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AGING IN COMFORT: ASSESSING THE SPECIAL NEEDS OF AMERICA'S HOLOCAUST SURVIVORS

HEARING

BEFORE THE

SPECIAL COMMITTEE ON AGING

UNITED STATES SENATE

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AGING IN COMFORT: ASSESSING THE SPECIAL NEEDS OF AMERICA'S HOLOCAUST SURVIVORS

WEDNESDAY, JANUARY 15, 2014

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Washington, DC.

The Committee met, pursuant to notice, at 2:15 p.m., in Room 562, Dirksen Senate Office Building, Hon. Bill Nelson, Chairman presiding.

Present: Senators Nelson, Wyden, Blumenthal, Collins and Ayotte.

The CHAIRMAN. Good afternoon.

We are especially delighted and honored to have our colleague from California, the great Senator from the State of California, Senator Boxer, here. And, as a courtesy, I wanted you to make your statement because you need to get on to another committee meeting.

STATEMENT OF THE HONORABLE BARBARA BOXER, A UNITED STATES SENATOR FROM THE STATE OF CALIFORNIA

Senator BOXER. Thank you so much, Chairman Nelson and Ranking Member Collins. I am so—I am just very grateful to both of you for this.

And I also wanted to say I want to stay, but I have to go to the Commerce Committee. You know that well. They are having a hearing on a very different issue—the commercial use of drones, which Senator Feinstein is very much involved in. So I need to show my respect to her.

My purpose here is really to introduce one of your witnesses from California, Sandor—or, as he likes to be called, Sandy—Samuels.

Will you stand for a second?

And he was born and raised in Los Angeles, and he serves as President and CEO of Bet Tzedek.

Thank you for standing.

Bet Tzedek stands for house of justice, and it takes its mission from where it was written thousands of years ago in Deuteronomy, "Justice, justice, you shall pursue."

And I know all of us try to do that, and this Committee is doing that.

Each year this nonprofit helps 15,000 individuals, including Holocaust survivors, on a pro bono basis. Their team of legal experts works to help individuals in need, whether their case involves debt

and bankruptcy assistance, legal assistance involving housing or accessing reparations, for these Holocaust survivors.

With 30 years of experience in the financial services industry, Sandy knows how to navigate complex programs, and he is putting this expertise to good use, helping those in need.

And he also serves as president of his synagogue in Valley Village, and he is on the Board of American Jewish University and the Ziegler School of Rabbinic Studies.

So I just wanted to say thank you for inviting Sandy. I think he is a great resource as the Senate Special Committee on Aging shines some light on the unique social service needs of aging Holocaust survivors in the U.S.

I just want to say also that I was born when World War II was raging across Europe, and I will never forget, growing up, the countless conversations my parents had about the horrors of the Holocaust.

As a child, I remember reading the Dairy of Anne Frank and being moved to tears by the young woman and her courageous battle against unspeakable evil, and I knew if I was there then the same thing would have happened to me.

I also learned about the hope of Israel, finally a homeland for our people, after losing six million people in this incomprehensible genocide.

And the U.S. itself is home to up to 140,000 Holocaust survivors, and they deserve the very, very best.

And I just again want to thank both of you. Sometimes this issue gets off the radar screen, but I think whenever we put it back on the radar screen it gives us hope in humanity. And the two of you are doing that, and I am very grateful. Thank you very much.

The CHAIRMAN. Senator Cardin, one of our witnesses, is from Maryland.

STATEMENT OF THE HONORABLE BEN CARDIN, A UNITED STATES SENATOR FROM THE STATE OF MARYLAND

Senator CARDIN. Indeed, and I thank you for that, Mr. Chairman.

I thank Senator Nelson and Senator Collins for holding this hearing. I think it is critically important that we hear directly from the people who understand this issue the best, on Holocaust survivors.

I want to welcome Anat Bar-Cohen to the witness table. She is a daughter of a Holocaust survivor and a resident of Maryland.

So, nice to have you here, and I thank you for doing that.

If you would just bear with me for one moment, two months ago, the Senate passed a resolution I introduced concerning the 75th anniversary of Kristallnacht, a critical turning point in escalation of deadly Nazi anti-Semitism action.

I have the honor of chairing the Helsinki Commission, and that commission for a long period of time had been leading efforts to make sure the world does not forget what happened in the Holocaust, to deal with Holocaust education.

We welcome the work of such organizations such as Centropa, a Vienna-based NGO that uses digital technology to preserve Jewish

memories and survivor stories in Europe and the former Soviet Union.

I also believe it is critical to remain vigilant against those who would seek to deny or minimize the Holocaust, and I have worked to strengthen Holocaust education. I have worked with parliamentarians across Europe to combat anti-Semitism and discrimination in all forms. The U.S. Holocaust Memorial Museum is an example of such effort, and I have worked with others in Congress to ensure that the museum has copies of critical archival records.

In addition to remembering and paying tribute to the more than six million Jewish people killed during the Holocaust and their families, I have worked to address the very real challenges that continue to be faced by survivors.

And let me just point out; you look at the demographics of Holocaust survivors, and you have to understand how challenging it is. We have somewhere between 100,000 and 150,000 in the United States. Their average age is in the 80s. Twenty-five percent live in poverty. Worldwide, it is about 50 percent of the Holocaust survivors live in poverty. They have unique medical needs as a result of their treatment during the Holocaust, and they are obviously very concerned about the potential of being institutionalized.

That is why it is critically important that we strengthen all the tools that we have available in this country to help Holocaust survivors.

