SENATE COMMITTEE ON AGING
"AGING IN COMFORT: ASSESSING THE SPECIAL NEEDS OF AMERICA'S HOLOCAUST SURVIVORS"

Dirksen Senate Office Building 562
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TESTIMONY OF GREGORY SCHNEIDER, EXECUTIVE VICE PRESIDENT, CONFERENCE ON JEWISH MATERIAL CLAIMS AGAINST GERMANY (CLAIMS CONFERENCE):
Social Welfare for Jewish Victims of Nazi Persecution

The personal history of every victim of Nazi persecution, as well as the story of each victim's struggle to adjust to normal society after enduring hell on earth, is unique. Nonetheless, trends and patterns describing the circumstances facing Holocaust victims as a group can, and need to, be made to better assess the assistance many of them require. This testimony will describe the growing challenges Holocaust victims face and what has been – and might be – done to address them.

The Claims Conference negotiates for compensation and restitution, pays compensation pensions and one-time payments to Nazi victims, and funds welfare services for Nazi victims worldwide. In 2104, the Claims Conference will distribute worldwide approximately $300 million in pension payments, $250 million in one-time compensation payments, and $314 million in welfare service grants. Ultimately, however, the true test of accomplishment is how we impact each individual survivor. Late onset trauma, debilitating frailty, social isolation, or lack of resources to provide for daily necessities can rob elderly of dignity – a double horror for those who have endured so much. Our obligation is to provide, what we call a measure of justice, in these final years.

This testimony is divided into three parts:

- **A description of the general social circumstances of Holocaust victims worldwide:** Many currently experience, and almost all can anticipate, the need for supportive services, including long-term care and health care, to ease the difficulties that accompany aging.

- **A review of the social welfare services that the Conference on Jewish Material Claims Against Germany ("Claims Conference") has funded and continues to provide to assist Holocaust victims.**

- **Addressing the current and future needs of Holocaust survivors.**

I. GENERAL SOCIAL CIRCUMSTANCES

In the 69 years since the end of the Holocaust, the number of Nazi victims worldwide has declined and continues to decline. Currently, it is estimated that there are approximately 450,000 – 500,000[1] Jewish victims of Nazi persecution dispersed around the world, with the largest number living in Israel, the United States, the countries of the former Soviet Union ("FSU"), and Europe.

The resilience, refusal to succumb to tragedy, and profound commitment of Holocaust victims to rebuilding their lives and making sure that what happened to them and their families is remembered, in perpetuity, is truly remarkable and reflects an extraordinary strength. Nonetheless, all victims of Nazism are now elderly and many increasingly suffer from illness and are in urgent need of continual assistance.

Jewish Nazi victims are both part of, but distinct from, other elderly in their countries of residence. The personal history of each individual survivor as a victim of Nazi persecution, combined with memories of Nazi persecution and post-war adjustment, has created a group that has aged differently and has different, more acute, needs than other elderly. Holocaust victims are not merely a subset of the frail elderly. They are more likely than other elderly to be socially isolated and, as a result, are more likely to live in poverty and to be in poorer health.[2] Indeed, the Holocaust victim's poverty is often aggravated by non-existent or weakened familial and social support networks, as often there is no spouse or adult children nearby to provide financial and emotional support. Many victims who live on their own never married (or remarried) after the war. Among those who did marry, many are childless. Certainly, extended family networks such as siblings, in-laws, and cousins are dramatically reduced in this population. Thus, the Nazi victim population, for the most part, is more socially isolated than other older adults.[3]

The majority of Holocaust victims are women, who have longer life expectancy than their male counterparts and face a higher risk of poverty.[4] Indeed, income for older women between the ages of 67 and 80, in general, declines at rates two to three times greater than it does for

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[1] There are no official data on the number of Holocaust victims alive today; however, several demographic reports have been prepared over the last several years. All of these reports, such as *Holocaust Survivors in Israel: Population Estimates and Utilization of Services for Nursing Care at Home*, Presented to the Foundation for the Benefit of Holocaust Victims in Israel (Myers-JDC-Brookdale Institute Draft, June 22, 2008) indicating that the Nazi victim population of Israel currently is estimated to be 218,000, can be found at the Claims Conference website: www.claimscon.org. Current estimates suggest that the following eleven countries are home to 85-90% of Holocaust victims: Israel, United States, Russia, Ukraine, France, Germany, Canada, Hungary, United Kingdom, Belarus, and Australia.

[2] **See** Beck & Miller (2005), *op. cit.* at 5 **and** Laurence Kotler-Berkowitz, Lorraine Blass & Danyelle Neuman, *Nazi Victims Residing in the United States* (New York: United Jewish Communities 2004) at 9 and 23. In addition, the general poverty is made even worse by unavailable medical care.

