enable funders to provide a rationale for their decisions.

The sensitivity of our analysis is clear. Making comparisons among Nazi victims who live in different countries with very different contexts may suggest comparability of suffering, when any such discussion is odious. Although victims of Nazi persecution share a bond of having survived the Holocaust, they experienced different types of violence and deprivation. Victims also live in places that are very different from one another, depending on the affluence of the country, the adequacy of social and economic protection systems (both public and private), and the survivors' ability to access available sources of assistance.

The JDC sought a synthesis of information from an independent source that would prove useful for planning and documentation efforts. Accordingly, the JDC contracted with Brandeis University (through the Cohen Center for Modern Jewish Studies and the Institute for Sustainable Development) to assess current knowledge about hardship or measures of deprivation facing the target population of Jewish Nazi victims in the FSU, Israel and USA. Brandeis University's agreement with the JDC gives us complete freedom to report the data without regard to stakeholder issues and politics.

By even the lowest estimates, more than half a million Jewish victims of Nazi persecution live in the FSU, Israel and the USA (see discussion on p.21 of population estimates) and many receive services through the JDC and other organizations. The JDC's work is focused on the FSU, where it currently serves more than 225,000 elderly Jews or "non-Jewish members of Jewish families."⁵ More than half of these clients are designated as Jewish Nazi victims. The JDC's work in the FSU is carried out primarily through its *Hesed* system, which provides a broad range of health and social welfare services.⁶

The present study was conducted on a very rapid timeline, less than 3 months. In light of the time limits, the study relies primarily on data and reports gleaned and reanalyzed from

⁵ The size of the client population is derived from a database of clients served in the JDC supported *Hesed* system in the November 2002 to November 2003 period. During this period, *Heseds* served 225,272 clients in 15 Former Soviet Union countries - Armenia, Azerbaijan, Belarus, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Moldova, Russia, Tajikistan, Turkmenistan, Ukraine, and Uzbekistan. Of these clients, 126,256 or 56% are identified as Jewish Nazi victims. Other tabulations of this dataset are presented later in this report.

⁶ As more and more Jewish elderly living in dire straits in the FSU were discovered by the JDC and other Jewish organizations, and as local and national economies collapsed, the JDC began to enlist local Jewish community members to participate in a new welfare program, the *Hesed* (usually translated as "loving kindness"). JDC opened the first *Hesed* center in St. Petersburg in 1993, followed by a welfare workers training center in 1994 and a medical equipment distribution center in 1995. Today, there are approximately 175 *Hesed* centers in the FSU and they provide a broad range of services: "... food packages, meals-on-wheels, social clubs, soup kitchens, heating fuel, medical equipment loans, home care, winter clothing, aid to the visually and hearing impaired and medical consultations."

Source: http://www.jewishsgpv.org/content_display.html?articleID=8551. For an article on the JDC's work with the *Hesed* initiative, see Avgar A., Kaufman R., Kolton L., and Abramova S., (2003) *The Hesed Welfare Model: A Community Response to Crisis*, *Journal of Jewish Communal Service*, pp.125-130.

other sources. Time would not allow primary data collection, even though doing so would have enabled us to answer better some of the questions and to increase our confidence in the accuracy of the findings. Also, in some cases, it was often challenging to obtain original data and we had to rely on others' analyses of these data. Nevertheless, the objective was clear: to synthesize and evaluate available data. Given the shortcomings in the existing data, our recommendations call for primary data collection in a new phase of work.

ORGANIZATION OF REPORT

This report begins with a description of our method and general comments on the quality of the information we have reviewed for purposes of this synthesis.

Second, it provides information on “macro-indicators” about populations in the FSU, Israel, and the USA. The indicators are drawn primarily from standard sources, such as the World Bank and the World Health Organization (WHO). This section provides context for more detailed information in subsequent sections on the characteristics and well-being of Jewish Nazi victims. Throughout this report, we focus on four FSU countries – Russia, Ukraine, Belarus, and Moldova – where the large majority of FSU Jewish Nazi victims live.⁷

Third, we move from the overview of macro-indicator comparisons to comparisons focused on Jewish Nazi victims, first reviewing the available data sources, then comparing them to the extent possible to other Jewish elderly within their own countries, and then comparing the characteristics of victims across the three regions. In these analyses, we try to characterize the quality of the information we are reporting for the FSU, Israel and the USA.

Fourth, we present a summary of findings building on the preceding phases of analysis.

Finally, we present recommendations for further work in a new phase of activities.

MAJOR CHALLENGES

The challenges and limitations relating to both the availability and quality of information will be revealed throughout this review, but several stand out:

- *Availability of information on the target group of interest is highly uneven.* In some cases with respect to Jewish elderly Nazi victims, population data are available based on those who have registered and received specific services (the case with respect to the FSU). In other cases, we have similar information only from selected samples (Israel, USA) or we have information only on the elderly in gen-

⁷ Data in the *Hesed* client information database indicate that approximately 96% of FSU Nazi victim clients live in Russia, Ukraine, Belarus, and Moldova.

eral or only the Jewish elderly. Moreover, even the concept of “elderly” varies depending on the place and dataset used, with different specifications used to define elderly. This difficulty with definition extends, similarly, to “Nazi victims.” We try to make each of these distinctions transparent.

- *The FSU states are heterogeneous.* Because of heterogeneity, we provide breakdowns by nation focusing on those where the largest numbers of Jewish Nazi victims live. We also, in some cases, summarize for the region. Given the differences among states with respect to social welfare status, caution is required when data from various FSU states are aggregated.
- There is detailed and technical literature on the *methods and hazards associated with making international comparisons*.⁸ There are conceptual and practical problems. One problem is that international poverty measures are defined differently depending on the nation. Consider, as well, that the decision on poverty can be generous or limited with respect to the purchasing power in a particular country. Researchers and international donors have taken to using the Purchasing Power Parity exchange rates (PPP) since they help take into account the local prices of goods and services. Other issues include differences in living standards for urban compared to rural poor and even the choice between using income or consumption as a welfare indicator is a well-researched topic.⁹ In the present report, we have sought to simplify the technical issues of this kind but, at the same time, the issues must be acknowledged and brought to the attention of readers.
- *Quality and definitional issues in various national and international datasets* permeate all our work. For example, international health statistics on disability among the elderly are derived from different measurement and different monitoring and reporting systems in different countries. For each indicator, there are similar issues.

A final cautionary note concerns our task and uses of other sources of information. Simply put, *statistical information is not a substitute for local reporting*. This study rests on descriptive statistics that we believe, given the nature of the questions, provide important and useful information for the decisions that funders and fund-seekers face. While we do not utilize the rich reporting of observers, journalists, or local organizations, we acknowledge that qualitative data are essential for communicating key issues, for revealing gaps in knowledge, and for proposing solutions. Those who use reports like this one should seek information of both a “hard” and “soft” nature since both can shed important light on the situation faced by Nazi victim populations.

⁸ See World Bank’s International Comparison Program where there are many technical publications describing the challenges in making international comparisons as well as some of the recommended strategies.

⁹ See: http://www4.worldbank.org/afr/poverty/measuring/cross_country_en.htm for a good discussion of these issues.

The following selected examples of local reporting illuminate, some contextual and moving information about survivors in the three regions.

Reporting on the FSU:

In a report of conditions in Ukraine, Dr. Vladislav Bezrukov, Director of the Institute of Gerontology, reported that there was a:

“decline in life expectancy; an increasing number of elderly people living alone; a dramatic rise in the number of impoverished elderly; an increase in the number of disabled among the retired; an increase in thyroid diseases because of the meltdown at Chernobyl; and an increasing demand for medical care. One far too common official cause of death in many former Soviet republics is ‘lack of medicine.’

“For Jews, the problems can be even worse. Many Jewish women never married or had children because the Holocaust and the war caused a shortage of Jewish men. Those who did marry became victims of the Holocaust in other ways. Their children were killed by the Nazis or died during the war. Stalin’s purges further decimated the population. Blatant discrimination forced some Jews to pursue careers in far-flung underdeveloped regions of the Soviet Union. Others emigrated. The weakest were left behind. Today, because of a low birth rate and large-scale emigration, there aren’t as many Jewish people to take care of their elderly as exist in the general population.”¹⁰

Jewish Healthcare International (JHI), working in partnership with JDC, is another excellent source of information about the Jewish community, the medical community and the overall state of healthcare services at six of JHI’s sites in the Former Soviet Union: Kiev, Riga, Kishnev, St. Petersburg, Odessa and Minsk. For each site, they have produced a fact sheet rich in information on needs, gaps and services.¹¹

Reporting on the United States:

The Jewish United Fund/Jewish Federation of Metropolitan Chicago¹² in their online newsletter tells the story of one survivor whom they currently assist. Quoting directly from the Chicago newsletter under the heading, “One Survivor’s Story” we learn that:

“Sara survived multiple horrors during the Holocaust and lost her entire family. She married another survivor shortly after the War and she and her husband came to the United States in 1951. Her husband passed away fifteen years ago. Her only relative, a niece on her husband’s side of the family, lives out of town, though she has a number of very close friends who help as much as they can. Sara is now in her nineties, physically frail, with significant health problems and severe visual impairment. She needs assistance with housecleaning, laundry, shopping, meal preparation and reading through her mail. Although she is not poor, she is unable to afford the costs of daily in-home help on top of her medical bills and other monthly expenses. A social worker from one of the partnering agencies works with her to coordinate the four hours of daily in-home help that is subsidized through the Holocaust Community Services program. It is this help that allows her to remain in the community, living in the apartment she has lived in for the past 35 years.

¹⁰ Source: quoted verbatim from: http://www.jewishsgpv.org/content_display.html?articleID=8551.

¹¹ Source: <http://www.jewishhealthcareinternational.org/index.php>.

¹² Source:
http://www.juf.org/news_public_affairs/article.asp?key=2667&highlight=One+Survivor%92s+Story.

This social worker has also helped her to complete the application form for the German slave and forced labor claims process.”

Reporting on Israel:

The website for an advocacy and service organization, AMCHA, designed to assist Holocaust survivors living in Israel makes the following points:¹³ The following information is quoted verbatim:

“Over fifty years after the war, the emotional and social consequences of the Holocaust are still highly visible in Holocaust survivors. With about 280,000 Holocaust survivors living in Israel and when including also their children and their immediate families, a rough estimate of those directly or indirectly affected by the Holocaust is approximately one million people. This population is in need of specialized mental health services hitherto not provided by existing institutions.

Although only a small proportion of these people presumably suffer from acute mental distress, they are a population at risk. Many studies have indicated that because of survivors’ inherent vulnerability, latent anxieties surface when they are exposed to stress. In addition, some of their offspring feel the effects of transgenerational transmission of Holocaust trauma. Israeli welfare and health services have insufficient professional experience in how to assist survivors and their families.

In addition, some elderly survivors with special needs feel estranged within the municipal senior citizen clubs. Until the mid 1980s, the world related to Holocaust survivors with ‘conspiracy of silence.’ Nobody talked about the Holocaust and nobody asked about it. Although much was written about Holocaust survivor psychopathology, little attention was given to their special psychosocial needs.”

Our main task is *not* to summarize these and the many other excellent local assessments of Jewish elderly and Nazi victims. Rather, our principal assignment is a synthesis of statistical information on the three regions of the world to determine the level of hardship among Jewish Nazi Victims.

MACRO-LEVEL COUNTRY COMPARISONS

Accurate cross-national comparisons of the economic status, health status, and needs of population subgroups clearly depend on good micro-level data for subgroup members in each country. However, much can be learned from macro-level country comparisons as well, since these data say much about the demographic imperatives and economic constraints that affect the lives of each country’s inhabitants.

POPULATION INDICATORS

Population indicators that are particularly germane for the comparative assessment of the needs of and resources available for Nazi victim populations are the percentage of the population that is 65 and over and the number of women 65 and over per 100 men of the same age. The 65+ population is often viewed as a dependent population, one that places a burden on governments and working populations because of pension costs and high

¹³ Source: http://amcha.nstemp.org/booklet/july_2002.htm.

health care needs and utilization. Thus, countries with large and growing elderly populations relative to the rest of the population and especially to the working age (i.e., taxpaying) population are seen as shouldering a greater burden than those with smaller elderly populations. The ratio of older women to older men is an indicator that is associated with marital status; higher ratios of older women to older men suggest that fewer older people have spouses, and, by extension, that more are living alone. This has implications not only for psychological well-being but may also be related to a greater need for supportive services, since one-person households tend to be poorer.

Population indicators for the four FSU countries,¹⁴ Israel, and the United States are displayed in Exhibit 1. All the indicators in this section have been taken from or calculated from either the World Bank’s World Development Indicators¹⁵ or from the WHO¹⁶ online databases. For each indicator, the data are reported for the latest year in which data are available for all six of the countries we are examining. We have also calculated a four FSU country total or weighted (by population) average.