I introduced the RUSH Act. It is a bipartisan bill I introduced with Senator Kirk in the House. It is co-sponsored by Debbie Wasserman Schultz and Ileana Ros-Lehtinen. And it is an effort to say that let us pay special attention to Holocaust survivors because in many respects they do not know how to fully access all the tools that are available to help them live in our community, particularly with the challenges that they have.

I want to applaud Vice President Biden for the statements that he has made and the policies that they have implemented by having special representatives in the executive branch to deal with the needs of Holocaust survivors and to sharpen the programs that we currently have that will help Holocaust survivors.

I think all that is helpful. We need to do everything we can.

And I think this hearing is a critical part of that effort, and I thank you very much for the hearing.

The CHAIRMAN. Thank you for introducing one of our witnesses. Senator Collins.

OPENING STATEMENT OF RANKING MEMBER SUSAN M. COLLINS

Senator COLLINS. Thank you very much, Mr. Chairman. Let me begin by thanking you for calling this hearing to focus on the unique health and social service needs of Holocaust survivors living in our country.

These older individuals often face significant challenges due to the physical and emotional brutality that they experienced decades ago, and these challenges can be exacerbated by the aging process. Caring for older Holocaust survivors requires a special sensitivity on the part of health care providers, social workers, caregivers and family members.

Of the estimated 500,000 survivors, as many as 127,000 live in the United States. With an average age of 80, many are at the point in their lives where they may be coping with a serious, or chronic, illness or need assistance with daily activities.

Access to home care services is particularly important to Holocaust survivors because the emotional triggers that can be set off by institutional care can be devastating for them. Things that other residents would likely ignore can take aging survivors psychologically and emotionally back to their traumatic youth or childhood.

Confinement in an institutional setting with certain rules, schedules and uniformed staff can literally bring back nightmares. Everyday experiences—showers, doctors, hunger, a lack of privacy—can trigger flashbacks and nightmares. It is no wonder that the focus of Jewish social service agencies is on keeping aging survivors in their own homes or in a familiar environment for as long as possible.

Let me emphasize that I have always been a strong proponent of home health care. Not only is it more cost effective than most institutional care, but it also allows patients to stay just where they want to be—in the comfort, privacy and security of their own homes.

The bias towards institutional care in programs like Medicaid is particularly problematic for survivors. While virtually every state has a Medicaid waiver to provide home and community-based care to individuals eligible for nursing home care, these programs are oversubscribed and there are often long waiting lists. According to the Kaiser Family Foundation, more than 150,000 aged or disabled individuals are on waiting lists for home or community-based care, nationwide.

One of our witnesses this afternoon was initially told that her father would have to wait for at least three years to get the care that he needed in his own home rather than in a nursing facility. This simply has to change.

I look forward to hearing from our witnesses today, particularly the Holocaust survivors who have endured so much. And I want to help make sure that they get the support and the care that they need to live out their final years in dignity, comfort and security.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Senator Collins.

I am going to forego an opening statement in the interest of time. It will be inserted in the record and in its entirety.

Let me just say that I come to the table on this issue, having in the mid-90s been elected the Insurance Commissioner of Florida, which is also State Treasurer. And it suddenly dawned on me that the European insurance companies which had avoided this issue for some period of time, that I suddenly had some jurisdictional hook as the insurance regulator by virtue of the fact that most of them had subsidiaries that did business in the State of Florida.

And so we started this process, but increasingly, I was frustrated because I saw how fast the clock was ticking and that it was getting later and later in the day, in order to get assistance to people that needed help. I even tried to get some kind of insurance product going where there would be assistance to people who, because

of their income, needed assistance, and recognizing that this kind of special care would be respectful of the experience that they had borne.

And so here we are, in a different setting, at a later time, and it is still our continuing obligation to do everything that we can.

So, first we are going to hear from Jack Rubin. He is a Holocaust survivor. He lives in Boynton Beach, Florida, and he is accompanied by his son, David.

And then we are going to hear from Anat Bar-Cohen, who Senator Cardin has already introduced, from Bethesda, Maryland. Her parents are both Holocaust survivors, and she has served as her father's primary caretaker prior to his death in 2009.

So, Mr. Rubin, we will start with you.

Whatever prepared statement you have, it will be inserted as part of the record.

We want to hear from you. See if you can keep it to about five minutes. And then we will get into some questions.

Thank you.

STATEMENT OF JACK RUBIN, HOLOCAUST SURVIVOR, ACCOMPANIED BY DAVID RUBIN

Mr. RUBIN. Good afternoon, Chairman Nelson, Ranking Member Ms. Collins and other members of the Committee.

My name is Jack Rubin. I was born in Valy, Czechoslavakia, and I am a survivor of several Nazi concentration camps and death camps. I have served on the advisory committee of the Jewish Family Services in Palm Beach County for many, many years, and I am here also representing the Holocaust Survivors Foundation-U.S.A.

We appreciate your longtime support to survivors, Senator, and your holding this hearing.

You know from our struggles dating back to the 1990s, we survivors have tried everything, you know, to lift our brothers and sisters out of this grinding poverty, and little has worked.

Instead, we have been blocked everywhere—everywhere we have turned—in court cases, right up to the Supreme Court, in Congress and even seeking proper levels of funding directly from Germany. The small and inconsistent gains over the years from Germany, are handled through the Claims Conference and delivered in uneven and, we believe, inadequate ways, and we still see the poverty and the misery at tragically high levels still today.

After all, out of 110,000 survivors alive in the United States, some 55,000 are living near or below the accepted level of poverty. The present system and funding levels simply keeps the status and will never lift survivors from their present tragic situation.