[3] **See** Beck & Miller (2005), *op. cit.,* at 6; Kotler-Berkowitz *et al.* (2003), *op. cit.,* at 11

[4] **See** Ron Miller, Pearl Beck & Berna Torr, *Nazi Victims Residing in the United States, Canada, Central & Western Europe. Estimates & Projections: 2008-2030. Preliminary Tables.* Prepared for the Conference on Jewish Material Claims Against Germany (November 21, 2008)..

older men (13-15% vs. 4-7%). This is largely due to the lower pensions that they receive, due to life-time earnings and lower rates of victims' benefits.[5]

Many victims live alone as a result of having lost their entire family during the Holocaust.[6] Nazi victims are more likely than other elderly to suffer from certain illnesses that result in functional limitations and disability, such as osteroporosis, well as cognitive impairments (see discussion below), and, as a result, sink further into poverty.[7] This combination of poverty and isolation results in Holocaust victims being in poorer physical and mental health than their contemporaries without comparative wartime experiences. Health researchers have found that both immediate and long-term health problems for survivors of the Holocaust and other genocides include disease, injuries and trauma all of which are chronic, lifelong and difficult to treat, and confer an increased burden on victims.[8]

Older adults with strong social supports report the fewest health complaints and more of their needs being met regarding their care.[9] In comparison, Holocaust victims – in both self-assessments and health surveys – present with higher rates of chronic co-morbidities and acute conditions than both other elderly Jews and other elderly in general.[10] These chronic co-morbidities and acute conditions are exacerbated by the survivors' social isolation. Survivors are also more likely than other older adults to suffer from chronic pain syndrome.[11] Among the most noticeable differences are the following: Holocaust victims have higher rates of osteoporosis and hip fractures than other elderly;[12] higher cancer rates; higher rates of functional

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[5] **See** Barbara A. Butrica, *How Economic Security Changes During Retirement* (Boston: Boston College, Center for Retirement Research, 2007), http://crr.bc.edu/images/storeis/Working_Papers/wp_2007-6.pdf?phpMyAdmin=43ac483c4de9t51d9eb41 Accessed June 12, 2009.

[6] **See** Andrew Hahn, Shahar Hecht, Tom Leavitt, Leonard Saxe, Elizabeth Tighe & Amy Sales, *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 by the Joint Distribution Committee. (Waltham, MA: Brandeis University, 2004). **Also see** Beck & Miller, *op. cit.* (2005), 6; Kotler-Berkowitz *et al., op. cit* (2003), at 11 **and** Brodsky, *Background Material for Meeting of Steering Committee on Holocaust Survivors* (Jerusalem: JDC Brookdale Institute of Gerontology and Human Development and WHO Collaborating Center for Research on Health for the Elderly, November 14, 2000).

[7] As victims get older, their economic security decreases. Life-changing events during retirement, such as the onset of poor health or the death of a spouse, can cause unexpected shocks to wealth and income. More than two-fifths of older adults have significantly less income at age 80 than they did at age 67. **See** Butrica, 2007, *op. cit.*

[8] **See** Reva N. Adler, James Smith, Paul Fishman, & Eric B. Larson, "To Prevent, React, and Rebuild: Health Research and the Prevention of Genocide," *Health Services Research,* 39:6 (December 2004): 2027-2051.

[9] **See** Ralf Schwarzer & Ute Schulz, The Role of Stressful Life Events (Berlin: Freie Universität Berlin, Department of Health Psychology, 2001). http://userpage.fu-berlin.de/~health/materials/lifeevents.pdf. Accessed June 23, 2009.

[10] In overall self-assessments, Holocaust victims report that they are in poorer health than both other Jewish and other American elderly. Kotler-Berkowitz *et al.* (2003) found that just over 60% of victims described their health as "fair" or "poor," compared to 30% of other Jewish and American elderly.

[11] Adler *et al., op. cit.,* 2036**. See** also A. Yaari, E. Eisenberg, R. Adler, & J. Birkhan, "Chronic Pain in Holocaust Survivors," *Journal of Pain and Symptom Management,* 17:3 (1999): 181-187.

limitations and disability;[13] and higher rates of cognitive impairments and mental health problems, exacerbated by "trigger" events.

Cognitive impairments and mental health problems are particularly troubling among Holocaust victims. Cognitive impairment has been documented to be more prevalent in groups who have survived genocide than in the general population.[14] As a natural part of the aging process, memories change over time and are reinterpreted to the present social context. For Nazi victims however, cognitive impairment may change the impact of war trauma by confusing events of the past in time and place. In the case of Alzheimer's Disease and other forms of senile dementia, the loss of short-term memory—and the reliance on long-term memory—can be especially painful and can place victims particularly at risk. Loss of short-term memory may, for example, mean a loss of recognition of post-war accomplishments, such as success in building new lives in new countries, raising and educating responsible and caring children, and living to see and enjoy their grandchildren. As their minds deteriorate, Holocaust victims may be unable to control the intrusion of painful, long-term memories, and traumas of years past may become their only reality.[15]

Wartime experience also places Nazi victims at risk to suffer more from post-traumatic stress disorder, anxiety disorders and long-standing adjustment disorders than other older adults.[16] Research on the Holocaust victim population has shown that their behavioral and cognitive functions are affected in both particular and more acute ways than that of the average aged population who did not have similar life experiences.[17] For example, rates of clinical depression among Holocaust victims are higher than in the general population.[18] Concentration

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[12] Holocaust victims are nearly twice as likely as other elderly to suffer from osteoporosis resulting in hip fractures. Such injuries often lead to continued disability and loss of independence, as many never regain their pre-fracture ambulatory status. **See** Beck & Miller (2005), at 4; Miller *et al.* (2008), at 14, 20 and 26.