EXHIBIT 1: POPULATION INDICATORS, 2002					
	Population	Percent 65+	Percent Women	Percent Women 65+	Women 65+ per 100 men age 65+
Belarus	9,930,830	13.8%	53.0%	66.4%	197
Moldova	4,255,010	11.0%	52.1%	63.3%	172
Russia	144,070,784	12.9%	53.3%	67.7%	209
Ukraine	48,717,272	14.7%	53.5%	66.1%	195
FSU 4 Country- Total or Average	206,973,896	13.3%	53.3%	67.1%	204
Israel	6,494,220	9.7%	50.3%	57.5%	136
United States	288,368,992	12.5%	50.9%	58.4%	140

Source: World Bank World Development Indicators online database.

Some noteworthy cross-national conclusions are:

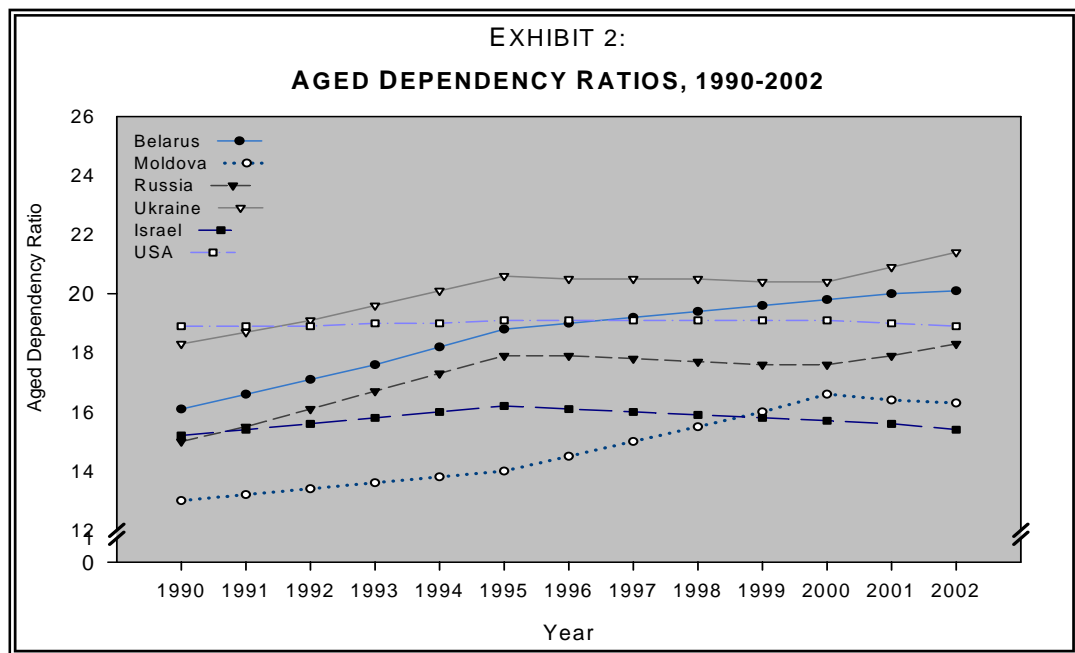
- *The percentage of the population that is 65+ in the FSU is substantially higher than the percentage in Israel. Ukraine, in particular, has a very large elderly population relative to the rest of its population with nearly 15% (50% higher than the percentage in Israel) age 65+.*
- *The percentage of the population that is 65+ is higher in three of the four FSU countries (Russia, Ukraine, and Belarus) than in the United States.*

¹⁴ Belarus, Moldova, Russia & Ukraine.

¹⁵ World Bank Development Indicators online database: <http://devdata.worldbank.org/dataonline/>

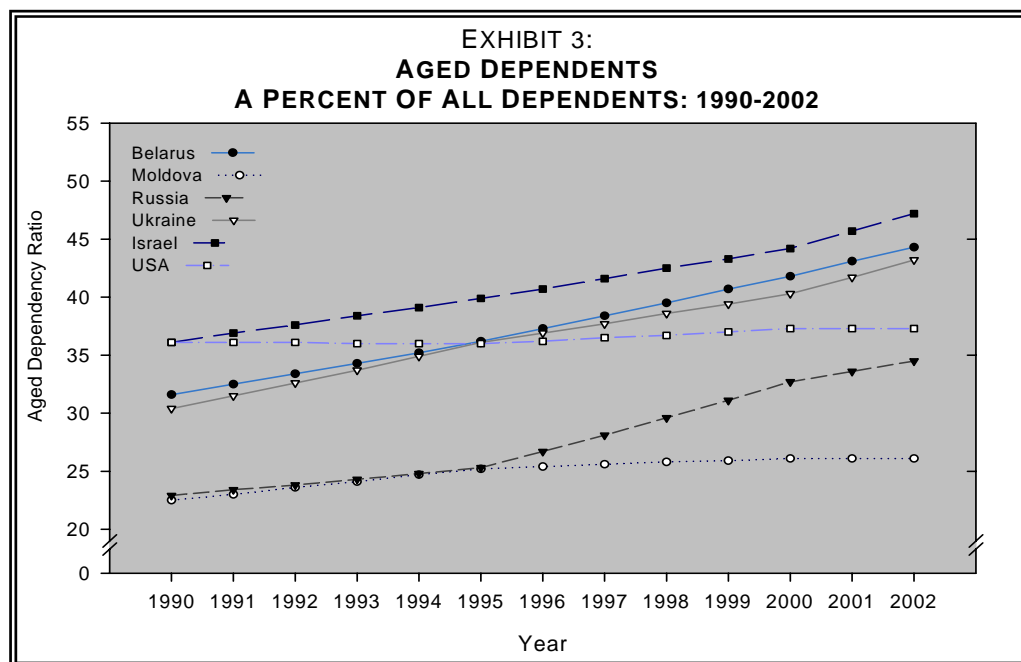
¹⁶ World Health Organization online research tools <http://www.who.int/research/en/>

- *Most striking are the differences in the numbers of elderly women relative to elderly men across the regions. In the FSU, elderly women outnumber elderly men by approximately two to one compared to less than 1.5 to one in the United States and Israel. Such differences are likely attributable, in large part, to wartime losses in these countries. High numbers of elderly women relative to elderly men can have noteworthy consequences for a country, as it is indicative of large numbers of elderly women living alone without help or support and of widespread incidence of poverty in elderly households (i.e., a household is dependent on one income, whether it is pension income or other type).*
- *Aged dependency ratios in FSU countries have trended upward over the past 10-12 years while ratios in the United States and Israel have been relatively unchanged. Using population distribution data found in the World Development Indicators, we calculated aged dependency ratios for each country for the 1990 – 2002 period (see Exhibit 2). The aged dependency ratio is designed to assess the burden of the elderly population on the working age population. It measures the relative size of the age 65+ population (the dependent population) and the working age population (usually defined as ages 15-64). An aged dependency ratio of 20, for example, means that there are 20 people age 65+ for every 100 in the 15-64 age group.*



- Among the six countries, Ukraine (21.4) and Belarus (20.1) have the highest aged dependency ratios for 2002, while Israel (15.4) and Moldova (16.3) have the lowest. The United States has a relatively high aged dependency ratio of 18.9.

- But perhaps more important than the level of the aged dependency ratio for this discussion is the trend in ratios over time as increases in ratios may be indicative of the changing social and economic protection needs in a country. Over the 12-year period depicted in Exhibit 2, the aged dependency ratios in Russia, Ukraine, Belarus, and Moldova increased, while the ratios in Israel and the United States remained at approximately the same levels.
- It is also important to assess trends in the *composition* of the dependent population (elderly + children) in the six countries. When there are major shifts in the composition of the dependent population, such as, when the percentage of the elderly within the dependent population increases, there is the potential for a misallocation of resources between the two age groups if governments do not reallocate resources in response to the demographic change. Governments do not always do this in a timely fashion or at all. If the elderly become a larger portion of the dependent population, this does not necessarily mean that schools become hospitals overnight. Thus, there may be an increasing burden on social and economic protection systems for the elderly, particularly the health care and pension systems, in countries where this type of change occurs.
- Over the 1990-2002 period, the dependent population in the four FSU countries has become somewhat more skewed toward the elderly (see Exhibit 3). In Russia, for example, the elderly percentage of the dependent population has increased from 30% to 43%. There have been similar increases in Ukraine (36% to 47%), Moldova (23% to 35%), and Belarus (32% to 44%). In contrast, the elderly percentage of the dependent population has remained nearly constant in Israel (23% to 26%) and the United States (36% to 37%).



ECONOMIC INDICATORS

Clearly, the United States economy dwarfs the economy of each of the FSU countries examined (see Exhibit 4). In 2000, the US economy was 25 times the size of the Russian economy as measured by Gross Domestic Product (GDP) and more than 200 times the size of the Ukraine economy. Even Israel, with a population that is only 4% of the Russian population and 13% of the Ukrainian population, has a GDP that is 30% of the Russian GDP and nearly two and a half times the Ukrainian GDP. To accurately compare economies however, the GDP should be adjusted both for population size and for the purchasing power of money in each country.

EXHIBIT 4: ECONOMIC INDICATORS, 2000			
	GDP (constant 1995 US\$)	GDP per capita (constant 1995 US\$)	GDP per capita, PPP (current international \$)
Belarus	\$14.3 billion	\$1,429	\$4,766
Moldova	\$2.7 billion	\$638	\$1,278
Russia	\$359.6 billion	\$2,471	\$7,260
Ukraine	\$44.4 billion	\$896	\$4,071
FSU 4 Country Total or Average	\$421.0 billion	\$2,011	\$6,264
Israel	\$106.4 billion	\$17,067	\$20,055
United States	\$8,986.9 billion	\$31,843	\$33,962

Source: World Bank Development Indicators

- *Adjusting GDP for population size, both the USA and Israel economies are much bigger than the four FSU economies. The 2000 per capita GDP in the USA is 13 times higher than in Russia, 22 times higher than in Belarus, 36 times higher than in Ukraine, and 50 times higher than in Moldova. Israel, with a per capita GDP slightly more than half that of the USA, had a per capita GDP about seven times higher than in Russia.*
- *Since the same amount of money can buy different amounts of goods and services in different countries due to different price levels, a more accurate comparison of economies is derived by adjusting for purchasing power differences. We use the purchasing power parity (PPP) adjustment factors for 2000 found in the World Development Indicators to adjust 2000 per capita GDP (current international \$) in the six countries. Even adjusting for purchasing power, the per capita GDP in the USA was nearly 5 times higher than in Russia, 7 times higher than in Belarus, 8 times higher than in Ukraine, and about 27 times higher than in Moldova. The PPP adjusted per capita GDP in Israel is nearly 3 times higher than in Russia with an even greater disparity between Israel and the other three FSU countries. Since PPP adjusted GDP is a reasonable proxy for the standard of living, the above analysis shows very large differences in the standard of living between the USA and Israel on the one hand and the four FSU countries on the other.*

HEALTH EXPENDITURES

The level of a country’s health expenditures affects both life expectancy and the quality of life. Expenditures in the USA and Israel greatly exceed those in the FSU (see Exhibit 5).

EXHIBIT 5: HEALTH EXPENDITURE INDICATORS, 2000					
	Health Expenditure per capita (current US\$)	Health Expenditure per capita, PPP (current US\$)	Health Expenditure Private (% of GDP)	Health Expenditure Public (% of GDP)	Health Expenditure Total (% of GDP)
Belarus	\$57	\$397	1%	5%	6%
Moldova	\$11	\$75	1%	3%	4%
Russia	\$92	\$349	1%	4%	5%
Ukraine	\$26	\$164	1%	3%	4%
4 Former Soviet Union Country Average	\$73	\$302	1%	4%	5%
Israel	\$2,021	\$2,389	3%	8%	11%
United States	\$4,499	\$4,395	7%	6%	13%

Source: World Bank and World Health Organization.

- *Per capita health expenditure in 2000 was more than 60 times higher in the USA than in the FSU. It was 27 times higher in Israel than in the FSU. The differences were particularly noteworthy for Moldova and Ukraine, which had per capita health expenditures much lower than in Russia and Belarus. Even after adjusting for purchasing power differentials, the differences between per capita health expenditures in the USA and Israel and the four FSU countries are very large (\$4,395 and \$2,389 vs. the four FSU country average of \$302) – approximately 15 times higher in the USA than in the FSU and 8 times higher in Israel).*
- *Measured as a percentage of GDP, USA and Israel health expenditures (13% and 11%, respectively) are 2-3 times the FSU levels of 4% to 6%.*
- *Health care expenditures in the public sector in the FSU countries, range from 3-5% of GDP, less than both Israel or the USA. In addition, in the USA, private and public health expenditures are roughly equal, where there is a relatively low percentage of health care expenditures in the private sector in the FSU countries and Israel. This indicates the relative scarcity of private health care resources available to supplement public resources in these countries.*

LIFE EXPECTANCY AND MORTALITY

Life expectancy data, a proxy for the breadth and effectiveness of a country’s health care system and living conditions, are displayed in Exhibit 6.