The time has come to secure the realistic funding level for the clinically mandated services needed by survivors to lift them out of their present cruel situation. It is time to provide the actual services needed once and for all.

Many well-meaning people seem to believe that piecemeal private fund-raising and volunteer services is the right way to go. We know that is simply not true.

Survivors should not be forced to endure more of the same system that brought about this tragedy.

We believe the actual unmet needs for survivors' care, for the needed amounts of emergency services and proper professional-based home care fund, are in the billions of dollars. The only fair and decent option today is a partnership with the German government with guaranteed funding for actual needs presented.

This is why Holocaust survivors believe even at this very late date we must return to the origins of Chancellor Adenauer's promise in the 1950s. He said that modern Germany must take care of all the needs of the survivors because the savage actions of the predecessor government, the Nazi Germany regime, created the death camps, labor camps, medical experiments, torture, which has a left tragic legacy until this very hour.

I have a lot of examples in my written testimony, but I will only mention a few here.

The funds available and the spending limits imposed by the Claims Conference are so low that survivors often cannot even receive one hearing aid in a given year, much less the two they need—what a terrible way to make people live.

Many survivors are also denied dental care they desperately need. Survivors' dental needs are often so extreme from malnutrition and torture we endured. With existing limits, it is nearly impossible for survivors to get a gum surgery or extensive dental work they need.

The lack of proper dental care not only hurts survivors' dignity. It also puts them at risk of terrible nutrition and heart problems.

Senator Nelson, you understand that in-home care is vital for survivors. Nursing homes and mental health facilities can conjure up the most bitter memories of the way the Nazis treated us.

You tried so hard to help create a long-term care insurance plan for survivors almost 15 years ago when you were the insurance commissioner, and you were disappointed as we were, too, that it was blocked.

Today, everyone admits home care is vital, but no one is being serious about funding the actual professional prescribed amounts of home care survivors really need. The recent announcement by Germany that it would spend $800 million over the next four years for home care through the Claims Conference is a good example. It seems like a huge amount of money, but if you do the math you will see that it will only provide 25 percent of survivors' home care needs.

While the defenders of the current system want you and your colleagues to back away because the numbers seem so big, this would be tragic. This was the way of the past.

No more, please, please, Senator Nelson.

We are asking the Committee to take a very close look at all the data and use a sharp pencil to understand what any given program or idea will actually mean to survivors for tangible help they desperately need.

Let me also be clear about one other point. Holocaust survivors are not asking for more help from the United States taxpayers. Survivors already benefit from many programs for the elderly and should continue to do so.

We hope this can be made better for all elderly in the U.S.A. However, U.S. taxpayers are already burdened enough and soon 10

million American baby boomers will be turning 65 every year for many years to come.

Holocaust survivors endured ghettos, starvation, disease, concentration camps, killing factories and death marches. We came to the United States to become proud and productive American citizens.

Many, many survivors served this country in combat in Korea and Vietnam. I, myself, am a U.S. military veteran.

Survivors are very independent and never wanted to rely on their other fellow Americans for a penny of assistance. These same survivors have to ask for help because they can no longer care for themselves.

But the United States did not cause these problems survivors face today. Nazi Germany did.

Insurance companies such as Allianz, Generali and other European insurance companies should be also called upon to contribute to such a fund because of their Holocaust profits. The cost of a proper, comprehensive and permanent program will be small compared to Germany's and the insurers' resources but would provide a vital lifeline to survivors who need and deserve it.

If only this could be the serious focus by all high-level persons, led by you, Mr. Chairman, it would finally cut through the talk and false efforts once and for all and provide actually meaningful care, not gimmicks which will not work, once again leaving survivors continuing to suffer until they die.

We are losing more and more survivors every day, and they need our help now. We need this Committee to figure out how much they need for housing, dental care, home health care and other survivors, and then use the stature of power to help us secure the needed funding today, without any more delays.

We need the President, the Vice President and the entire Administration, this Committee and the entire Congress, to pressure Germany and all the culpable corporations to fulfill their moral obligation to the Holocaust survivors.

We believe in this Committee and in our elected members of Congress, led by you, Senator Nelson and Senator Collins, along with Senators Boxer, Feinstein, Mikulski and Rubio, who have previously supported us to take a lead, starting today.

Thank you again, Senator Nelson. Thank you again, and Ranking Member Collins, for your efforts. We are depending on you.

We are not schnorrers. We are not beggars. What we are asking for is long, long due to us.

Thank you very much.

The CHAIRMAN. Thank you, Mr. Rubin. Thank you very much.

Ms. Bar-Cohen.

STATEMENT OF ANAT BAR-COHEN, DAUGHTER OF HOLOCAUST SURVIVORS

Ms. BAR-COHEN. Good afternoon. My name is Anat Bar-Cohen. I am the daughter of two Holocaust survivors. I was born in a displaced persons camp in Germany after the war.

I am Co-President of the Generation After, the descendants of survivors organization in this region, and a member of the Coordinating Council of Generations of the Shoah, International.

And I, too, thank you so much, Chairman Nelson and Ranking Member Collins and the Committee for holding these significant hearings.

I am here to testify about my father's story and to represent the voices of the second and third generations. The families who have lived with the physical and emotional health needs of survivors all these years now face overwhelming challenges as survivors age and their horrific histories come back to plague them.

My father was plunged into the nightmare of Auschwitz in 1942 at age 16. After 3 years of unspeakable horror, the death march, he was freed in 1945 in Ebensee by the liberating forces of the United States of America.