[13] Holocaust victims are more likely to have self-care or mobility limitations than either other elderly Jews or other older adults in their countries of residence. Kotler-Berkowitz *et al.* (2003) found that 36% of all Nazi victims and 23% of all elderly Jews reported that "someone in household has health condition that limits activities." Among all Americans age 65 and over, roughly one-fifth have self-care or mobility limitation. As a result, victims need constant support services to assist with the activities of daily life, such as bathing, dressing, getting in and out of bed, and toileting. There is also a greater need for durable medical equipment, adaptive devices such as canes, wheelchairs, and telephones for the hearing impaired, particularly among female victims, who are more likely to live alone and, therefore, have greater personal assistance needs than male victims.

[14] Adler *et al., op. cit.,* at 2036.

[15] Paula David, "The Social Worker's Perspective" in *Caring for Aging Holocaust Survivors: A Practice Manual*, eds. Paula David & Sandi Pelly (Toronto: Baycrest Centre for Geriatric Care, 2003).

[16] Adler *et al., op. cit.,* 2036. **See also** J. Sadavoy, "Survivors: A Review of Late-Life Effects of Prior Psychological Trauma," *American Journal of Geriatric Psychiatry,* 5:4 (1997): 287-301.

[17] Paula David, "Aging Survivors of the Holocaust in Long Term Care: Unique Needs, Unique Responsibilities" in *Journal of Social Work in Long Term Care*. I(3), 2002.

[18] David K. Conn, Diana Clarke & Robert Van Reekum, "Depression in Holocaust Survivors: Profile and Treatment Outcome in a Geriatric Day Hospital Program," *International Journal of Geriatric Psychiatry,* 15 (2000): 331-

camp survivors under psychiatric care are almost twice as likely to exhibit suicidal "ideation," *i.e.,* "the wish for death or the passive or active thinking and planning of ending one's life," than other older Jewish adults under psychiatric care who are not Nazi victims. Among Holocaust victims who have been admitted to a psychiatric facility, actual suicide attempt rates are higher than for the elderly population in general.[19]

Moreover, as victims grow older, they are confronted by events that trigger, or bring back, difficult memories which, in turn, provoke adverse emotional or physical reactions. These "trigger events" are more likely to occur when someone is ill, cognitively or physically impaired or just feeling vulnerable.[20] They can even result from normal day-to-day activities or situations. For example, even food and nutrition programs combined with a socialization element geared for victims – which seem innocuous – may unwittingly create uncomfortable food-related situations. As a result, several U.S. communities have replaced the "soup kitchen" model, which requires that victims queue up for food, with a congregate meal model, in which victims are served their food.[21] Similarly, long-term care in a skilled nursing facility is the least preferred option for Holocaust victims, by both the victims themselves and the professionals involved in their care. A female Nazi victim reported to her psychiatrist that she felt that the small daily indignities she faced in the nursing home were worse than her experiences in a labor camp—she could not bear feeling like a victim again, even in small measure.[22] A wide range of seemingly standard scenarios in institutionalization settings may serve as triggers for vulnerable Holocaust victims. These often include institutional/hospital beds with bars/railings on the side, uniformed staff (guards), showering facilities in institutional settings, etc.

For Nazi victims, unfortunately, time does not heal all wounds. Too often, their wartime injuries and horrific memories are aggravated with the passage of time and become increasingly stressful.

Moreover, demographic studies indicate that, while the absolute number of living Nazi victims will decrease, the percentage of those still living and requiring aid will increase. As such, we will certainly continue to see for at least the next 2 years an **increase** in their needs. Simply put, the assistance Holocaust victims will require will grow in the next few years. Further, we

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[19] **See** D. E. Clarke, A. Colantonio, R. Heslegrave, A. Rhodes, P. Links, & D. Conn, "Holocaust Experience and Suicidal Ideation in High-Risk Older Adults," *American Journal of Geriatric Psychiatry*, 12:1 (February 2004): 65-74. **Also see** Y. Barak, D. Aizenberg, H. Szor, M. Swartz, R. Maor, & H. Y. Knobler, "Increased Risk of Attempted Suicide Amongst Aging Holocaust Survivors," *American Journal of Geriatric Psychiatry*, 13:8 (August 2005): 701-704.

[20] **See** David (2003), *op. cit.*

[21] **See** Amy J. Sindler, Nancy S. Wellman, & Oren Baruch Stier, "Holocaust Survivors Report Long-Term Effects on Attitudes toward Food," *Journal of Nutrition Education & Behavior,* 36 (2004): 189-196.

[22] **See** Mark E. Agronin, "From a Place of Fire and Weeping, Lessons on Memory, Aging and Hope, *The New York Times*, December 22, 2008, http://www.nytimes.com/2008/12/23/health/23case.html?_r=2&scp=2&sq=holocaust&st=cse. Accessed June 12, 2009.

believe that subsequent years will see a continuation at the same levels before a steep drop in needs as the mortality rate overcomes all other factors. Simply put, the next five years are critical.