EXHIBIT 6: LIFE EXPECTANCY, 2002			
	Life Expectancy Total	Life Expectancy Males	Life Expectancy Females
Belarus	68	63	74
Moldova	67	63	71
Russia	66	60	72
Ukraine	68	63	74
4 FSU Four Country Average	67	61	73
Israel	79	77	81
United States	78	75	81

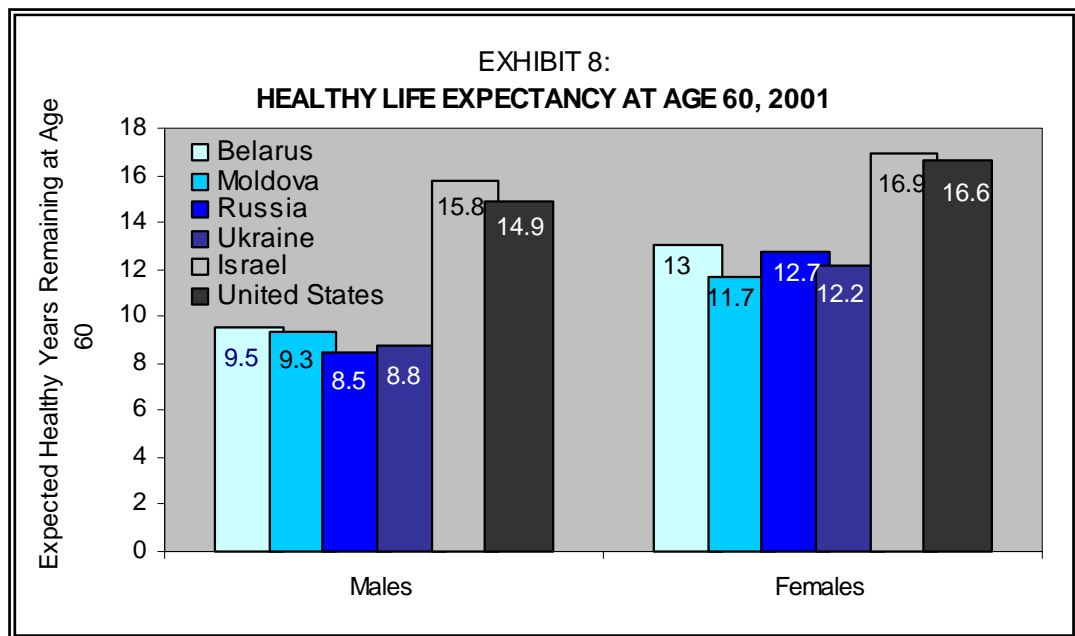
Source: World Bank Development Indicators

- *Life expectancy (2002) was significantly less in each of the FSU (66 to 68) nations than in the US (78) and Israel (79).*
- *The country differences in life expectancy are particularly large for males. Life expectancy for Israeli males is 16 years longer than for males in the FSU countries and life expectancy for males in the USA is 14 years longer. Differences in life expectancy are not as large for females, but female life expectancy in Israel and the USA are still 7-10 years longer than in the FSU countries.*
- *The effect of lower life expectancies in the FSU is exacerbated by the fact that residents in these countries spend, on average, a greater percentage of their lives in poor health than residents in Israel and the USA. Available data from WHO about life expectancy lost to poor health (see Exhibit 7) indicate that the percentage of life expectancy lost to poor health in the four FSU countries is considerably higher than in both the USA and Israel, especially for males. Among the possible causes for these differences are poorer nutrition, lower availability of and access to quality health care, and lower availability of effective drugs.*

EXHIBIT 7: PERCENTAGE OF TOTAL LIFE EXPECTANCY LOST TO POOR HEALTH, 2001		
	Males	Females
Belarus	14.3%	15.4%
Moldova	15.6%	15.2%
Russia	12.6%	14.4%
Ukraine	14.9%	15.6%
4 FSU Four Country Average	13.3%	14.7%
Israel	10.6%	12.4%
United States	10.8%	13.5%

Source: World Health Organization, *The World Health Report 2001*

- “Healthy life expectancy” at age 60 is considerably lower in all the FSU countries than in Israel and the United States. The WHO calculates country-specific estimates of healthy life expectancy, where actual life expectancy is adjusted for time spent in poor health. Exhibit 8 compares the gender-specific healthy life expectancy at age 60 in the four FSU countries, Israel, and the USA. Clearly a lower number of healthy years are expected for older residents in the FSU countries. Age 60 men in the FSU countries are expected to have only 9 additional healthy years compared to 16 years in Israel and 15 years in the USA. Age 60 women in the FSU can expect more healthy years than men (12-13 years vs. 9 years), but still have fewer average healthy years of life left compared with age 60 women in Israel and the USA (12-13 vs. 17 years).



SUMMARY

The broad range of population, economic, and health indicators discussed in this section highlight large differences in national context that affect the experience of Jewish Nazi victims in the FSU, Israel, and the United States. The evidence makes clear that FSU countries are much poorer than Israel and the USA, even when per capita GDP is adjusted for purchasing power differentials, and are, therefore, less able to support services for at-risk populations. In addition, the FSU countries are comprised of older populations where the number of women greatly exceeds the number of men, a possible indication of both economic risk (with female-headed households more likely to be depending on one income) and social isolation (with many females living alone). The increasing number of

elderly in the FSU relative to both the working population and the total dependent population over the past decade contrasts with the relative constant ratios over the same time period in Israel and the United States, and may be indicative of increasing stress on the systems that serve the elderly population in the FSU, including the health care and pension systems. Per capita health care expenditures in the FSU are only a fraction of expenditures in Israel and the United States even when adjusted for purchasing power differentials, an indication of the lower level of resources available to treat the health care needs of the elderly. Moreover, unlike the United States in particular, FSU health care systems have only a very small private health care component, which means that the burden of health care for the elderly falls almost entirely on overburdened and undersupplied public health care systems. Lastly, life expectancy, which can be considered a proxy for living conditions as well as the breadth and effectiveness of health care systems is significantly lower in the FSU countries and the proportion of life spent in poor health is higher.

EXAMINATION OF DATA ON THE JEWISH NAZI VICTIM POPULATION AROUND THE WORLD

Prior to examining the social, economic and health outcomes for Jewish Nazi victims within regions, available data on the numbers of victims around the world were examined. Establishing a broadly accepted estimate of the Jewish Nazi victim population has proved to be a difficult task. Despite the three-year period that separated them, two studies referenced in the 2000 *Special Master's Report*,¹⁷ including the 1997 Spanic Committee report and the Ukeles studies,^{18,19} yielded similar estimates (see Exhibit 9). However, two recently completed studies done by DellaPergola²⁰ and Ukeles²¹ for the ICHEIC have yielded divergent estimates, both in total number and in the distribution among countries.

¹⁷ Special Master's (2000) *Proposed Plan of Allocation and Distribution of Settlement Proceeds in Re: Holocaust Victim Assets Litigation (Swiss Banks)*.

¹⁸ Ukeles, Jacob B. (2000) *Appendix One: An Estimate of the Current Distribution of Victims of Nazi Persecution, A Plan for Allocating Successor Organization Resources Report of the Planning Committee, Conference On Jewish Material Claims Against Germany*.

¹⁹ Ukeles, Jacob B. (2000) *Appendix Four: Needs For Successor Organization Funds A Plan for Allocating Successor Organization Resources Report of the Planning Committee, Conference On Jewish Material Claims Against Germany*.

²⁰ DellaPergola S. (2003) *Review of Relevant Demographic Information on World Jewry: An Estimate of the Current Distribution of Jewish Victims of Nazi Persecution*.

²¹ Ukeles Associates Inc. (2003) *An Estimate of the Current Distribution of Jewish Victims Of Nazi Persecution. International Commission On Holocaust Era Insurance Claims*.

EXHIBIT 9: ESTIMATES OF SIZE AND DISTRIBUTION OF NAZI VICTIM POPULATION ^a								
Country/Region	Spanic Committee 1997		Ukeles 2000		Ukeles 2003		DellaPergola 2003	
	Number of Victims	Percent ^b	Number of Victims	Percent	Number of Victims	Percent	Number of Victims	Percent
Israel	370,000	41%	340,150	39%	265,000	39%	511,000	47%
FSU	202,000	23%	208,000	23%	149,800	22%	146,000	13%
USA	150,000	17%	136,600	15%	109,900	16%	174,000	16%
Europe	155,000	17%	155,580	18%	125,700	18%	229,000	21%
Other countries	20,000	2%	43,000	5%	37,500	5%	32,000	3%
Total	897,000	100%	883,750	100%	687,900	100%	1,092,000	100%

Table Notes: a) Spanic Committee (1997) and Ukeles (2000) estimates for the numbers and percentage distribution of Nazi victims around the world were presented as ranges rather than specific numbers. For simplicity of presentation and easy comparability to the other two studies, we use the midpoint of ranges. b) Percent of estimated total Nazi-Victim population worldwide.

The DellaPergola estimate of Jewish Nazi victims worldwide is considerably higher than the other three estimates. Compared to the 1997 Spanic estimate, for example, the DellaPergola estimate represents a net increase in Jewish Nazi victims of about 200,000. There has not been a real increase in the number of victims since 1997, and if anything, given mortality, there should have been a decrease. Thus, the increased worldwide estimates identified by DellaPergola represent a dramatic change in methods used to define and identify victim populations.

This change in method is exemplified by comparing the approaches of the Spanic Committee and DellaPergola. The Spanic Committee identified victims as all those born before 1945 and who were under Nazi rule or occupation (or rule/occupation of nations collaborating with Nazis) or who fled from such countries. DellaPergola²² describes that the Spanic Committee relied on assessments of the numbers of survivors at the end of World War II, along with adjustments for patterns of migration. Further, he notes that the estimates did not appropriately account for Jewish mortality rates. In contrast to the approach of the Spanic Committee, DellaPergola identifies victims based on year of birth before 1946 for individuals who can be identified as Jewish in the general population of each country (either through censuses or surveys), and whether they lived (or were born) in a country that was under Nazi rule. He also employs a more inclusive definition of Nazi victim, a definition that “includes all those Jewish persons who are alive today and who at least for a brief period of time were submitted in their locations to a regime of duress and/or limitation of their full civil rights in relation to their Jewish background – *whether by a Nazi occupying power or by a local authority associated with the Nazis’ endeavor* – or had to flee elsewhere in order to avoid falling under the aforementioned situations (italics added)”(p.3). With this definition, DellaPergola includes many Jews who

²² Ibid note 18.

resided in North Africa and the Middle East as victims of Nazi affiliated regimes, an assumption not made in other estimates.

There is no doubt that determining the numbers of Jewish Nazi victims in various locations is an important step in assessing the extent and depth of need in different regions, but evaluating the validity of various estimates is beyond the scope of this report.²³ It is a conceptual/policy question (i.e., a question of who should be counted), as well as a methodological question. Most important for the present discussion is clarity about who is included/not included when assessments are made of the need for services.

The assessment of the need for services and supports in the various regions is key. Toward this end, we review existing sources of data that can be used to draw inferences about the needs of victim populations in the FSU, Israel and United States. With the possible exception of the Israeli data, which was designed specifically for the purposes of identifying the needs of the elderly in Israel, data sources may or may not be representative of the entire Jewish victim population within a country or region. Nevertheless, all these data sources can be employed at least to some extent to assess the condition and needs of Jewish Nazi victims.

DATA SOURCES AND ISSUES

Each source of data is used to identify demographic, social, health, and economic conditions in which victims live. Although each data source provides a rich set of unique contextual variables, we focus on those characteristics that are comparable across the multiple data sources. Unfortunately, no source is without problems or deficiencies that limit their usefulness. Moreover, questions are asked in different ways in different surveys and databases. As a result, comparisons may be suggestive rather than exact. In the next sections, we describe and assess the data sources for each region.

FORMER SOVIET UNION

Our primary source for information about Jewish Nazi victims in the FSU is the intake database/management information system for the approximately 175 *Hesed* service centers throughout the FSU. These centers provide assistance and services to mostly elderly Jewish clients and to some non-Jewish clients that have a connection to Jewish families (e.g., the non-Jewish spouse of a Jewish husband/wife). We were given access to an up-to-date version of this database (as of mid-November 2003) that has information on more than 225,000 age 55+ clients who have received services in the past year and have not died or emigrated. Ninety-four percent of all clients and 96% of Nazi victim clients are in four of the FSU countries: Belarus, Moldova, Russia, and Ukraine. Thus, we focus our analyses on these four countries.