Alone, with no family or home to return to, he volunteered for an American Army base in Germany and, in a gesture of gratitude, attempted to join the American Army so he could fight in Japan. A letter from President Truman thanked him but encouraged him to pick up the pieces and create a productive life.

He followed President Truman's words to the end of his days. He worked hard, created his own business, was a proud American voter and taxpayer, a loving father, husband, grandfather and even got to be a great grandfather.

A widower at age 80, suffering from Parkinson's and kidney disease and congestive heart failure, he moved from Florida, Senator Nelson's home, to live with us in Washington, DC.

After a bad fall in our multi-level home, we moved to Maryland to a one-level home. But then his needs increased dramatically, and he needed to move to an assisted living facility.

After subsequent falls, it was clear he needed full-time and extraordinarily expensive care. In a HUD-subsidized apartment, his rent and full-time aide expenses were $7,834 a month. His income from Social Security and German reparations were $1,753 a month.

Despite the family covering an awful lot of the expenses, it was becoming impossible to sustain him in his own home or in ours. In just three years, his lifetime savings, which he had hoped would serve him for the rest of his life, were gone, and he was facing an unwarranted move to a nursing home.

As children of survivors, we know institutionalization will trigger extreme anxiety and the terror of once again being imprisoned. As Senator Collins mentioned, the inflexible routines, uniformed strangers, sudden loud noises, darkness and the loss of autonomy are experienced by survivors as intense post-traumatic stress disorder.

And as the tragedies of returning soldiers—United States soldiers—have informed us, the long-term ramifications of untreated PTSD is enormous.

As young people, survivors witnessed atrocities, even their families killed before their eyes. Appropriate care was not available to them then, but it is required by many today. They now relive the Holocaust in their nightmares. Short-term memory loss leaves them the horrors of their youth.

Insurers denied my father long-term health care insurance, as they do other survivors, because of poor health—a result of years of forced labor, beating, starvation. Surely, their unique needs deserve special consideration.

We turned to the county, the state and the Jewish family services as his assets disappeared and received assistance for hearing aids and Metro access cards for dialysis trips, but in a senior facility he was ineligible for any Claims Conference home health care. In April 2009, my father was number 9,730 on the Maryland Medicaid waiver list, a 3 to 4-year wait.

In desperation, I sent a letter to Senator Mikulski, seeking her advice. We received a hopeful message from the Maryland Office of Health and Human Services in response on June 24th, 2009, but alas, my father had passed away on June 6th.

I hope my father's story helps illustrate the plight of the remaining 55,000 or so survivors in the U.S. living at or below poverty.

The DC area Jewish Social Service Agency, JSSA, has had yearly budget cuts, client increases with expanded eligibility while the complexity and expense of needs soar. Results are cuts to vital services and survivors put on waiting lists.

JSSA's 2013 projected shortfall for survivor services was about $600,000, with similar shortfalls projected for the next 10 years. In response to the crisis, a community survivor initiative helped raise $1.9 million. Even the third generation has held happy hours to help raise funds.

But private fund-raising and grandchildren-led happy hours cannot substitute for a systematic approach to caring for the Nation's aging survivors. Survivors need comprehensive, ongoing and affordable care to meet their special needs.

JSSA can now provide a maximum of about 25 hours a week for home care to the neediest survivors living in poverty after these contributions. That is roughly four days a month.

Is this really the best we can do for them?

Affordable home health care services, access to Medicaid waiver programs and long-term health insurance will keep people like my father and other elderly Americans in their homes and save the system millions of dollars.

As Jack mentioned, Chancellor Adenauer promised over 60 years ago; Germany bears the primary responsibility for the welfare of the survivors and nothing less than making good on that promise will suffice.

We ask this Committee to spearhead an effort to convince Germany to provide all necessary funding for the care survivors need and ensure that the Claims Conference acts honorably, disbursing all its funds on direct survivors' services and that they do it now.

Thank you for listening to my father's story—the story of so many of our parents.

Even as small children, each one of us silently pledged to protect our parents from further pain and misery. I was with my father every day for the last three years of his life, and I renewed that pledge to him every day.

This is a defining moment in history. Congress can act to do the right thing. In 10 short years, that moment will be gone forever.

In the memory of my parents, Jack and Barbara Pavony, and in honor of all the survivors we are blessed to still have with us, I say to you, do not fail them now.

Thank you.

The CHAIRMAN. Thank you, Ms. Bar-Cohen.

What we are going to do is I am going to defer my questions and will just do a wrap-up because we have a second panel as well. The second panel will get into the question of some of the services available.

So, Senator Collins, let me turn to you, and then when I turn to Senator Blumenthal, he wants a special recognition because Mr. Rubin is originally from Connecticut.

Mr. RUBIN. And I got you a lot votes.

[Laughter.]

Senator COLLINS. I do not know whether the audience heard Mr. Rubin, but those of us at the panel did.

Senator BLUMENTHAL. And I heard him.

Senator COLLINS. And that was the most important.

Ms. BAR-COHEN. That is what counts.

Senator COLLINS. That is right.

Ms. Bar-Cohen, I was very moved by your testimony and your devotion to your father. And, how lucky he was to have you by his side visiting him for every single day of the last three years of his life, taking him into your home earlier. Everyone should want to have such a wonderful daughter, as you clearly were to him.

Ms. BAR-COHEN. Thank you.

Senator COLLINS. Beginning a life in a new country, raising a family, building his business—all of that must have been consuming for your father during his younger years.

My question is, did his horrendous experiences during the Holocaust come to have a greater effect on him as he grew older?

Ms. BAR-COHEN. Oh, there is no question that this was true.