External financial circumstances also play a role in the plight of Holocaust victims. The collapse of the U.S. housing market in 2007 continues to affect Nazi victims across the country, where they face devaluation of their homes. While Claims Conference funding has **increased every year**, the Claims Conference has noted an increase in emergency assistance requests for housing expenditures. Nevertheless, when combined with other funding, there has been a general retrenchment of services to Nazi victims in the United States, including:

- Decreased contributions to Jewish organizations and other philanthropic bodies that have historically provided funding for geriatric and survivor services.
- Loss of net worth of many Jewish federation endowment funds.
- Cutbacks at the federal state, and municipal level of programs that have benefited Nazi victims in the past, including homecare services, dental care, and food assistance programs such as meals-on-wheels.

Notwithstanding the vast disparities among Holocaust victims in income, medical care and long-term care services in the countries in which Nazi victims reside, broadly speaking, as victims grow older, they will become increasingly frail and disabled and, wherever they reside, in greater need of ongoing medical care and other attention owing to their wartime experiences. Further, as the demand for ongoing social services intensifies among those who are disabled, home-and community based services represent the survivors' "best chance" to avoid feeling like victims again.[23] In a cruel irony, the very population that is most unable to bear institutionalization is the same population with the least amount of family support to delay or avoid institutionalization. On a practical level, it is more cost effective for society to maintain Holocaust victims at home. On a moral level, society has an obligation to compensate these survivors for the paucity of familial structure which was destroyed by the hands of these very societies.

These factors, combined with the unique characteristics of Jewish victims of the Holocaust, point to the need for a wider discussion concerning the current and future needs of the Jewish victims of Nazi persecution worldwide. Holocaust victims suffer from multiple problems and needs associated with aging. They are poorer, more socially isolated and more likely to suffer from certain illnesses than other elderly, which are exacerbated because of their Holocaust-related experiences. As they age, even normal day to day activities or situations may conjure up lingering traumatic wartime memories. While the total number of Nazi victims is diminishing, as

[23] While institutionalization is generally resisted by the elderly, it is particularly abhorred by Nazi victims seeking to avoid memories of their personal traumatic wartime experience. **See** Beck & Miller (2005), *op cit.* at 1. **Also see** S. Letzter-Pouw & P. Werner, "The Willingness To Enter a Nursing Home; A Comparison of Holocaust Survivors With Elderly People Who Did Not Experience The Holocaust," in *Journal of Gerontological Social Work*, Vol. 40, Issue 4, 2004.

the remaining victims grow older, their need for social welfare and health care services, especially home care, is dramatically increasing.

The next section summarizes certain activities of the Claims Conference and its six-decade battle to secure the rights of and assistance for Holocaust victims.

II. CLAIMS CONFERENCE

From its early days, the Claims Conference has vigorously pressed for the establishment and expansion of Holocaust-related compensation and other benefits programs for Jewish Holocaust victims. Over the course of its activities over the years, the priorities of the Claims Conference have evolved from rehabilitating victims in the immediate post-war period to caring for needy, vulnerable victims in the past decade, seeking to help ease the burdens they face to allow them to live out their days with a measure of dignity.

While there are many Holocaust victims who recovered fully from the trauma of the Shoah, rebuilding their lives and establishing financial independence, there are literally hundreds of thousands of Holocaust victims who today live in poverty. Many Holocaust victims are forced to choose among food, rent, and medicine, as surely all three are unattainable. Especially in the U.S., there is a tier in society of near-poor, those who meagerly eek out an existence just above abject poverty but for whom economic disaster is one or two bad months away. For these victims, the funeral expenses of a spouse, unanticipated medical expenses from the sudden onset of a new condition, or changes in economics, such as increased fuel prices or a sharp drop in governmental subsidies for basic necessities, wreak havoc. Further, for those Holocaust victims with families, such as children or nieces and nephews, the economy can change the situation of the near-poor survivor, who is getting small but important aid from the family member, to a source of funding for the recently unemployed family member. Any of these events can send near-poor Holocaust victims spiraling downward into financial disaster, necessitating reliance on communal sources. The goal of the Claims Conference programs is to partner with agencies to provide assistance to achieve and maintain a dignified quality of life for victims. For those who suffered beyond compare, surely this is the least that we must provide.

The bulk of services provided to Holocaust victims, as is the case with all older adults, come from government support. However, government entitlement programs have significant gaps that condemn many Holocaust victims to live choosing between food and medicine. Simply put, there are hundreds of thousands of Jews who survived the Shoah and today are old, alone, poor, and sick.

To ameliorate the situation of these Holocaust victims, the Claims Conference funds organizations and institutions around the world that provide essential social welfare services for Holocaust victims. The Claims Conference currently funds social service programs, with an emphasis on home- and community-based services, in 47 countries.

In the United States, this year, the Claims Conference will provide over $60 million to more than 100 Jewish organizations, primarily Jewish Family and Children's Service agencies, in more

than 20 U.S. states, to provide social welfare services for Nazi victims. More than four in five victims reside in just five U.S. states: New York, California, Florida, New Jersey and Illinois. (For a complete list of each recipient organization, the purpose of the grant and the amount, please see our website at www.claimscon.org)

With these allocations, the Claims Conference ensures that Holocaust victims, who were abandoned by the world in their youth, know that they are remembered and cared for in their old age. Because the Claims Conference has infused funding into local agencies specifically for the care of Holocaust survivors, these victims can receive specialized attention and significantly more care than would be available without Claims Conference involvement.