²³ While generally avoiding an assessment of these estimates, we do suggest in a later section that estimates for some parts of the FSU may be on the low side.

DATA DESCRIPTION

The data consists of client records updated on a monthly basis (per service rendered and recorded). Service entitlement depends on income criteria; to qualify, potential clients must submit documentation on the amount of pensions they receive and this documentation is reviewed frequently.

Data collected on each client includes:

- Demographics – date of birth, gender, Jewish status (Jew, member of a Jewish family, but not self-identifying as Jewish)
- Address and contact information
- Income – pension and other income
- Residential status – who the client lives with
- Residence characteristics – type of housing, housing condition, heating type
- Health status – disability status (degree and causes), vision/hearing impairment, ailments, degree of mobility
- Types of assistance received

Clients are individually monitored by a *Hesed* worker, who is responsible for updating the database monthly with respect to emigration and mortality. Thus, the *Hesed* database for clients served in the past year is a good approximation of the living client base still residing in areas where they have been served. We reviewed the data carefully and it appears to be internally consistent and accurately represents the status of FSU clients receiving services.

Beginning in 2001, *Hesed* centers interviewed all active Jewish clients old enough to be alive at the end of World War II to confirm their assessments of whether clients are Nazi victims. Questions included whether a client: (1) was in a Nazi concentration camp, labor camp, or a ghetto; (2) lived in a place during the time it was under occupation by the Nazis or their allies; (3) was in an evacuation; or (4) lived at the time the war began in an area occupied by the Nazis or their collaborators. Those answering “yes” to any of these questions are considered Nazi victims. Of the 225,272 *Hesed* clients in 15 FSU countries, 56% (126,256) are Nazi victims.

STRENGTHS/LIMITATIONS

The *Hesed* database has some real strengths as a source of information on Jewish Nazi victims in the FSU, but there are also some limitations. Among the strengths:

- The database is very large and has information on a high percentage of Jewish Nazi victims and other elderly Jews in the FSU (see page 25).
- It is a database of all served *Hesed* clients. As it is not a sample, there is no issue with sampling error and other survey research issues as there is with most other data sources described in this review.

- Information on *Hesed* clients is updated regularly, so that information on the size and characteristics of the client base is current. In contrast to surveys administered some years ago, there is no need to make assumptions about what has happened between the survey date and the present.

But there are some disadvantages as well:

- Because this is a database of “served” clients and because, to our knowledge there are no other comparable databases or representative surveys of elderly Jews in the FSU, there is an information gap for Jewish Nazi victims and other elderly Jewish people who are not served by the *Hesed* system. In addition, although the database provides an accurate assessment of those in need, the data precludes identification of the potential full range of needs, in particular of those who do not seek assistance through the *Hesed* system.
- Relatively few questions are asked about the client household. An important gap is household income; while we can evaluate the level of individual income, we are not able to determine the levels of income for households with more than one resident.
- Since some data fields are not mandatory, counts may be based on part of the population.
- Pension amounts, an important piece of information for our analyses, are updated on a rolling basis by *Hesed* personnel. Since pension amounts can change from year to year because of currency changes and other factors, our analysis of pensions is restricted to the most recently updated records. Nearly 87,000 pension amounts have been updated since the beginning of April 2003. Rather than use out-of-date pension data, we use this “sample” of recent pension amounts to estimate pension amounts for the entire *Hesed* population.

ISRAEL

Our primary source for Israeli data is the *Survey of People Age 60 and Over*, an interview survey of approximately 5,000 people age 60 and over which was conducted in 1997-1998 by the Central Bureau of Statistics in cooperation with the JDC-Brookdale Institute and other private and governmental sponsors. Since we have not yet received this database,²⁴ we rely on published descriptions of this survey and its findings. Brodsky²⁵ provides tabulations of key survey results comparing Nazi victims to other Israelis and Brodsky et al.²⁶ make projections for the 2002-2020 period of the Jewish Nazi victim

²⁴ We hope to expand the analysis of this dataset to get a more complete picture of Nazi victims than the one that has been presented in published reports and are working with the Israeli Central Bureau of Statistics to obtain these data.

²⁵ Brodsky, J. (2000). *Background material for meeting of steering committee on holocaust survivors*. Jerusalem: JDC Brookdale Institute.

²⁶ Brodsky, J. Beer, S. & Schnur, Y. (2003). *Holocaust survivors in Israel: Current projected needs for nursing care at home*. Jerusalem: JDC Brookdale Institute.

population and their home nursing care needs based on the data from the 1997 survey as well as on current and projected usage patterns for nursing care at home. Current contextual indicators on all elderly in Israel, including poverty rates, eligibility for long-term care stipends, vision/hearing test outcomes, work-related pensions, and work status, are available from the *Elderly in Israel: Statistical Abstract*.²⁷

DATA DESCRIPTION

The survey was administered to a stratified random sample of age 60+ Israelis. The sample is representative of elderly people who live in urban centers. It excludes residents of institutions and of rural areas (including residents of Kibbutzim and Moshavim). Of the original 6072 individuals contacted, 5055 completed the survey (response rate of 83.2%).

The survey, conducted in-person and in the preferred language (Hebrew, Russian, or Arabic) of the respondent, included information on housing (ownership, condition of housing, heating); care givers; financing of care; relationships with family and friends; health (general health, specific problems, mobility, personal functioning (Activities of Daily Living – ADLs²⁸); sleeping and memory; utilization of health and welfare services (visits to doctors, specific diagnoses and tests performed); Nazi victim status; and income sources (pensions, social security).

Three questions assessed whether the respondent was a victim of Nazi persecution: (1) whether the respondent lived in a country that was under Nazi rule or influence; (2) whether the respondent was in a ghetto, labor camp, concentration camp or hiding between 1933 and 1945; and, (3) which countries the respondent lived in between 1933 and 1945.

STRENGTHS/LIMITATIONS

- These data provide information on the living and social conditions of a representative sample of the Israeli elderly.
- Nazi victims are specifically identified, allowing comparison of the Nazi victims to other elderly Jews.
- An obvious deficiency in these data is their age, particularly in view of the fact that there has been some immigration since 1997. Thus, there may have been some change in the profile of elderly Israelis in general and Jewish Nazi victims in particular. Brodsky et al.²⁹ attempt to account for these factors in their more recent projections based on the 1997 data. Without, however, a new survey and

²⁷ Brodsky, J., Schnur, Y. & Beer, S., (Eds.) (2003). *Elderly in Israel: Statistical Abstract 2002*. Jerusalem: JDC Brookdale Institute.

²⁸ Personal functioning is usually measured by the ability to perform activities of daily living (ADL) with no assistance. These activities include: dressing, bathing, eating, sitting and getting up from a chair and getting in and out of bed.

²⁹ Ibid note 25.

sample, the validity of these projections cannot be determined. There are currently no plans for additional surveys.

- A problem with this survey is that it includes only elderly residents who were living in the community in urban areas. Although 90% of elderly in Israel live in urban areas and less than 5% live in long-term care facilities,³⁰ the needs may be greater among those not represented in this survey. Elderly victims may be more likely to be in rural areas (e.g., Kibbutzim) and institutions than is the case with other groups.
- Data on the elderly in Israel reported in the *Statistical Abstract*³¹ do not differentiate between Nazi victims and others, making estimates useful for describing the national context but not for descriptions of the status of Nazi victims exclusively.

UNITED STATES

The primary source of data for examining the Jewish population in the USA is the *National Jewish Population Survey* (NJPS), conducted under the direction of the United Jewish Communities (UJC). The latest survey was conducted in 2000-2001. A number of similar surveys, many sponsored by local Jewish federations, have been conducted in individual communities across the USA. The North American Jewish Databank (NAJDB),³² currently based at Brandeis University, serves as a repository for these surveys.

Faced with the task of describing the characteristics and the living conditions of the Jewish Nazi victim population in the USA, we examined the archives of the NAJDB to identify all surveys conducted in the past 10 years that separately identified Nazi victims. Of the more than 100 studies archived at the NAJDB, 51 had been conducted in the past 10 years; 30 of these studies were available for primary analysis. We further pared this set of datasets by focusing on 14 areas identified as having the largest numbers of Jewish victims in the United States. One of these areas, Pittsburgh, did not have data available. Of the other 13, only seven included assessment of whether respondents were victims of Nazi persecution.

As a result of this process, eight datasets were identified that included relevant information – the NJPS 2000-2001³³ and seven community surveys (Bergen, NJ, 2001;³⁴ Miami, FL, 1994;³⁵ South Palm Beach, FL, 1995;³⁶ West Palm Beach, FL, 1999;³⁷ Los Angeles,

³⁰ Ibid note 26.

³¹ Ibid note 26.

³² <http://www.jewishdatabank.org>.

³³ National Jewish Population Survey, 2000-01 [Electronic data file]. (2003). New York, NY: United Jewish Communities [Producer]. Waltham, MA: North American Jewish Data Bank [Distributor].

³⁴ Sheskin, I., Miller S., & Miller L. (2001) Study of the Jewish Community of Bergen County [Electronic data file]. (2003). Sheskin I. [Producer]. Waltham, MA: North American Jewish Data Bank [Distributor].

³⁵ Sheskin, I. (1994) Study of the Jewish Community of Miami-Dade County [Electronic data file]. (2003). Sheskin I. [Producer]. Waltham, MA: North American Jewish Data Bank [Distributor].

CA, 1997;³⁸ & Broward County, FL, 1997³⁹) – that we could analyze for information for Nazi victims.⁴⁰ We examined available reports from the UJC and other sources for each of these datasets. However, for the purposes of this report we conducted our own, independent analyses. Several additional community surveys (Chicago, IL; Jacksonville, FL; Sarasota, FL & Pittsburgh, PA) were conducted in 2001, 2002, and 2003, but datasets are not yet available for analysis. In addition, we reference some findings from a recent survey conducted by UJA-Federation of New York that are reported in a special report on Nazi victims in the New York area.⁴¹ Although their data were not available for primary analyses, we have included some of their published estimates in the following sections.

NJPS 2000-01 DATA DESCRIPTION

The NJPS consists of a stratified random sample of the Jewish population in the USA. Over 5,000 Jewish adults completed the survey.⁴²

The survey was designed to assess a broad range of issues, from basic demographic characteristics, to ancestry, to Jewish religious practices and activities. The survey includes a number of questions that can be used to assess living, health, and economic characteristics similar to those identified in the FSU and Israel data sources. To determine whether survey respondents are Nazi victims, the survey included two questions asked of all respondents who were 55 years of age or older and had reported that they were born in Europe. These were: (1) whether between 1933 and 1945 the respondent lived in a country that was under Nazi rule or influence; and, (2) whether between 1933 and 1945 the respondent fled a country or region that was under Nazi rule or influence. Anyone who responded yes to either of these questions was identified as a Nazi victim. In addition, those who lived in Nazi areas were asked whether they were in concentration or labor camps.

³⁶ Sheskin, I. (1995). Study of the Jewish Community of South Palm Beach [Electronic data file]. (2003). Sheskin, I. [Producer]. Waltham, MA: North American Jewish Data Bank [Distributor].

³⁷ Sheskin, I. (1999) Study of the Jewish Community of West Palm Beach [Electronic data file]. (2003). Sheskin, I. [Producer]. Waltham, MA: North American Jewish Data Bank [Distributor].

³⁸ Herman, P. (1997) Study of the Jewish Community of Los Angeles [Electronic data file]. (2003). Herman P. [Producer]. Waltham, MA: North American Jewish Data Bank [Distributor].

³⁹ Sheskin, I. (1997) Study of the Jewish Community of Broward County [Electronic data file]. (2003). Sheskin, I. [Producer]. Waltham, MA: North American Jewish Data Bank [Distributor].

⁴⁰ A 1997 survey in Monmouth, NJ met our criteria for inclusion in our analyses, but was not analyzed because only 8 of over 1000 respondents in this survey were identified as Nazi victims. Although most of the community surveys had very small sample sizes, the number of Nazi victims in Monmouth was considered to be too low to conduct any meaningful examination of their characteristics.

⁴¹ Ukeles Associates (2003). *Nazi victims in the New York Area: Selected Topics. The Jewish community Study of New York, 2002 Special Report.*

⁴² This includes “core” Jews, that is, those who self-identify as Jewish as well as those who are identified as having Jewish backgrounds (Jewish parents) but who do not currently identify as Jewish.

COMMUNITY SURVEYS

The community surveys employed similar methods to the NJPS. All were telephone surveys either of the general population in the area or based on lists provided by local Jewish organizations or agencies. Some used the same or very similar sets of questions to those used in NJPS. Although some used the same questions as NJPS to identify Nazi victims, others asked a more general question of whether the respondent was a Holocaust survivor.

A summary of relevant statistics for these surveys is provided in Exhibit 10. Because our knowledge of demography of the Jewish population in the USA relies solely on survey samples, it is critical to know the characteristics and quality of these samples. We, therefore, include overall sample sizes and those for the elderly and Jewish Nazi victim subgroups.