You know, our particular family story—we had an added bit of tragedy because my mother, who was also a survivor of Auschwitz, contracted Hodgkin's disease right after I was born in Germany and she died 11 years later. So my father was also left a widower with two small children.

And, of course, you know, the key was to rebuild from the ashes. Despite only having an eighth grade education and most of the family killed, he really threw himself into creating a new life and helping us create a new life in America. And so they were very consumed in those years with getting on with business and so on.

But his kidney problems began in his 30s. His glaucoma began in his 30s as well. So—you know. But he carried on.

But the thoughts about the Holocaust—we went back to Poland in 1997. He gave his testimony to the Spielberg effort, the witness effort. He was involved with a museum. He dictated his memoirs in Yiddish, and I translated them into a book. And so he became more and more, you know, sort of thinking about it and involved in it as he got older.

And, of course, as he became more infirmed, it really brought him back to those years and really made life very difficult.

Senator COLLINS. I can imagine that it would. It just is an issue that clearly speaks to the importance of trying to keep people in familiar environments as long as possible.

I was shocked when you gave—I leaned over to the Chairman when you gave the statistic of more than 9,000 on the waiting list for services and to get the kind of care that your father needed was going to be a 3-year wait.

And I think that reflects an institutional bias in programs that we have at the Federal level that are biased towards nursing home care and not towards home-based care. Has that been your experience beyond your father's?

Ms. BAR-COHEN. No, I do believe that is true. The kind of care that people need to be able to be productive and be in their own homes—I saw that with other survivors, and I have heard that with other children of survivors, telling me many, many stories of what they have gone through. And it is very similar to what I have gone through.

And the nursing home situation becomes the only option, and it is the worst option for us and for our community and for our parents.

In my father's case, he was still reading the Washington Post every day and having lunch with other survivors where he was living and, of course, being involved with us in family events and all the grandchildren and children visiting him and myself.

There was no real psychological and physical reason for him to be in a nursing home. He just needed a lot of care, but it did not have to be there.

Senator COLLINS. Exactly.

Ms. BAR-COHEN. Right.

Senator COLLINS. Thank you.

Mr. Rubin, in your written testimony, you are quite critical of the Claims Conference, and many of your concerns are related to the fact that the resources that the Claims Conference is providing are inadequate to meet the needs of survivors.

Do you think that the Claims Conference should expand its work in negotiating payments from the German government to include other countries as well?

Mr. RUBIN. Definitely, Ms. Collins, because without money we cannot supply the needy Holocaust survivors who are living in misery, and it is not fair at this stage of the game as we grow older to have to live that way. They cannot live out those few more years as are left for them in dignity.

And the money is there. Germany is a very successful country, and the insurance companies are sitting on $20 billion that maybe nobody is ever going to be claiming. There is nobody around to claim it. Most of the policies, unfortunately, were burned in Auschwitz, in Dachau and in Buchenwald with their owners, like my parents.

My parents had insurance. My grandparents had insurance. But, when I came home after I was liberated, I found my home completely destroyed. I found nothing whatsoever.

Unfortunately, the area became Ukraine, and I could not wait to get out of there. I did not want to stay under Russia. I wanted a free country.

And may God rest Mr. Truman's—President Truman's—soul. He let me in because I was under 23 years of age, without an affidavit. I just had to get a ticket. And in 1947, August 3rd, I was in this beautiful, beautiful country of ours as a free man, and I was able to do whatever I felt like doing.

Ms. Collins, I came to this country with $10 in my pocket. I still have $11.

[Laughter.]

Mr. RUBIN. And I raised a wonderful, wonderful family, with three beautiful children with high degrees, with college educations. I have four wonderful grandchildren. And I am the richest man in the world.

But my brothers and sisters are suffering because of the politics of the people who are dealing with Germany. I am not going to name it. We all know who it is, with every penny that comes into their hands that belongs to the Holocaust survivors, and not building Yeshivas, building schools and donating big monies for hospitals in Israel. Maybe 5 or 10 Holocaust survivors are using that hospital.

It is not fair. That money belongs to the Holocaust survivors.

And I hope and pray to God that you and Chairman Nelson will see to it, that we should get what is coming to us.

Like I said, we are not schnorrers. We are not beggars. But we are asking for what belongs to us. And it is about time, willing, if not forcefully, they should come up with the monies that we need to survive here.

Thank you very much.

Senator COLLINS. Thank you.

The CHAIRMAN. Senator Blumenthal.

Senator BLUMENTHAL. Thank you, Mr. Chairman

I want to begin by thanking our Chairman as well as Senator Collins for their dedication to the really profoundly important issue of abuse and neglect of our elderly and our senior population generally. This hearing is one of a number that they have held.

Particularly, our Chairman has really been so devoted to trying to make sure that the medical and financial interests of our seniors are protected. And I thank him for giving us this opportunity to be with you today, both of you, who embody a great spirit.

We tend to think of life in terms of problems, but the spirit that you have brought to this room, Mr. Rubin—and thank you for bringing the memory of your parents here, Ms. Bar-Cohen.

And thank you in particular, Mr. Rubin, for all your contributions to the State of Connecticut and particularly the Bridgeport community.

Mr. RUBIN. And Fairfield.

Senator BLUMENTHAL. And Fairfield, over many, many years.

And I must say, on a personal note, your description of your coming to this country evokes the memory of my own father who came to this country in 1935, escaping the Holocaust at the age of 17, having not much more than the shirt on his back, knowing no one, speaking virtually no English, and this country really gave him a chance to succeed.

And those who came, as you did, are among our most dedicated patriots because they appreciate the value of what this country has given them, as yours did.