The Claims Conference and its partner agencies have designed long-term care programs based on home- and community-based services to ensure quality of care in an environment that will ensure that Holocaust victims live out the rest of their days in dignity and comfort. Using a "Continuum of Care" model, in which the Claims Conference works with local agencies to create and sustain services that take into account the particular conditions and needs of victims in their communities, criteria have been established that seek to ensure that the needs of Holocaust victims will be met. Continuum of care includes case management, and continues with home care, health care, psychological services, food programs, emergency assistance, supportive communities, senior day centers, and housing security, shelter, and institutionalization.

Case Management: The starting point for quality of care in home- and community-based services is case management. Surely, in many countries in North America, Western Europe, and in Israel, Nazi victims can draw upon services provided by public assistance and non-government organizations (NGOs). However, all too often, Holocaust victims do not or cannot fully benefit from these programs, for many reasons. First, they may be unaware of such help. Additionally, Holocaust victims may be resistant to this aid for a whole range of reasons (many stemming from formative years' experiences with being known by authorities and/or psychological perception of needing to be strong and never being able to admit frailty, knowing that weakness would lead to death in the camps). For some, as they become increasingly isolated because of frailty and impairment, they are physically or mentally unable to access assistance. Finally, for others, the process is overwhelming and can engender frustrating barriers such as extraordinary complexity in navigating bureaucracy, forms and delays. For poor and near-poor victims who are aging, often vulnerable and devoid of strong familial support, managing the tasks of daily living can be daunting, never mind facing the complex web of assistance programs that may keep them from living in severe privation. The reality is that in most societies, public benefits, when available, are delivered in an overburdened, overly complex system. Aging elderly and frail victims often require professional guidance to understand and access the public and NGO assistance that is available to them. With professional case management, case workers are available to vulnerable clients to help guide them. In the United States, benefits may include programs such as SSI, Medicaid, or the Supplemental Nutrition Assistance Program.

Case management consists of ongoing interaction between a social worker and a client. It begins with a comprehensive assessment of the client's environmental, health, financial, social, and

physical situation. Case workers monitor the overall conditions of their clients and respond quickly to changes in their clients' physical, psychological, medical and financial condition. In addition, the case worker connects clients with public and private programs and family resources. Even in countries and U.S. states that provide publicly-funded home- and community-based services that ensure a dignified level of in-home care,[24] it is essential that the case managers arranging for such care understand the particularities of Holocaust victims.[25] Case workers strive to provide seamless delivery service. For example, the care of a Nazi victim receiving 12 hours of homecare per week may be funded by different Claims Conference sources, other private philanthropic funds and public sources (e.g., Medicaid in the United States). It is incumbent upon the case worker to ensure that service is continuous and, ideally, from the same home health care agency. Further, case workers are trained to handle the special sensitivities of Holocaust victims.[26] Case managers also ensure that all elements in the continuum of care model are integrated.

In this context, the current administration's proposal to install a Special Envoy for domestic issues within the Department of Health of Human Services is especially significant. 19 years ago, the Claims Conference began funding specialized targeted programs for Nazi victims through agencies across the United States. While ground-breaking at the time, today these programs are considered core programs for the biggest Jewish Family agencies in the U.S. The resource of the Special Envoy will be invaluable in becoming familiar with and accessing federally funded programs and concomitantly channeling back to the administration feedback on areas of concern and importance to the survivor population within the US.

Homecare: Studies indicate that the largest area of unmet needs for Nazi victims continues to be homecare services.[27] As victims age, they, like general older adult populations, will experience significant limitations in their physical, mental and social functions. However, there are two differences between the general adult populations and Holocaust victims. First, as we have shown in Section I of this paper, Holocaust victims, as a result of what they endured, are more infirm, more isolated, poorer and more vulnerable to psychological distress than their counterparts who did not undergo the trauma of the Shoah. Second, nursing home and other forms of institutionalized long-term care are particularly traumatic for many victims, who often

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[24] In the Unites States, Medicaid programs are state-based. Some states, such as Massachusetts and New York provide a more substantial amount of homecare, while others, such as Pennsylvania and Florida provide very little.

[25] For example, Selfhelp Community Services in New York City assigns its case workers to make home visits to survivors in New York City, complementing the home- and community-based services they receive from public funds. Case workers frequently combine their home visits with the delivery of a meal and use the visit to observe discrete changes in the client's living conditions that may need attention.

[26] As an example, the home health worker, unfamiliar with particular triggers of Holocaust victims, may become frustrated by the elderly wheel chair confined client who refuses to be pushed into the shower for bathing. While the untrained worker is simply trying to bathe the client, the Holocaust victim is experiencing severe trauma recalling the concentration camp experience and all of the associations with showers and being forced into them.