EXHIBIT 10: DESCRIPTIONS OF US SURVEYS								
	NJPS 2001 ^a	Bergen 2001	New York 2002	West Palm 1999	Broward County 1997	Los Angeles 1997	South Palm 1995	Miami 1994
Sample size	5,148	1,003	4,500	1,008	1,023	2,640	1,070	1,217
60+, sample size (% ^b)	1486 (27.2)	329 (37.5)	NA	784 (78.7)	613 (64.7)	961 (31.0)	852 (82.9)	672 (50.7)
Nazi Victims, sample size (% ^c)	146 (2.5)	31 (6.3)	246 ^d (NR)	15 (1.5)	30 (3.3)	67 (10.9)	47 (4.5)	44 (4.9)

Table Notes: **NA:** Not Available. **a)** Includes Jewish respondents and Persons of Jewish Background. **b)** Percentages are weighted using respondent (and household, where appropriate) weights as calculated by each study's primary investigators. **c)** Questions identifying Nazi victims were asked only of those with sampling status identified as Jewish. **d)** 246 respondents identified themselves as Nazi victims. Ukeles includes respondent reports of others in the household, thus, a total of 412.

STRENGTHS/LIMITATIONS

- Because these surveys include a Nazi victim designation, data can be used to draw inferences about the characteristics and needs of Jewish Nazi victims in the USA.
- The sample sizes associated with Jewish Nazi victims are very small. The NJPS contains responses from 146 survivors. Based on these respondents, the NJPS estimates that there are between 122,000 to 142,000 victims in the USA, an estimated 2.5% of the Jewish population. It is unclear how reliable these estimates are.⁴³ With the exception of the New York survey, sample sizes in the community surveys are even smaller, ranging from 15 to 67. The estimated percentages of victims vary across the individual community surveys. One could infer that these reflect true regional differences. With small sample sizes, however, it is difficult

⁴³ Questions have been raised about weighting methods given the complex survey design and problems in data collection (cf. Saxe, L. & Kadushin C., 2003, September 19, Population study: questioning the validity. *The Jewish Week*; and, Schulman, M.A. *supra* note 41).

to make such an inference with any degree of certainty. The sample size in the NJPS is also too small to conduct sub-group analyses to examine whether the relative frequencies by region in the national survey corroborate these local estimates.

- It would be useful to combine community surveys and then, as a group, use them for analysis along with the NJPS, especially given the small sample sizes of the community surveys. In many instances, however, population characteristics are not homogeneous across the areas that the separate community studies cover, thus precluding, for technical reasons, the ability to properly combine. To assess the situation of Nazi victims in the United States as a whole, therefore, we are forced to rely primarily on the NJPS even though it, too, is based on a small sample.
- The surveys vary in methods and quality. The response rate for the national survey was reported as 28% (but may actually have been as low as 16%).⁴⁴ Response rates for the other surveys have not been published in a standard format, but may approach 60% for several that we estimated independently based on available data. None appear as high as the 80% obtained in the Israeli survey. Without information on response rates or with evidence of low response rates, it is not possible to validate estimates of the population of elderly and of elderly Jewish Nazi victims. The validity issues with the USA data are important, particularly in contrast to the face-to-face interview data employed to identify the needs of those in Israel and the client data available to assess the needs of individuals in the FSU.
- A primary limitation to all of these surveys is that all were designed as general surveys of the overall Jewish population. Thus, attention to the specific needs and characteristics of the elderly and Nazi victims specifically is limited and varies between surveys, as does attention to sampling methods required to obtain representative samples of the elderly.

SUMMARY OF THE MULTIPLE SOURCES OF DATA

Exhibit 11 displays a summary of the sources of data that were used to compare victim populations in the three regions. Along with information on the time period associated with the data collection and basic methodological characteristics (such as sample size), we also summarize what main outcomes are available for comparison of demographic characteristics, and the living, economic, and health conditions of the victim population.

⁴⁴ See: Schulman, M.A. (September 2003). *National Jewish Population Survey 2000-2001 Study Review Memo*. North American Jewish Data Bank <http://www.jewishdatabank.org>.

EXHIBIT 11: SUMMARY OF DATA SOURCES			
	FSU^a	Israel	USA^b
Data Characteristics			
Date of data collection	2003	1997-1998	1994-2002
Sample sizes 60+ ^c	211,340	5,055	329-1,486
Sample size Jewish Nazi Victims 60+ ^c	120,701	2036	15-146
Demographics			
Age	X	X	X
Gender	X	X	X
Marital Status	X	X	X
Living alone	X	X	X
Country of birth	NA	X	X
Year of immigration	NA	X	X ^d
Living Conditions			
Ownership of housing		X	X
Heating	X	X	
Economic Conditions			
Income	X ^e	X	X
Poverty		X ^f	X
Employment		X	X
Receive social security (self reported)	X	X	X
Self reported financial situation			X
Health Conditions			
Self reported health condition		X	X
Disability	X		X
ADL functioning		X	X ^g
Mobility in Home	X	X	
Vision impairment	X	X	
Hearing impairment	X	X	
Table Notes: a) Population estimates are for Russia, Belarus, Moldova and Ukraine. b) Ranges for all USA surveys. c) 55+ in the FSU. d) For NJPS and some of community studies. e) In FSU pension income is a proxy for household income. f) Reported as % of average wage. g) Definition of ADL may vary.			

COMPARISONS OF NAZI VICTIM TO OTHER JEWISH ELDERLY WITHIN REGIONS

In order to assess the situation of elderly Jewish Nazi victims in the three regions, it is useful to compare victims both to other Jewish elderly in their countries as well as to victims in the other countries. Within country or region comparisons can help answer the question of whether and to what extent Jewish Nazi victims are a more disadvantaged group or are otherwise different from other elderly Jews, and whether their situation warrants special attention in comparison to the needs of other elderly Jews.

FORMER SOVIET UNION

As noted above, no data source explicitly describes the entire Nazi victim and other elderly Jewish populations in the FSU. However, there is evidence that the population

served by *Hesed* centers accounts for a very large percentage of both the victim and other Jewish elderly populations. DellaPergola⁴⁵ estimates that there are 201,084 elderly Jews in Russia, Ukraine, Belarus, and Moldova born before 1946, of which 139,903 are Nazi victims. In the last year, *Hesed* centers in these four countries served 166,226 elderly who identify themselves as Jewish,⁴⁶ of whom 120,701 are Nazi victims, 83% and 86%, respectively, of the estimated elderly Jewish and Nazi victim populations.⁴⁷ *It is important to note that the Hesed Center's estimate that 30% of those clients who do not identify themselves as Jews (all non-victims) are actually Jewish, but choose not to identify themselves as Jews. This would add 13,172 to the number of Jews served by Hesed Centers, for a total of 179,398 or 89% of the DellaPergola estimates for elderly Jews in the four countries. Whichever numbers are used, it is clear that Hesed centers serve a large percentage of the Jewish Nazi victim and other elderly Jewish populations. Exhibit 12 compares the Nazi victim population to other Jewish Hesed clients.*⁴⁸

EXHIBIT 12: DATABASE COMPARISONS BETWEEN NAZI VICTIMS AND OTHER ELDERLY JEWS: FSU									
	N	% female	% disabled	% vision impaired/blind	% hearing impaired/blind	% limited mobility or bed-ridden	% living alone	% 70+ ^a	Median monthly pension income ^b
4 FSU Countries^c									
Nazi Victims	120,701	63	38	60	24	25	37	58	55
Other Jewish Clients	45,525	66	49	60	20	23	34	45	60
Russia									
Nazi Victims	56,867	64	54	66	24	26	37	62	63
Other Jewish Clients	34,649	65	54	65	22	26	36	52	63
Ukraine									
Nazi Victims	50,453	62	23	55	24	26	38	54	28
Other Jewish Clients	8,264	70	30	47	14	26	38	18	28
Belarus									
Nazi Victims	11,277	62	33	45	21	17	35	52	54
Other Jewish Clients	2,107	66	41	40	17	15	29	31	53
Moldova									
Nazi Victims	2,104	56	22	69	29	21	36	58	18
Other Jewish Clients	505	71	33	56	14	9	31	16	18

Table Notes: a) Estimates are based on all victims. If restricted to those age 60+ (for comparison to Israel and USA data), the estimates remain the same for Russia and increase by 1% for Belarus, Moldova and Ukraine. b) In current US \$. Pension incomes calculated only for those with pension amounts in database updated since April 1, 2003 (N = 86,817). c) Russia, Ukraine, Belarus, and Moldova.

⁴⁵ Ibid note 18.

⁴⁶ There are 43,905 *Hesed* clients, none of whom are classified as victims, who do not identify themselves as Jewish. Most of these are classified as having some relationship to Jewish families.

⁴⁷ The number of Jewish clients and Jewish Nazi victim clients served by *Hesed* centers in Ukraine and Belarus actually exceed DellaPergola's estimates of the elderly Jews and Nazi victims in these countries, which suggests that these estimates may be too low.

⁴⁸ Analyses of *Hesed* data include all Nazi victims in the database, regardless of age. Because this is a very recent dataset (November 2003), all but 1% of victims are age 60 or older. Thus, estimates based on the full victim population are comparable to estimates derived from Israeli and USA data sources that are based on analyses of the age 60+ victim populations.

There are noteworthy differences between the Nazi victim and other elderly populations:

- The victim population in the FSU is less likely to be female than other Jewish *Hesed* clients, particularly in Moldova (56% vs. 71%) and Ukraine (62% vs. 70%).
- The victim population is considerably older (as indicated by % 70+) than other Jewish *Hesed* clients (58% vs. 45% for the four countries combined). The victim populations are much older in Ukraine (54% age 70+ vs. 18%), Belarus (52% vs. 31%) and Moldova (58% vs. 16%) and somewhat older in Russia (62% vs. 52%).
- Perhaps surprisingly given the older age of the victim population, the incidence of disability is lower among victims than among other Jewish clients (38% vs. 49%).⁴⁹
- There are some potentially important differences among victim populations by country. For example, the incidence of disability in Russia (54%) is much higher than in Ukraine (23%), Moldova (22%), and Belarus (33%). Similarly, the incidence of vision impairment in Russia is higher than in the Ukraine and Belarus.

ISRAEL

Exhibit 13 displays comparisons of elderly Jewish Nazi victims in Israel with other elderly and other Jewish elderly of European birth (a subset of the other elderly category) for those who were surveyed in 1997.

EXHIBIT 13: SURVEY COMPARISONS BETWEEN NAZI VICTIMS AND OTHER ELDERLY (AGE 60+): ISRAEL ^a			
	Nazi Victims	Other Elderly ^b	Non-Victim European-born
% female	58	55	58
% age 70+	61	44	62
% married	58	66	59
% living alone	24	21	24
% w/ children or son/daughter-in-law	92	94	94
% working	13	18	10
% w/ "not so good" or "bad" health	65	57	NA ^c
% w/ vision problems	29	31	31
% w/ hearing problems	29	25	29
% having difficulty w/ or unable to perform at least one ADL ^e	21	24	26
% w/ income less than ½ of average wage	43	41	NA ^c
% owning apartment	65	77	62

Table Notes: a) All data are weighted. b) Percentages for other elderly in Israel were calculated from published data using the assumption that the number of other elderly in Israel is the residual when the Nazi victim population is subtracted from the total age 60+ population. d) Data came from unpublished tabulations which did not break out the non-victim Europeans. e) ADL defined by respondents' reports of whether they could dress, bathe, sit down and get up out of a chair, get in and out of bed, or eat with no assistance.

⁴⁹ It has been suggested by JDC staff that many of the younger, non-victim *Hesed* clients are accepted as clients at least partially because of their disability status, thus skewing the disability rates for the non-victim client population.

- Compared to all other elderly in Israel, the Nazi victim population has a much higher percentage of people age 70+ (61% vs. 44%), a substantially lower percentage of married people (58% vs. 66%), and a lower percentage of apartment ownership (65% vs. 77%).
- However, the victim population is strikingly similar to the non-victim European population along other dimensions compared, such as the likelihood of living alone, or having hearing or vision problems.
- Note that these data are six years old and during this time continued immigration from FSU might have changed the profile of the victim population. Moreover, as stated above, some would define the victim population differently, including many immigrants from North Africa and other locations that were not included in any previous estimates.
- Unpublished tabulations of the Israeli data break out results for Nazi victims who are new immigrants from the FSU in addition to results for all victims (including recent FSU immigrants).⁵⁰ We have results for self-reported health, level of income, and disability inside the home. In all cases, the immigrants from the FSU are much worse off than the victim population as a whole. Eighty-two percent of new immigrant victims from the FSU rate their health as “not so good” or bad compared to 65% of the whole victim population. Similarly, 75% of new immigrant victims have incomes that are less than half of the average wage compared to 43% of the entire victim population and 4% of new immigrant victims are considered disabled inside the home compared to 2% of the victim population as a whole. Although these data show that FSU immigrant victims are indeed worse off than other victims that have been in Israel for longer periods, the data also show the difficult conditions that exist in the areas that these immigrants have come from.