The irony is that for all of their physical needs they were, and are, so strong in spirit and character and values. So there is the irony of their strength in that area and their needs in other areas, which I think makes it all the more poignant and powerful that we address those needs.

So I want to thank you for being here today.

I am not going to delay the proceedings because we do have another panel, Mr. Chairman.

And your testimony has been enormously enlightening and important to us. So we thank you for being here today.

Thank you.

Mr. RUBIN. Thank you.

The CHAIRMAN. A quick question for both of you. If there was advice from you to us with regard to some of the services that would be provided for the survivors, your advice?

Jack, we will ask you first.

Mr. RUBIN. I am sorry I did not hear the question.

The CHAIRMAN. It is a question about medical home care services, legal services, daily living support. What kind of services would you recommend that are on the forefront of your concern?

And then I will ask Ms. Bar-Cohen.

Mr. RUBIN. Mostly to see to it that they could stay in their home and they get all the necessary services where they could outlive their lives at home, not in an institution, not in a mental house, but at home. And that takes a lot of money, and unfortunately, this is the problem.

This is why we are asking Germany to come up what belongs to us, to see to it that we have home care, health care insurance. They should have been giving it to us years back, when you requested, Chairman Nelson.

And this is the most important because people, when they are being institutionalized—I am sorry to say it, but when they are taken out of their homes, they are scared. They think they are in a concentration camp again.

They are afraid of the nurses even because the nurses will tell them to go take a shower. That is what they did in Auschwitz. That is what they did in Dachau.

And that is why I am requesting, if it is possible, if possible, to see to it that the money is there for every needy Holocaust survivor to live out their lives at home.

The CHAIRMAN. Thank you.

Mr. RUBIN. Thank you.

The CHAIRMAN. Ms. Bar-Cohen.

Ms. BAR-COHEN. I definitely second that. I think that is one of the most important, if not the most important thing.

In addition, transportation services are really crucial to getting to medical visits and so on and also, to getting to social events because if they are in their homes—and these people have been extraordinarily social all their lives.

And they need each other, and they need to be involved and be part of the world because that is what they have done. They have made themselves incredible parts of the world, and they want to stay that way as long as they can be.

So, home health care, affordable home health care, anything we can do about the Medicaid waiver really should be done, and these kinds of transportation services are really vital and crucial.

The CHAIRMAN. You all have been outstanding. Thank you. Thank you very much.

Ms. BAR-COHEN. Thank you very much.

The CHAIRMAN. And I would ask the second panel to please come up.

First, we are going to hear from Mr. Sandor Samuels. He is the President and CEO of Bet Tzedek, and that is based in Los Angeles.

Then we will hear from Mr. Elihu Kover, Vice President for Selfhelp, New York City-based. Mr. Kover oversees programs administered to more than 5,000 Holocaust survivors in New York City.

Then we will hear from Mr. Lee Sherman, the President and CEO of the Association of Jewish Family and Children's Agencies headquartered in Baltimore.

Thank you all for being here.

Mr. Samuels.

STATEMENT OF SANDOR E. SAMUELS, PRESIDENT AND CEO, BET TZEDEK

Mr. SAMUELS. Chairman Nelson, Ranking Member Collins, members of the Committee, thank you for the opportunity to speak with you today as we work to address the challenges faced by America's aging Holocaust survivor population.

My name is Sandy Samuels, and I am the President and CEO of Bet Tzedek Legal Services, a Los Angeles-based nonprofit organization recognized internationally for our work serving the unique needs of Holocaust survivors.

For 40 years, Bet Tzedek has provided high quality, free legal services with a core mission to fight injustice afflicting our communities' most vulnerable residents. Bet Tzedek remains one of the only legal service agencies in the U.S. that offers free legal services to survivors seeking reparations and other services, believing that we honor those who perished in the Holocaust by helping survivors live in comfort and dignity.

In 2008, Bet Tzedek launched a nationwide initiative known as the Holocaust Survivors Justice Network, HSJN. The network, which is active in more than 30 cities across North America, includes more than 100 law firms, corporate legal departments and Jewish social service agencies. Bet Tzedek trains professionals from these organizations to assist survivors in their communities with compensation claims and appeals. HSJN has successfully recovered more than $23 million in new economic resources for our survivor clients.

Recently, Bet Tzedek has also expanded its service to the survivor community by providing a broad range of legal services designed to meet the unique needs of aging Holocaust survivors, including government benefits assistance, housing, protection from abuse and neglect, and end-of-life planning.

We piloted this holistic approach in Los Angeles and are now in the process of using HSJN to bring these services to other American cities with significant survivor populations.

Holocaust survivors are significantly more likely to live in poverty and social isolation than other older Americans, with poverty rates in some communities, like Los Angeles, approaching three times the poverty rate for older Americans in general.

Survivors are also likely to have greater health needs than the general population and are more susceptible to certain illnesses, such as osteoporosis and cognitive impairments.

Thus, although the total population of survivors is decreasing, the number of survivors requiring services continues to grow.

For many survivors, community-based health services that provide them with the ability to live independently can prove vital for preserving dignity and comfort at the end of their lives, but currently available resources are frequently insufficient to avoid institutional care, which can be jarring for members of the survivor community. As we stated before, standing in lines, being ordered about by uniformed personnel, hearing people crying and screaming, and other aspects of institutional life all conjure up dreaded memories.

Due to high rates of poverty, many Holocaust survivors in the U.S. must rely on public benefits to meet their basic needs, such as supplemental security income and Medicaid at the Federal level, as well as state-level programs that assist survivors in maintaining their independence.