[27] See Beck & Miller (2005), *op. cit.,* Miller et al., op. cit., 2008 and J. Brodsky, S. Be'er, & Y. Shnoor, *Holocaust Survivors in Israel: Current and Projected Needs for Home Nursing Care* (Jerusalem: JDC-Brookdale Institute, 2003).

experience such care as a recurrence of their treatment at the hands of the Nazis.[28] Homecare services, on the other hand, allow Holocaust victims to remain in their homes as long as possible, even after they are disabled, by providing them assistance with activities of daily living including bathing, dressing, eating and housekeeping and personal nursing care for those who need assistance with medication or medical equipment. Further, home care workers ensure minor home modifications, such as guard rails in or near toilets and in bathtubs, ramps for the wheel-chair bound and special telephones for the hearing-impaired, are properly installed and maintained.

The provision of even minimal homecare, such as a few hours of chore/housekeeping services per week, allows Holocaust victims to remain among familiar surroundings, significantly improving the quality of their daily life.[29]

Health Care: As previously mentioned, the physical and mental health needs of Holocaust victims differ significantly from other elderly. In general, their physical and mental health tends to be poorer than their contemporaries, including other elderly living in poverty. Particularly troubling are the general health conditions of Holocaust victims who have either remained in the FSU or have emigrated from the FSU to Israel, the United States, Germany and other countries. When compared to other Holocaust victims, regardless of where they currently live, their general health measures are worse.[30]

While a number of the countries where Holocaust victims reside have universal health care for the elderly, many of these health care schemes require some cost-sharing for medical services, hospitalization, prescription drugs and durable medical equipment. These costs can add up for individuals on fixed incomes with chronic medical conditions. Further, there are many goods and services – either excluded from public coverage or with high cost-sharing requirements – that victims desperately need, such as eyeglasses, hearing aids, orthodics, prosthetic devices, incontinence pads, bed pans, wheel chairs and orthopedic beds, chairs and shoes. The Claims Conference has worked with local Jewish communities to develop health programs through its grants to help provide such critical additional assistance. However, despite these efforts, skyrocketing costs for medicines and co-pays, supplemental insurance, and items not covered under national programs make proper health care unattainable for hundreds of thousands of Holocaust victims.

Claims Conference grants also emphasize preventative medicine: Many Holocaust victims living on their own have personal emergency alert systems and have received home

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[28] Yael Danieli, "As Survivors Age, Part 1," in *National Center for PTSD Clinical Quarterly*, Winter 1994, at 3, and studies cited therein.

[29] Such home care has, in recent years, become a principal focus of Claims Conference efforts. As mentioned, the Claims Conference has negotiated significant increases in homecare funded by the German government.

[30] **See** Tighe *et al., op. cit* (2007). **Also see** Ukeles Associates, Inc., *Special Report. Nazi Victims in the New York Area: Selected Topics, 2002*. Prepared for UJA-Federation of New York. The Jewish Community Study of New York 2002. (New York: UJA-Federation of New York 2003), at 23. The UJA study found that no respondents from the FSU thought that their health was excellent, while 85% reported "fair" or "poor" health.

modifications, such as installation of safety devices and prophylactic, or non-slip aids, such as handrails in bathrooms and toilets, as discussed above, in the section on in-home services (at p. 10). Further, many agencies have begun to provide subsidies for medical treatment or have established clinics that rely on the *pro bono* medical services of professionals who are sensitive to the needs of Holocaust victims.

Dental Services: Even when universal health care is available for the elderly, dental care, which is a key component of maintaining physical health, is often overlooked. Dental disease is a prime example of the disease, injuries and trauma discussed above, which victims of the Holocaust endure as a result of their substantial malnutrition during war-time years. Poor dental care leads to bacterial infections, which in turn exacerbate the co-morbidities that older adults have, such as cardio-vascular disease. At the same time, other co-morbidities, such as diabetes, affect oral health. In the United States, for example, the Medicare program does not include dental care and dental care under Medicaid is severely limited.

Psychological Services: Holocaust victims' special psychological needs have been known for many years. As mentioned above, loss of cognitive function, particularly short-term memory, regardless of degree, is particularly traumatic for survivors and post-war accomplishments are often overshadowed by wartime experiences.[31] Moreover, the "natural" decline of social and familial supports—the loss of a spouse, the high level of international geographical mobility of adult children of survivors resulting in a split of networks across different countries,[32] declining income as a result of both smaller household size and declining health, is often debilitating both physically (manifest in increased loss of mobility) and psychologically (presented as clinical depression) for victims. After a lifetime of pursuing activities and making decisions in concert with others, whether they were family members or friends in the best of times, or other concentration camp inmates in the worst of times, victims suddenly find themselves painfully alone. Elderly persons have the highest rates of suicide among any age group, but aging Holocaust victims are at increased risk of attempting suicide.[33]

Many of the Claims Conference's partner agencies serving this population have also provided therapeutic interventions including counseling and Jewish spiritual care, support groups for Holocaust victims, and support programs for family members and caregivers.

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[31] **See** Adler *et al., op. cit*., 2004 **and** David, *op. cit.,* 2003.

[32] Jewish demographic studies, for nearly two decades have noted increased geographical mobility of adults, so that even when Holocaust victims and their adult children live in the same country, they are sometimes thousands of miles apart, particularly in the US, where retirement communities abound in states such as Arizona and Florida. **See**, for example, Sidney Goldstein & Alice Goldstein, *Jews on the Move. Implications for Jewish Identity* (New York: SUNY Press, 1996) **as well as** Sergio DellaPergola, *Neediness Among Jewish Shoah Survivors. A Key to Global Resource Allocation* (Jerusalem: The Hebrew University and the Jewish People Policy Planning Institute, 2004).