UNITED STATES

Exhibit 14 displays comparisons of Jewish Nazi victims to other elderly Jews in eight surveys over the past decade.⁵¹ Tabulations were restricted to those aged 60+ to facilitate comparison to the published reports of the Israeli elderly, and to focus analysis on the elderly.

As estimates derived from sample surveys, all of these data are subject to error (e.g., errors due to sampling issues and non-response). Thus, we consider only very large differences as likely reflective of true differences between the elderly Jewish Nazi victims and non-victims. For NJPS 2000-01, large differences would be in the range of 8%-10%.

⁵⁰ Brodsky, J., personal communication.

⁵¹ A few statistics are shown for the victim population the New York study, but we have no information available for those who are not victims. Comparison data is likely available to those who analyze this dataset, but published materials include only minimal information for non-victims.

EXHIBIT 14:
SURVEY COMPARISONS BETWEEN NAZI VICTIMS (NV) AND OTHER ELDERLY JEWS: UNITED STATES^{a,b}

	NJPS 2000-2001		New York 2002		Bergen 2001		West Palm 1999		Los Ange- les 1997		Broward 1997		South Palm 1995		Miami 1994	
	NV	Other	NV	Other	NV	Other	NV	Other	NV	Other	NV	Other	NV	Other	NV	Other
Demographics/Living Situation																
% female	62	53	58	NA	67	67	67	65	80	55	70	72	57	65	64	69
% age 70+ ^d	50	47			82	58	80	72	71	62	87	80	71	69	59	65
% married	56	49			54	61	53	67	20	53	53	49	83	71	72	52
% have children	96 ^e	91														
% who are sole adult in household	26	34	26	NA	46	20	47	29	67	39	47	47	19	28	24	47
% own house/ apart- ment	49	76			81	84	83	93	36	70	97	89	88	89	89	76
Financial Situation																
% employed full/part time	12	22			19	30	0	10	4	24	7	9	5	10	11	18
% receiving Soc. Sec.	93	92							100	88						
Self reported financial situation																
<i>Can't Make Ends Meet</i>	1 ^g	4							36 ^f	9						
<i>Just Managing</i>	36	23							47	18						
<i>Comfortable</i>	52	58							18	46						
<i>Very Comfortable</i>	9	14							<1	19						
<i>Wealthy</i>	2	1							0	7						
% below poverty line	36	6	38	NA	4	2										
Health Status																
% in fair/poor health	61	31					27	19	69	17						
% ADL ^h	28	29														

Table Notes: a) Blank cells indicate that the question was not asked or, in the case of New York, that published data did not include this information. b) All tabulations were done for the age 60+ sample. c) NA = Not available from published statistics. d) In all locations this is the percentage of the 60+ population that is 70+. e) NJPS question on children refers to "live births". f) LA categories are: not at all financially well off; well off to a minimal extent; well off to some extent; well off to a significant extent; to a great extent financially well off. g) Estimate is 1.4% (2 people) rounded to one percent. This estimate is based to population 60 and over and differs from UJC's (December 18 2003) report who base their estimate on those 55 and over. h) Whether respondent has physical, mental, or other health condition that limits employment, education or daily activities such as walking, climbing stairs, walking, dressing, eating and carrying.

Because of the wide variation in community survey results, we focus primarily on comparisons of Jewish Nazi victims to other elderly Jews in the NJPS, the only survey we can use to derive national estimates.

Among the most noteworthy comparisons:

- Nazi victims are more likely to be female (62% vs. 53%) and married (56% vs. 49%) than other elderly Jews, though these higher percentages among Nazi victims do not hold true for all of the community surveys.
- Nazi victims are less likely to be the only adult in their households (26% vs. 34%).
- Very high percentages of victims and other elderly Jews have children, but we do not know the extent to which children live close to their parents or are in a position to provide support.
- A relatively small percentage of victims work full or part time (12% compared to 22% of other elderly Jews). Most in both groups are retired (61% vs. 69%). A greater percentage, however, of elderly Nazi victims report that they cannot work due to disability (24%) compared to other elderly (5%).
- Low rates of employment might be related to the higher incidence of poverty among victims: 36% of victims are below the poverty line compared to 6% of other elderly Jews. However, only 1% of victims say they can't make ends meet compared to 4% of other elderly Jews. Sixty-three percent of victims say they are at least comfortable financially compared to 73% of other elderly Jews. *Clearly, victims report lower income than non-victims, but relatively few seem to be failing financially in the sense that they feel they cannot make ends meet.*
- A much higher percentage of victims are in fair or poor health according to their own assessments (61% vs. 31%). Data from the New York study suggest that the poor health status of recent immigrants from the FSU has an impact on the lower health status of victims nationwide. Nazi victims in the Russian speaking households in the New York area, two thirds of whom have arrived in the United States since 1990, have much lower health status than the victim population as a whole. Eighty-five percent of victims in the New York area who live in Russian-speaking households report fair or poor health.
- Indeed, information on country of origin and year of immigration for Nazi victims can give insight into the characteristics of the Nazi victim population in the USA. Of all elderly victims in the NJPS, 39% immigrated from the FSU since 1989.

COMPARISONS OF NAZI VICTIMS ACROSS REGIONS

The primary aim of this report is to compare the characteristics of Jewish Nazi victims in the FSU, the United States, and Israel. The following exhibits (Exhibits 15-18) and discussion compare Nazi victims in four different domains: demographic, health status, economic status, and living situation. As is clear from the data comparisons in the previous section, the same information is not available for victims in the three regions, but there is enough similar information to make useful comparisons.

DEMOGRAPHIC COMPARISONS

Basic demographic characteristics that can most easily be compared across the three regions are displayed in Exhibit 15.

EXHIBIT 15: CROSS-NATIONAL DEMOGRAPHIC COMPARISONS FOR NAZI VICTIM POPULATIONS						
	Gender (% fe- male)	Age (% 70+)	Marital Status (% married)	Children (% with children)	Nazi Victims as a Percentage of Jew- ish Population	
FSU^a	63%	58%	41% ^c	44% ^d	32% ^e	40% ^f
Russia	64%	62%	40% ^c	45% ^d	23% ^e	28% ^f
Ukraine	62%	54%	42% ^c	41% ^d	53% ^e	66% ^f
Belarus	62%	52%	39% ^c	42% ^d	49% ^e	61% ^f
Moldova	56%	58%	40% ^c	46% ^d	40% ^e	51% ^f
Israel	58%	61%	58%	92% ^g	5% ^h	10% ⁱ
United States^b	62% (58% NY)	50%	56%	96%	Approximately 2.5% (NJPS) 4% in 8-county NY area accord- ing to NY area study.	

Table Notes: **a)** FSU estimates are for Russia, Ukraine, Belarus & Moldova. **b)** USA estimates are from NJPS unless stated otherwise **c)** The *Hesed* intake form asks relationship of family members living together, but this information was not collected for all clients. The only variable that gets at this information is one about residential status. There are questions that ask whether the client lives with a family member. In most cases this is a spouse, but it can be a sibling, child, or other family member. Thus, the percentage shown is an upper limit on the percentage who are married; the real percentage is undoubtedly somewhat lower. **d)** Intake form does not directly ask if a client has children. As with marital status, some information can be derived from the residential status question. Both those living alone and those living in multi-person families are asked if they have children available to help (living nearby). These two codes together set a lower limit on the % w/ children as some have children who do not live nearby. **e)** The % of Jewish population, using population estimates from DellaPergola (2003) and assumption that *Hesed* Centers serve all Nazi victims. **f)** The % of Jewish population, using population estimates from DellaPergola (2003) and the assumption that victim population is 1.25 times the number of victims served by *Hesed*. **g)** Includes sons/daughters-in-law **h)** Using Brodsky (2003) projection of victim population and DellaPergola estimates of Jewish population. **i)** Under DellaPergola estimates for number of victims and Jewish population.

- *Nazi victims in the FSU account for an extraordinarily large percentage of the Jewish population compared to Israel and the United States.* Using a variety of assumptions (see notes for Exhibit 15), Jewish Nazi victims constitute between 32% and 40% of the Jewish population in the four FSU countries taken together. The percentages are particularly high in Ukraine (53%-66%) and Belarus (49%-61%). In contrast, victims make up 5% to 10% of the Israeli Jewish population under various assumptions and 2.5% of the Jewish population in the United States according to the NJPS (4% in the 8-county New York area according to the New York survey). *The high percentages in the FSU mean that there is a comparatively small Jewish community available to support victims.*

- Although one cannot estimate with precision the percent of victims in the FSU who are married and who have children, we have established an upper limit for the percent who are married and a lower limit for the percent with children. These estimates clearly indicate that *Nazi victims in the FSU are less likely to be married and have children than victims in Israel and the United States*. These lower rates have several possible implications. Spouses and children can give financial support (most couples in the FSU receive two pensions) and they may be available for care giving and emotional support as well.

HEALTH STATUS

- It is difficult to compare health status for different countries, as the standards of assessment most likely differ from country to country. Even within the FSU, the disability rate, for example, differs markedly between countries, with 54% of Jewish Nazi victims in Russia classified as disabled compared to 23% in Ukraine, 22% in Moldova, and 33% in Belarus – four countries where *Hesed* centers are supposed to be applying the same standards. Nevertheless, it is clear from the data that sizable percentages of FSU victims are disabled at least to some degree (see Exhibit 16).
- It is not possible to compare these disability percentages directly to Israeli and American victims. For Israeli victims, we know the percentage that is unable to perform at least one ADL (21%), but the extent to which ADLs are used for disability assessments in the FSU is unknown. The rates of victims with conditions that limit daily activities are similar in the US (28%) to those observed in Israel. In addition, most of the US surveys show the existence of disability for households in which victims live but, except for West Palm Beach (with a low 10% victim disability rate), we do not know victim disability rates. We do, however, know that approximately 24% of victims in the US report that they cannot work due to disability.
- Vision impairment is a significant problem among victims in the FSU, particularly in Russia (66% show impairment) and Moldova (69%). We do not know if the same standards of assessment exist in Israel where the rate of vision impairment among victims (29%) is less than half the rate in Russia and Moldova. None of the US surveys assess specific ailments such as this.

EXHIBIT 16:
CROSS-NATIONAL HEALTH STATUS COMPARISONS FOR NAZI VICTIM POPULATIONS

	Disability status	Vision & Hearing Status^a	Mobility Status	Health Assessment
FSU^b (four countries)	38% disabled to some degree	60% (V) 24% (H)	25% limited mobility or bedridden	-- ^c
Russia	54% disabled to some degree	66% (V) 24% (H)	26% limited mobility or bedridden	-- ^c
Ukraine	23% disabled to some degree	55% (V) 24% (H)	26% limited mobility or bedridden	-- ^c
Belarus	33% disabled to some degree	45% (V) 21% (H)	17% limited mobility or bedridden	-- ^c
Moldova	22% disabled to some degree	69% (V) 29% (H)	21% limited mobility or bedridden	-- ^c
Israel	21% unable to perform at least 1 ADL	29% (V) 29% (H)	Mobility outside home – 14% are unable to leave the house w/out help of another person, can't go out at all, or in wheelchair Mobility inside home – 2% need assistance of another person, or are in wheelchair, or are bed-bound	Self-assessed: Very good – 3% Good – 32% Not so good – 50% Bad – 15%
United States^d	26% of victims live in households with someone who has disability – unable to determine % of Victims (Bergen). 30% live in households with disability, 10% disabled themselves (West Palm Beach).	NA	Unable to determine from NJPS	Self-assessed (NJPS): Excellent – 9% Good – 30% Fair – 34% Poor – 27% In NY, there is a difference between victims in Russian speaking and non-Russian speaking households. ^e Excellent 0% (R) 12% (NR) Good 15% (R) 36% (NR) Fair 57% (R) 46% (NR) Poor 28% (R) 6% (NR)

Table Notes: **a)** % vision impaired (V) and % hearing impaired (H) **b)** FSU estimates are for Russia, Ukraine, Belarus, and Moldova. **c)** No data based assessment of victim health. There are many site visit reports documenting poor health among victims. **d)** US estimates from NJPS unless stated otherwise. **e)** Russian speaking household health status may be an indication of victim health status in countries they came from.

LIVING SITUATION

Sources from all three regions provide data on whether victims live alone (see Exhibit 17).