Although there are no national government-funded programs to address the specific needs of survivors, current law exempts reparations payments received by survivors from being factored into eligibility for Federal need-based programs. Unfortunately, despite Bet Tzedek's efforts, government workers frequently are not aware of the 1994 law exempting reparations payments from being counted for eligibility purposes and survivors sometimes lose needed programs or have their benefits reduced.

One such survivor, an 80-year-old client of Bet Tzedek from Ukraine, relies on SSI as his only source of income. In the 1990s, the client received a lump sum payment of about $3,000 from a Holocaust compensation program. Although these funds should have been exempt from being counted for SSI eligibility, Social Security later charged him with an overpayment of $37,000 for having excess resources and began garnishing 10 percent of his SSI income to pay back this amount.

Imagine the stress.

The client tried to appeal on his own and was denied, but Bet Tzedek was able to resolve the issue and restore his benefits.

We must make this rule crystal clear to all government employees.

Finally, beyond government programs, limited funding for home care, medical and dental expenses, food assistance or financial emergencies may be available from nongovernmental sources, such as the Claims Conference, local Jewish communities and charitable organizations. But, despite these efforts, the available funding simply does not cover the needs of the survivor community. For this reason, it is essential that Congress act quickly to preserve current Federal assistance to aging survivors, including reauthorizing the Older Americans Act.

Tragically, many survivors are ending their lives impoverished, alone and without access to adequate medical care. Holocaust survivors in the United States are entitled to have the final chapter of their lives be dignified and secure.

Mr. Chairman, this concludes my testimony, and I would be happy to answer any questions.

The CHAIRMAN. Thanks for what you do, Mr. Samuels.

Mr. SAMUELS. Thank you.

The CHAIRMAN. Mr. Kover.

STATEMENT OF ELIHU KOVER, VICE PRESIDENT, NAZI VICTIM SERVICES, SELFHELP COMMUNITY SERVICES

Mr. KOVER. Chairman Nelson, Ranking Member Collins, members of the Committee, I thank you for the opportunity to come here today to discuss the needs of aging Holocaust survivors and the services that my organization, Selfhelp Community Services, provides to them.

I am also honored to follow the testimony of Mr. Rubin and Ms. Bar-Cohen because their sensitive and moving portrayal of their experiences is what drives us to do the work that we do.

We appreciate the support and attention to Holocaust survivors by the Administration through the initiative recently announced by Vice President Biden and by Congress through S. 999.

We certainly thank Senator Cardin for his RUSH Act, and we thank Senator Nelson and Senator Kirk for their sponsorship of this bill, which would amend the Older Americans Act to provide social service agencies with the resources to provide services that could meet the needs of the aging Holocaust survivors so they can age in place with dignity, comfort, security and with an improved quality of life.

Since its founding in 1936 by emigres fleeing Nazi Germany, Selfhelp Community Services has grown into a large health and human services agency serving older adults of all backgrounds, but staying true to its founding mission, Selfhelp is the largest provider of comprehensive social services to Holocaust survivors in North America.

Over 75 years ago our founder make a sacred promise to serve as the last surviving relative to victims of Nazi persecution. Today, through an array of services delivered with care and compassion, Selfhelp is fulfilling this pledge for over 5,300 survivors in New York City and Long Island.

Holocaust survivors are growing older and frailer. The 20-year-old who survived Auschwitz is now 88. She may be coping with the loss of a spouse and has no family to speak of.

In addition to the myriad of problems that are associated with so-called normal aging, many survivors have numerous physical and psychological problems that are directly attributable to their experiences during the Holocaust. Prolonged periods of starvation, exposure to severe weather conditions with inadequate clothing, and experiencing and witnessing the unspeakable atrocities take toll on both body and mind. And many of these problems only surface in old age, having been hidden during the working years when survivors struggled and they did make a new life for themselves as productive citizens of this country.

Further exacerbating the situation, more than 50 percent of the survivors living in New York City and survivors elsewhere in this country can be classified as poor or near poor under Federal guidelines.

Many people are incredulous when they discover that there are an estimated 120,000 or more survivors in the United States, and in fact, this is not just a problem for New York City, Los Angeles and South Florida. We have a map which we will submit following this testimony, which indicates population centers throughout the country and that it is not just a coastal problem.

At Selfhelp, we have recently issued a report which is included with the written testimony, which analyzes the most recent population data.

In the New York City metropolitan area alone, there are still 65,000 survivors, and those that we serve range from the youngest who may be in their late 60s to the oldest who are over 100 years of age. Sixty percent of our clients are over 85 years of age. Sixty percent.

The trend that we see today can only really be described as counterintuitive. While the number of Holocaust survivors is diminishing, the number of survivors in need of services increases daily.

And, a case in point—over the past year at Selfhelp we provided services to over 5,300 survivors of whom more than 700 came to us for the very first time. They did not need services before then.

Our projections show that the need will only continue to grow as survivors age and experience increased frailty, debilitating conditions and financial distress.

Because the crises experienced by survivors can often be traced back to acute loss, dislocation and deprivation during the Holocaust, survivors require sensitive intake and assessment of need, and they need painstaking care coordination and case management on an ongoing basis.

Selfhelp's professionals are well versed in the psychological impact of the Holocaust and experts in accessing a wide range of benefits available to survivors.

Selfhelp maintains a separate division of the organization, operating out of seven community-based service sites, focused solely on providing specialized care for this fragile population.

To meet the range of physical and psychological issues that survivors have, Selfhelp has developed a comprehensive service approach. The key to this service model is the development of a longstanding, trusting relationship with a social worker who is responsible for care coordination. The social worker's role is to assess the situation of the Holocaust survivor and implement a plan of care to ensure that the client receives optimal services as well as all the entitlements that they are eligible for.