[33] Barak *et al, op. cit.* (2005). **See also** Y. Barak & H. Szor, "Lifelong posttraumatic stress disorder: evidence from aging Holocaust survivors," *Dialogues in Clinical Neuroscience* 2000; 2:1-6; S. Robinson, "The current mental state of aging Holocaust survivors," *Gerontology* (Israel) 1996; 73:39-41; **and** S. Robinson, M. Rapaport-Bar-Sever & J. Rapaport, "The present state of people who survived the Holocaust as children," *Acta Psychiatry Scandanavia* 1994; 89:242-245.

Food Programs: Food programs are an essential component of home- and community-based services. Many Holocaust victims are at risk of food insecurity – that is, limited or uncertain availability of, or ability to acquire, adequate and safe foods – and hunger.[34] Inadequate diets may contribute to or exacerbate disease.[35] Moreover, food programs decrease the isolation of victims, either by combining a home-delivered hot meal to a client (meals-on-wheels) with a friendly visit from a case worker or trained volunteer, or by inviting clients to congregate meals, with victims and others, which are frequently held at local Jewish communal centers.[36] In addition, in the "warm home" model, small groups of Holocaust victims gather at one victim's house for a meal. Beyond the nutritional value, socialization occurs as warm home participants are usually clustered (organized by social welfare agency) around common war time experiences and locations. Other food programs include food vouchers/cash grants that enable victims to purchase groceries and the provision of food packages.[37]

Emergency Assistance: Emergency Assistance programs provide short- term financial assistance to victims in acute or crisis situations. Funds are applied toward housing costs to prevent eviction, utility payments to prevent shut-offs, emergency relocation, dental care, medical care, short term home care, client transportation and other services such as winter clothing and funeral expenses. Emergency funds are used as a stop-gap measure until a victim can receive public funds or a long term solution can be found. For example, emergency home care would include short-term nursing hours, as opposed to long-term care, after a hospital stay. The goal of the program is to be flexible enough to respond to whatever the problem is.

Client Transportation: In order for Holocaust victims to avail themselves of many of the various services described, they must have access to reliable transportation. Client transportation programs enable victims to obtain social services outside of the home, such as respite care and Café Europa programs, as well as participate in other social, recreational and cultural events, congregate meals, religious services, medical appointments, shopping and other errands.[38] By helping Holocaust victims get out and about, particularly those with vision and hearing difficulties who are afraid to go out on their own, the client transportation programs relieve victims' feelings of isolation and enable them to feel more independent.

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[34] S. A. Anderson, "Core indicators of nutritional state for difficult-to-sample populations," *Journal of Nutrition,* 120 (11s):1557-1600 (1990).

[35] F. M. Torres-Gil, "Malnutrition and the Elderly," *Nutrition Reviews* 54(1):S7-S8 (1996).

[36] S. B. Roberts, "Energy regulation and aging: Recent findings and their implications," *Nutrition Reviews,* 58(4):91-97 (2000).

[37] As examples, in Brooklyn, New York, the Jewish Community Council of Greater Coney Island serves over 12,000 meals to 1,440 Holocaust victims as part of its Sunday Senior Program. It also delivered over 6,000 meals to Holocaust victims at home. For list of additional programs, see the Claims Conference website at ww.claimscon.org or the Claims Conference Annual Report.

[38] In Brooklyn, New York, the Jewish Community Center of Greater Coney Island provides more than 8,600 trips to 1,000 survivor clients.

Socialization Programs: Holocaust victims expressed a strong desire to participate in social activities and to receive emotional and social support. They have a critical need to find meaning and feel connected, especially with other victims who can understand and share experiences from the past and present. Most agencies serving Holocaust victims, and in many instances victims themselves, have formed socialization programs, commonly known as Café Europa. Café Europa programs provide Jewish Nazi victims with an opportunity to socialize within a support network. Further, speakers provide information on a range of topics from compensation and restitution issues to older adult health care issues to general interest topics. Such groups are meeting in virtually every place that Holocaust victims live. In Los Angeles, for example, Holocaust victims and college students meet to discuss victims' lives before, during and after the war. These programs provide victims with a social framework and comfortable environment where they can be entertained and make friends among their peers. The sense of doing things collectively is extremely important to the Holocaust victim population and the isolation many feel now is in complete contrast to how they felt when they were younger, even in the worst of circumstances. As one Holocaust victim noted, "When we had to stand at attention for hours, we stood together, propping up one another when weak. When we dug ditches we did it together, one holding and moving the arms and shovel for another who didn't have strength that day. We were desperate, but never alone."[39]

Housing Security, Shelter, and Institutionalization: Notwithstanding these home- and community-based efforts, the Claims Conference recognizes that, despite efforts to keep Holocaust victims at home as long as possible, as this population gets older and more infirm, many will no longer be able to remain in their homes, particularly if they live alone. The lack of affordable stable housing for many elderly further exacerbates the economic pressure felt by Holocaust victims. As housing costs drain individual savings and inflate the cost of living, the struggle of the near-poor is intensified. Understanding the enormity of the finances required to address these issues, the Claims Conference's only possible response has been to provide emergency cash assistance to help alleviate a crisis situation while case managers help to develop a care plan. Additional facilities for congregate living and sheltered housing are required.