EXHIBIT 17: CROSS-NATIONAL LIVING SITUATION COMPARISONS FOR NAZI VICTIM POPULATIONS		
	Percent Living Alone	Dwelling Ownership (% who own residence)
FSU^a	37%	-- ^b
Russia	37%	-- ^b
Ukraine	38%	-- ^b
Belarus	35%	-- ^b
Moldova	36%	-- ^b
Israel	24%	65%
United States^c	26% ^d	49% ^e

Table Notes: a) FSU estimates are for Russia, Ukraine, Belarus, and Moldova. b) Dwelling data in the *Hesed* database differentiate between types of apartments, but do not address ownership. Anecdotally, dwelling ownership in the FSU is relatively rare. c) Tabulated from NJPS unless otherwise stated. d) Percent who are sole adult in house [NJPS] and percent in 1 person households [NY]. e) This is the national estimate based on NJPS. Community estimates range from 81% to 97% in 5 of 6 community surveys (Bergen, West Palm Beach, South Palm Beach, Miami, and Broward) and 36% in Los Angeles.

- The percent of victims living alone is approximately 50% higher (35%-37%) in each of the FSU countries as it is in Israel (24%) and the United States (26%). This is probably associated with the lower marriage rates in the FSU mentioned earlier. Living alone may increase the financial, social, and health vulnerabilities of victims.
- Nearly two-thirds of victims in Israel own their dwelling compared to half of victims in the United States. *Hesed* data for the FSU do not include information on ownership, but dwelling ownership is comparatively rare in FSU countries.

ECONOMIC STATUS

Economic status is difficult to compare for victims in the three regions. The *Hesed* clients are by definition impoverished, but without knowledge of Nazi victims who are not *Hesed* clients it is not possible to estimate poverty rates for FSU Nazi victims in such a way that would enable comparison to the poverty rates for victims in Israel and the United States. Nevertheless, as we have pointed out earlier, Nazi victims in *Hesed* centers constitute a high percentage of the victim population in the FSU, so that the economic situation of client victims is a reasonable approximation of the situation of all Nazi victims in the FSU.

Another difficulty with FSU data is that poverty is usually assessed for households rather than individuals, but *Hesed* centers collect data only for individuals. Despite these difficulties, some interesting observations can be made about the economic situations of Nazi victims (see Exhibit 18).

**EXHIBIT 18:
 CROSS-NATIONAL ECONOMIC STATUS COMPARISONS FOR NAZI VICTIM POPULATIONS**

	Poverty Rate	Income	Self-assessed Financial Situation
FSU^a	-- ^b	Median monthly pension income = \$40 in current US\$ (Average of Four FSU medians below).	Not known
Russia	-- ^b	Median monthly pension income = \$62 in current US\$. The lowest quartile is \$53; the highest quartile is \$71.	Not known
Ukraine	-- ^b	Median monthly pension income = \$28 in current US\$. The lowest quartile is \$27; the highest quartile is \$30.	Not known
Belarus	-- ^b	Median monthly pension income = \$54 in current US\$. The lowest quartile is \$51; the highest quartile is \$61.	Not known
Moldova	-- ^b	Median monthly pension income = \$18 in current US\$. The lowest quartile is \$12; the highest quartile is \$20.	Not known
Israel	Official elderly poverty rate was 19%. Since Israeli victims appear to be much like other Israeli elderly (particularly other European elderly) [see within-Israel analysis of victims and other elderly in the previous section], 19% is a reasonable approximation of the poverty rate for victims.	Up to 50% of average wage – 43% 50%-74% of average wage – 21% 75%-99% of average wage – 11% 100%-149% of average wage – 14% 150% of average wage or more– 11%	Not known
United States	36% below poverty line (NJPS) 38% below poverty line (NY), 49% above 150% of poverty line. There is a significant difference in poverty rates between victims in Russian speaking households (about half the Victim population) and others. Poverty rate is 69% in Russian-speaking households compared to 6% in other households. Being in a Russian-speaking household is strongly associated with recent arrival (since 1990) in the United States.		Victims (NJPS) 1% ^c can't make ends meet; 36% are just managing; 52% are comfortable; 9% are very comfortable; 2% are wealthy.

Table Notes: a) FSU estimates are for Russia, Ukraine, Belarus, and Moldova. b) Not known for victim Population but Hased clients, who account for a large percentage of victims, are admitted because they meet stringent income limits. c) Estimate is 1.4% (2 people) rounded to one percent. This estimate is based to population 60 and over and differs from UJC's (December 18 2003) report who base their estimate on those 55 and over.

- As *Hesed* centers are meant to serve only the destitute, it is not surprising that the economic status of the victim population in the FSU appears to be uniformly low. Median pensions in Ukraine and Moldova are less than the \$1 per day standard sometimes used as an international measure of poverty.
- There is considerable poverty among victims in the USA – slightly more than a third of victims are below the poverty line as measured in the NJPS and the New York Community Survey. However, in the New York area, where victims are evenly distributed between Russian-speaking and non-Russian-speaking households, the poverty is concentrated in Russian-speaking households. As many or most of the victims in Russian-speaking households are relatively recent immigrants, the high incidence of poverty also suggests the difficult economic conditions in the countries they came from.
- Perhaps not surprisingly because many are of retirement age, a high percentage of Israeli Nazi victims have income below the average wage. Seventy-five percent have incomes below the average wage and 65% have income below 75% of the average wage. These percentages are somewhat affected by the incomes of recent immigrants from the FSU; 99% have incomes below the average wage rate and 95% have incomes below 75% of the average wage.

SAFETY NET

It is important to put the findings we present throughout this document in the context of the safety nets that exist in each of these countries.

In reviewing data for this report, we learned repeatedly that the lack of an adequate and effective social safety net in the FSU countries results in extreme hardship among Nazi victims. Surely this is directly related to an overall policy environment (laws, regulations, public funded systems in place) far inferior to the policy context in both the USA and Israel. JDC and many others have asserted in numerous documents that the Jewish Nazi survivors in the FSU often do not benefit from state-provided services, even if those services are said to be available by law. Moreover, the philanthropic and voluntary sectors, especially networks of social service agencies under Jewish auspices who are best prepared to successfully outreach to elderly Jews, are far weaker and in some cases entirely non-existent in the FSU (with the notable exception of the *Hesed* initiative) compared to the level of private support and social service support in the USA and Israel supported both by government and private non-profits.

By way of contrast, Nazi victims in Israel have available a variety of assistance programs supported by the government and the NGO sector. Of particular note are the many forms of special assistance available to new immigrants (pensions, income supplement, health insurance, etc). Although the current economic climate has weakened Israel's ability to provide a social and health care safety net, for elderly Nazi victims the

level of support still provides a floor of assistance that is by any reasonable measure far more generous than supports available to survivors in the FSU.⁵²

In the FSU, the economic situation for the elderly and Nazi victims has been exacerbated by a series of economic shocks that have greatly impacted the quality of life in the FSU. It is well known, for example, that the personal savings of many individuals in the FSU were wiped out by hyperinflation after the collapse of the Soviet Union. In addition, the buying power of the pensions that elderly depend on for much of their income was eroded and pension adjustments since then have not made up this deficit.⁵³ Not only have they not made up for the deficits, but in Ukraine, for example, they have gone completely unpaid.⁵⁴

While there are sources of information of the preceding kind for *separate* social and economic protection systems in place in the USA, Israel and some of the FSU nations, there is no one single source, to the best of our knowledge, that in an evaluative way allows direct comparison of the public policies across these specific places using national samples and comparable content. There are international reviews which report data for major regions (e.g., high income countries of the OECD, Eastern Europe and FSU countries combined),⁵⁵ but, again, none that provide country-level comparisons for the six countries that are the focus of this report. Since the present report is a synthesis of available data, with commentary on the availability and adequacy of the information reviewed, it is appropriate that we highlight this knowledge deficit. New information is surely needed on the impact of government policies, especially with respect to pensions and medical services, that goes beyond analyses of authorizing policies and impacts in single countries. The new information would require systematic review not only of the technical designs

⁵² In Israel “the great majority of elderly people receive an old-age pension... The pension is calculated at 15% or 24% of the average income for individuals and married couples, respectively. About one third of those receiving pensions also receive supplemental income benefits from the National Insurance Institute. These benefits are paid to elderly people whose only source of income is the old age pension. In 2001, 22 percent of the elderly were poor according to their net income.” Source: Israel’s Elderly: Facts and Figures” (February) drawn from, “The Elderly in Israel—Statistical Abstract” by Mashav—Planning for the Elderly: A National Data Base. JDC-Brookdale Institute and Eshel.

⁵³ See: Kolev, A. & Pascal, A. (2002). What keeps pensioners at work in Russia? *Economics of Transition*, 10, 29-53. Malysh, N. (2000). Ukraine needs a fundamental pension reform. *Eastern European Economics*, 38, 18-23.

UNDP (2003). Human Capacity of Belarus: Economic Challenges and Social Responses. *National Human Development Report*.

Murashkevich, N. (2001). The pension scheme in Belarus: Situation analysis and perspectives. *International Social Security Review*, 54, 151-175.

Murrugarra, E. & Signoret, J. (April, 2003). Vulnerability in consumption, education and health: Evidence from Moldova during the Russian crisis. *World Bank Policy Research Working Paper 3010*.

⁵⁴ Standing, G. & Zsoldos, L. (June, 2001). Coping with Insecurity: The Ukrainian People’s Security Survey. International Labour Office, Geneva.

⁵⁵ Palacios, R. & Pallares-Miralles, M. (April, 2000). International patterns of pension provision. Social Protection Discussion Paper Series. Social Protection Unit, Human Development Network, World Bank. The Palacios and Pallares-Miralles analysis is based on data from the World Bank Pension Database which they are currently in the process of updating. Neither the original, nor the updated data, are available for analysis until the updates are completed, which is expected to be in March 2004 (personal communication: Pallares-Miralles).

of social security and private pensions but also on the adequacy of the benefits, as well as on access and utilization data. This would have to be available for national samples rather than idiosyncratic samples to facilitate cross-national comparisons.

The only reports on pension systems of this kind that we found readily available are from the US Social Security Administration.⁵⁶ Even this source however has limitations for our purposes. First, the SSA source does not provide utilization or access information, that is, whether the services guaranteed by law are actually accessed by people and, if so, whether the benefits are adequate. This source provides useful review of the design of retirement policies (and other forms of social security) rather than making evaluative statements of the preceding kind about the generosity and utilization of the benefits the policies make possible. This does not imply that this information can not be found in separate documents but it will be for different periods, samples and countries.

Even with these limitations, there are two issues regarding the different pension systems presented in the SSA database described above. First, the mix of public and private pensions in both the United States and Israel places these two nations well ahead of the FSU countries with their cash strapped public systems. We can assert this by merely referencing the descriptions of the retirement and other social security systems in the countries reviewed.⁵⁷ Second, the USA practice of indexing benefits to inflation suggests a more generous system than nations whose benefit structures erode with inflation, although here it should be noted that some of the FSU countries have introduced pension reforms that do involve indexing, although the base for making these changes is still far less generous than in the more developed Israel and USA contexts. For example, in a 1999 paper by Anita Schwartz⁵⁸ of the World Bank reports that in Belarus, after pension reform, benefits were adjusted when average wage increases exceeded 15 percent. In Russia, adjustments are made on a quarterly basis pegged to a cost of living formulation. Nonetheless, when indexing is put in the context of the level of benefits, as well as the mix of public and private pensions, the value and generosity of benefits in Israel and the USA are far ahead of the FSUs.

SUMMARY

A number of comparative insights have emerged from this examination of macro indicators for the FSU, Israel, and the United States and of micro level data on Jewish Nazi victims and other elderly Jews in the three regions. We remind the readers of our intro-

⁵⁶ Social Security Administration, *Social Security Programs Throughout the World-2002*
<http://www.ssa.gov/policy>.

⁵⁷ Consider the United States where the elderly enjoy more sources of income at higher levels on average than the other nations in our study. According to a Fact Sheet from the Employee Benefit Research Group (<http://www.ebri.org/facts/1297fact.htm>), the average income of the elderly in the United States (ages 65 and older) was \$17,708 using the March 1997 CPS. The percentage of elderly income derived from Social Security in 1996 was 42.9% and the average amount received from social security was \$7,504. Incomes from pensions and annuities by 1994 accounted for 19.7% of elderly income and the average amount was \$3,485. The average amount of income an elderly person received from assets in 1996 was \$3,130 and the average amount received from earnings was \$3,077.

⁵⁸ Schwartz A. (1999) Taking Stock of Pension Reforms Around the World, World Bank.

ductory remarks where we noted that making comparisons among victim populations is not a pleasant task, but it is a critical task nonetheless since policy decisions must be informed by such information.