Despite the Continuum of Care that these services are geared to provide, there remain many unmet needs. In the past decade, Holocaust victims have seen the average public pension benefit decline in the majority of countries in which they live, raising the risk of more of them falling into poverty.

Most of the activities of the Claims Conference have been funded by Successor Organization funds (proceeds from restituted unclaimed property in the former East Germany), and in recent years by funding from the German government obtained through years of negotiations. There are also other sources that fund Claims Conference allocations (see discussion below). Since 2004, the Federal Republic of Germany has begun to address these needs (**see** fn. 33 above). Claims Conference funding for social welfare programs has had an immeasurable impact on Holocaust victims; however, the needs are beyond current Claims Conference resources. Further, the funding sources that, for example, support current Claims

[39] Auschwitz survivor as quoted in Agronin, *op. cit.*

Conference allocations for social services will not last nearly as long as Holocaust victims are in need. Substantial, additional funding sources will have to be developed.

We thank the administration of President Obama for recently committing to help develop those additional funding sources and assist survivors in other ways. In December 2013, Vice President Joe Biden announced that the administration would support several steps, including appointing a senior level government domestic policy envoy with the Department of Health and Human Services to deal specifically with the needs and concerns of Holocaust victims in the U.S.; promote public-private partnerships with foundations, nonprofit organizations and the private sector to "increase the resources available to support these survivors and their unmet needs," said Vice President Biden; and create a program within AmeriCorps to partner volunteers with local organizations that assist Nazi victims living in need. We are grateful to the Obama Administration for proposing these measures and to the U.S. Congress for its anticipated help in making them a reality.

III. ADDRESSING THE CURRENT AND FUTURE NEEDS OF NAZI VICTIMS

The work that must be done to assist Holocaust victims in their waning years is far from complete. As Jewish victims of Nazism enter the last chapter of their lives – lives shaped by the appalling experiences and terror they were forced to endure during the Holocaust – many require special care to address their health and other needs. These victims, including those who succeeded in rehabilitating themselves after the war against the greatest odds and with minimal if any assistance, have, in the latter years of their lives, found themselves in distress and without adequate resources to meet their essential needs, including the costs of medication and other critical services.

Providing crucial assistance to these elderly people in need who, understandably, are not capable of coping with the consequences that human malevolence together with time have wrought, must become an international commitment. The Claims Conference has always sought to obtain the greatest amount of funding for Holocaust survivors from Germany, Austria and other perpetrator countries as well as for the restitution of assets. There is no doubt that immense advancements have been made; however, ultimately, there still remain many survivors in need. The Claims Conference will pursue any and every avenue to alleviate the suffering of those who have suffered so much already.

Over the past two decades, the Claims Conference has applied proceeds of sales of property it has obtained in the former East Germany as the Successor Organization to general social welfare services that assist Nazi victims.

Most importantly, several other countries of Eastern Europe have not enacted appropriate property restitution legislation – and certainly not for unclaimed assets. The most egregious case is that of Poland, which had the largest pre-war Jewish population in Europe, 90% of which was exterminated in the Shoah. In order to move Poland, and other countries to act in accordance with moral responsibility, we urge Congress to support the efforts of the World Jewish Restitution Organization (WJRO) in its efforts to secure property restitution.

Since 2004, the Claims Conference has obtained funds from the German government for in-home services, with the amount steadily increasing in response to Claims Conference demonstration of the still-growing needs. In 2004, the amount that the German government agreed to give was the equivalent today of $8 million; for 2014, the German government has agreed to allocate $191 million, and has committed to a total of $1 billion for 2014-2017, with the amount for 2015 slated to increase by 45 percent over this year's funding.

In addition, the Claims Conference has distributed and continues to administer social service grants from a number of other sources, including the following current sources: Swiss Banks Settlement, through funds allotted to the Looted Assets Class; the Hungarian government; and the Harry and Jeanette Weinberg Foundation.

For services in 2014, the Claims Conference will allocate a total of approximately $314 million.

The funds are from the flowing sources:

German Government	$191,000,000
Successor Organization	$118,000,000
Harry and Jeanette Weinberg Foundation	$ 2,000,000
Other[40]	$ 3,300,000

The Claims Conference is currently in discussions with several additional sources (governments, companies and foundations) for supplemental funds for Nazi victims. As the funds from available sources deplete, long before there is a substantial decrease in the pressing needs of Holocaust victims, alternate and additional sources of funding must be found. Sadly, the number of Jewish Nazi victims decreases every day. Yet, for the next several years, there will still be many thousands of survivors who are poor and need our assistance.

These people must not be abandoned, again.

[40] The Claims Conference has allocated funds from several sources including the Swiss Banks Settlement, Austrian government, Hungarian government, Spanish government, United States government, Hungarian Gold Train Settlement, ICHEIC (insurance company settlements), German Foundation (slave labor settlement), etc. Funds from some of these sources will be available in 2014.