- There are significant numbers of impoverished Jewish Nazi victims in all three regions. In Israel and the United States, poverty rates are especially noteworthy among recent immigrant victims from the FSU. Although there are no published poverty rates for FSU victims, *Hesed* client victims, who must demonstrate their low income to receive services, constitute a very large percentage of the victim population in FSU countries, indicating that poverty is nearly universal within these victim populations.
- There is a similar pattern for health status, with lower self-assessed health status among recent FSU victim immigrants than among the rest of the victims and other elderly Jews in the United States and Israel. This is a strong indication that the victims remaining in the FSU suffer similar rates of poor health, or worse, than those who have emigrated to the USA and Israel.
- Judging from our analysis of macro indicators in the three regions, FSU victims clearly live in countries that are struggling to greater degrees than the USA and Israel to provide an adequate support system. Adjusted for purchasing power and population size, the FSU nations have far lower GDPs than Israel and the United States. Per capita health expenditures, taking into account cost differences between the countries by adjusting for differences in purchasing power, are much lower in the FSU, an indication that medical services available to victims are more constrained in the FSU. Moreover, there is very little non-governmental expenditure on health care in the FSU, a contrast to the situation in the United States particularly and in Israel to a lesser extent, where public expenditures on health are supplemented by private expenditures. Thus, nearly the full burden of health care in FSU countries falls on the overburdened and under-supplied public health care system.
- FSU victims live in countries where the aged dependency ratio – a measure of how large the elderly dependent population is in relation to the working age population – has been rising rapidly in the last decade or so, signifying an increasing burden on social and economic protection systems for the elderly. This contrasts with the situation in the United States and Israel, where the ratio has remained relatively unchanged. Also, the composition of the dependent population, the relative size of the aged and child populations has been shifting toward the elderly in FSU countries, in contrast to Israel and the United States where the relative size of the child and elderly populations have been stable. Typically, a shift in the composition of the dependent population should result in a shift of resources to the population group that is increasing relative to the other, but there is no evidence that this shift is occurring in the FSU countries.
- Life expectancy is a proxy for the breadth and effectiveness of a country's health care system and for living conditions. Life expectancy, particularly for males but significantly for females as well, is lower in the FSU than in Israel and

the United States. This situation is exacerbated by the fact that residents spend a greater percentage of their lives in poor health.

- A review of public and private pension systems shows that the FSU is weakest in relative generosity of benefits; most of the FSU countries also depend on public systems exclusively, compared to a mix of public and private system of pensions, in the United States and Israel. Our conclusion is that FSU pension systems for the elderly are the weakest compared to those in the US and Israel.
- National and local Jewish demographic studies in the US show that the Nazi victims are worse off than other elderly Jews in the US, but the vast majority of victims are not failing financially or having a hard time making ends meet. Poor health and poverty, to the extent they exist, are worse among victims but are especially concentrated in victims from Russian speaking backgrounds, many of whom are relatively recent immigrants – an indication of the difficult conditions they left behind when they came to the United States.
- There are several additional indicators of a particularly difficult environment for Nazi victims in the FSU. The FSU countries have a greater share of the Jewish population in the Nazi victim category (ranging from one-quarter to two-thirds of the Jewish population in the four countries we looked at) indicating that there is a relatively small community available to care for their own without outside assistance. Second, our analysis suggests that the FSU victims are less likely to be married and have children, an indicator of hardship and vulnerability. Third, on economic status, the *Hesed* Centers serve a destitute group, many of whom have pensions less than the \$1 per day standard often used as an international poverty marker.

CONCLUSION AND RECOMMENDATIONS

Our analyses of numerous databases and syntheses of the best available information underscore the deprivation suffered by Nazi victims worldwide. Nevertheless, the indicators largely point in one direction, namely that the FSU has the highest share of Nazi victims, poorly organized and delivered public systems, as well as poorly functioning economies that are unable to sustain health and social welfare services. The FSU governments and economies have been in transition ever since the breakup of the Soviet Union. There have been considerable investments in advancing pension reforms and other elements of public and private systems. Clearly, however, such reforms do not yet meet the standards observed in countries such as the USA and Israel. It is critical to continue to supplement the needs of the most vulnerable in these countries while such transitions continue, particularly for those who for reasons of poor health must stay in their FSU communities.

Although our conclusion is that Nazi victims in the FSU are severely disadvantaged, this should not obscure or lead to indifference regarding the status of victims in Israel and the USA. The information in this report demonstrates that relative to other Jewish populations, these groups in Israel and the USA suffer from disadvantages that reflect

the terrible legacy of persecution. The undeniable fact, however, is that the public and private social and economic protection systems to assist these groups and the normal process of adjustment reflecting the immigrant experience serve as buffers. Moreover, to the extent that there are problems of poverty and lack of access to service systems in the United States, they largely involve immigrants from the FSU.

The results of the present study should not be surprising. Yet, the collection of indicators of well-being and hardship all pointing in the same direction should be useful for allocation and planning decisions among funding sources and fund seekers alike.

The limitations we faced in conducting this study reflect a larger problem, perhaps even a crisis, in the state of research in the Jewish community. The scenario is a familiar one. “Hard” numbers are sought by the community and those who would like to assist it, yet the search for reliable estimates of the Jewish population, the elderly population and victims soon turns into a discourse on samples, weighting, questions asked and not-asked, definitions of a Jew, elderly person, victim and more. In the past month, we have learned a great deal about the extant databases and their limitations. We would be remiss not to lay out a plan to remediate the current insufficiency of reliable data.

Our first recommendation is for the field of Jewish social service agencies. *As a community, we should invest in better data, greater analytic capacity, and open exchange of available information.* We should not be in a position of having to cobble together information to assess and support major policy decisions. The methods, and indeed, the information to make such work possible are relatively easy to organize. In particular, a cross-national study of Nazi victims in the USA, Israel, and the FSU countries would be very useful to document needs and monitor provision of services. These data should be collected using both qualitative methods, as well as standardized surveys.

In the short run, to answer more adequately some of the questions that have been posed, the Cohen Center for Modern Jewish Studies working with the Institute for Sustainable Development would like to collect our own qualitative and quantitative data. Site visits to the centers, in the FSU, Israel and US where elderly victims receive services would help us better document needs. In addition, original analyses of several of the datasets cited in the report (particularly, the Israeli Census and Ukeles New York surveys) would be extremely useful. Original analysis would help, specifically, to predict the number of victims in need by age and how those numbers are likely to change due to mortality. It would also be useful to extend the analysis of some of the FSU *Hesed* information.

A final need is for the opportunity to bring together researchers who have been studying these issues (primarily in the US and Israel). Our assessment is that differences which have appeared to exist in the literature (e.g., about the number of victims) are relatively easily resolved. There needs to be a forum for discussion among social scientists. It should be possible to come to consensus on these issues and, in so doing, provide more useful information to those who need to make policy decisions about the allocation of scarce resources.

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ABOUT THE RESEARCH TEAM

The present report was developed by researchers at Brandeis University. The University was established in 1948, in the shadow of the Holocaust. Although one of the nation's youngest universities, The University has risen to the top ranks of American universities and is one of only 62 members of the Association of American Universities. Brandeis faculty are internationally-recognized and widely acknowledged for their scholarship. The University is led by Dr. Jehuda Reinharz, a noted Israel-born professor of modern Jewish history. Key staff for the present project are affiliated with the University's Heller School for Social Policy and Management, a graduate school whose core mission is "Knowledge Advancing Social Justice." The report was a joint effort of the Maurice and Marilyn Cohen Center for Modern Jewish Studies and the Institute for Sustainable Development.

MAURICE AND MARILYN COHEN CENTER FOR MODERN JEWISH STUDIES

The Maurice and Marilyn Cohen Center for Modern Jewish Studies at Brandeis University is a multi-disciplinary research center dedicated to bringing the concepts, theories, and techniques of social science to bear on the study of modern Jewish life. Research conducted at the Center explores how contemporary Jewish identity is shaped and how Jewish culture and religious practice are manifested. Recent studies have focused on issues such as Jewish education, family life, intermarriage and the role of synagogues, camps and Israel programs. The Center is currently the host of the North American Jewish Data Bank. Faculty at the Center include psychologists, sociologists, and Judaic Studies experts, along with methodologists and policy analysts. The Center is a unit of the University's Philip W. Lown School of Near Eastern and Judaic Studies.

THE INSTITUTE FOR SUSTAINABLE DEVELOPMENT

The Institute for Sustainable Development (ISD) is located within the Heller Graduate School for Social Policy and Management. The Institute was established in 2000 as the home to several research and development centers that share the goal of alleviating the conditions which give rise to persistent poverty and mining lessons that cross national borders, that is, finding solutions that are inspired by both American and international experience. The Institute engages in education, training, and scholarship. In addition, ISD both develops and evaluates social programs and social policy solutions throughout the world. Finally, it serves as a facilitator of collaborative community projects in many projects of technical assistance and coaching.

AUTHORS

Andrew N. Hahn, Ph.D. is a professor at the Heller School for Social Policy and Management. He is a director of the Institute for Sustainable Development (ISD) and a founder of the Institute's Center for Youth and Communities. Professor Hahn conducts policy analysis, evaluation, training, and demonstration projects for government agencies, corporations, and major foundations strategies. Professor Hahn and Tom Leavitt

just completed a study of national youth policies in the Caribbean for the World Bank. He is a trustee of several major social welfare organizations and has served as a foundation advisor for numerous grantmakers. Hahn has studied the Jewish Federation field and currently teaches research skills to future leaders in the Hornstein graduate program in Jewish communal service. Professor Hahn received his master's degree in education and social policy from Harvard in 1972 and his Ph.D. from Brandeis in 1978. He teaches courses on vulnerable populations and evaluation research.

Shahar Hecht is a Research Analyst at the Cohen Center for Modern Jewish Studies at Brandeis University. She received a joint B.A. in Psychology and Business Administration from the Hebrew University of Jerusalem, where she also received an M.A. in Criminology and. Ms. Hecht has worked in information, planning and evaluation at the Immigration and Absorption Department of the Jewish Agency for Israel, studying new immigrants to Israel. At the Cohen Center, she is a member of the staff of the North American Jewish Data Bank and does statistical analyses of survey and demographic data.

Tom Leavitt is an independent consultant who works closely with the Institute for Sustainable Development. Leavitt has conducted extensive work in policy and evaluation research focusing on both youth and aging issues. With Professor Andrew Hahn, he has recently completed a study of national youth policy issues in the Caribbean for the World Bank. Within the aging area, he has focused on income adequacy issues for retirees and other older people and has done research on the nature and adequacy of social security and private pensions in the United States and in other countries around the world. Leavitt has extensive experience with survey development and analysis and has been involved in the analysis of databases for numerous non-profit organizations. He is a graduate of Dartmouth College and Northwestern University.

Leonard Saxe, Ph.D. is Professor of Social Policy and Management at the Heller School of Brandeis University and Director of the Cohen Center for Modern Jewish Studies. He is a social psychologist whose work broadly concerns how individuals are influenced by their social environments and how social scientific data are used in policy-making. He has broad experience conducting research for government agencies, foundations, and serving as an expert witness for courts and legislatures in the US and around the world. Professor Saxe's current research focuses on the American Jewish community. This work includes studies of Israel experience programs, summer camps, day schools, and the socio-demographics of American Jewry. Professor Saxe is an author and/or editor of more than 250 publications, and he has received a number of awards, including a Congressional Science Fellowship and a Fulbright Professorship at the University of Haifa. In 1989, he was awarded the American Psychological Association's prize for Distinguished Contributions to Psychology in the Public Interest, Early Career.

Elizabeth Tighe, Ph.D. is a Senior Research Associate at the Heller School. She is a social psychologist and research methodologist with broad experience in basic and applied research. Dr. Tighe has worked on basic research problems in motivation, emo-

tion, and attitude change, as well as applied research in education, social welfare, and health services in communities. From 1996-2002, she was a co-investigator on the national evaluation of the Robert Wood Johnson Foundation's *Fighting Back* demonstration, where she developed analyses of epidemiological indicators of substance use problems and assessed local, state and national data on alcohol and drug-related mortality, attitudes to drug use and services for treating substance abuse. She also contributed to the design and analysis of a meta-analysis of the alcohol treatment literature. Dr. Tighe teaches both graduate and undergraduate courses in Research Methods, Experimental Design and Statistics.

Amy Sales, Ph.D. is a social psychologist and is senior research associate at the Cohen Center for Modern Jewish Studies at Brandeis University. Her research focuses on Jewish institutions and their role in creating Jewish life and community. Her recent research has centered on synagogues, Jewish summer camps, and Jewish life on college campuses. Dr. Sales has also studied the needs and interests of Jewish teens, the impact of Israel experience programs, the status of contemporary American Jewish women, and decision making in Jewish family foundations. She is the co-author of *How Goodly Are Thy Tents: Summer Camps as Jewish Socializing Experiences*, the co-editor of *Church and Synagogue Affiliation: Theory, Research and Practice*, and the author of numerous articles and reports related to the American Jewish community.