We provide housekeeping and home health care services to enable them to remain home safely, ongoing social programs such as coffee houses and holiday celebrations, enhanced social contacts and effectively decrease isolation. Volunteers visit homebound clients to provide companionship and a community connection.

For the frailest individuals, we serve as court-appointed legal guardian, which enables them to remain at home despite serious chronic conditions and dementia.

And for those in financial need, we are able to provide emergency grants for needed items, such as air conditioners and medical and dental equipment, which are not covered by Medicare or Medicaid.

We, like many organizations throughout the United States and the world, are fortunate to receive substantial funding from the Claims Conference. Their successes have enabled the worldwide network that serves survivors to be created.

It has enabled us to expand our services significantly over the past years. We have been able to open new service sites, and that has made our services more accessible. We have been able to provide increased critical home care services.

Their support is unprecedented, and it does provide a lifeline for tens of thousands of survivors.

We also receive crucial funding from UJA–Federation in New York. They play a central role in advancing awareness and support for survivors in the New York community.

The need, however, is far greater than what these two organizations can help us provide. The numbers of survivors who require care and the care that they need far exceed the capacity currently that the service providers have.

So, in closing, we hope that in reauthorizing the Older Americans Act Congress will also include the provisions of S. 999.

We also urge support for the White House initiative's four-point plan to help Holocaust survivors.

And the United States critically should continue to be a leader in the arena of pressing for survivor compensation from other countries, and they should continue their diplomatic efforts, such as the Terezin Declaration.

We should resolve property claims of survivors from Central and Eastern Europe.

And, we should help with negotiating with France on behalf of the deportees who were transported on the French railway trains.

The overarching theme is to enable Holocaust survivors to remain at home, in their community, with dignity and improved quality of life.

Many of the survivors we serve have no family to turn to for support. Selfhelp is truly their last surviving relative, and we will serve as such for as long as a single Holocaust survivor remains.

Thank you.

The CHAIRMAN. Thank you, Mr. Kover. Thank you for what you do.

Mr. Sherman.

STATEMENT OF LEE I. SHERMAN, PRESIDENT AND CEO, ASSOCIATION OF JEWISH FAMILY AND CHILDREN'S AGENCIES

Mr. SHERMAN. Chairman Nelson, Ranking Member Collins and distinguished Senators, it is my honor to speak before you about the unique issues affecting survivors of the Holocaust.

My name is Lee Sherman, and I am the President and CEO of the Association of Jewish Family and Children's Agencies. AJFCA represents 125 social service providers throughout the U.S. and Canada that aid vulnerable populations of all faiths and backgrounds.

We partner with the Jewish Federations of North America, and our member agencies partner with nonprofits, state and local government, and community businesses and organizations to feed the hungry, house the homeless and help families going through crisis.

Throughout most of the country, our member agencies provide the vast majority of services to Holocaust survivors.

Our member agencies receive funding from their partner, Jewish Federations, and they receive money for home care and emergency services through the Conference on Jewish Material Claims Against Germany, the Claims Conference, which is the largest funder of social welfare services for Holocaust survivors in the U.S. Still, the funding is not enough, and our agencies report requiring an additional $100,000 to $4 million annually to provide for the basic needs of the survivors in their communities.

Of the 120,000 Holocaust survivors living in the United States today, all are elderly and a large percentage live at or below the poverty line, struggling to meet their basic needs for housing, food, health care and meaningful human interaction.

These survivors need a range of services to help them remain in their homes and communities—home health care, emergency financial assistance, counseling, case management and opportunities for socialization in a safe, supportive environment.

If these needs are not met for survivors, removal from one's home results in the loss of autonomy and control over daily life. This loss of control can trigger psychological impacts from experiences in the Holocaust.

For example, some survivors may resort to hiding food in their rooms, insecure about when their next meal will come and how much food will be available to them.

Some survivors learned long ago to fear and mistrust doctors, white coats or uniforms because of terrifying experiences with Nazi soldiers and medical experiments.

Some survivors may unsafely attempt to stand or walk without assistance because during the Holocaust their strength sustained them while the sick and the weak were marked for death.

Even survivors who have adapted well their entire lives in America may experience these triggers later in life, especially if compounded by dementia or Alzheimer's.

This is why our agencies work hard to make sure that Holocaust survivors have the necessary supports to age in place.

The need for social services will continue to grow as survivors age, and our agencies are already struggling to meet the demand.

Many of the necessary services are funded through the Older Americans Act, and we thank the Senate Committee on Health, Education, Labor and Pensions for approving the bipartisan Older Americans Act Reauthorization Bill on October 30, 2013 and for including in it a requirement for the Administration on Aging to consult with organizations serving Holocaust survivors and issue guidance on outreach to the survivor population for OAA programs.

We thank Senator Cardin and Senator Kirk, the champions of Responding to the Urgent needs of Survivors of the Holocaust, or the RUSH Act, along with Chairman Nelson, Chairwoman Mikulski, Senator Portman and the other bipartisan co-sponsors.

We also welcome the Vice President's recent announcement of the Obama Administration's commitment to helping impoverished Holocaust survivors through the appointment of a special envoy in the Department of Health and Human Services to serve as a liaison, for the commitment of the Corporation for National and Com-

munity Service to deploy VISTA volunteers to help build the capacity of organizations serving Holocaust survivors, and the exploration of public-private partnerships opportunities to increase the resources to serve survivors.

We are extremely grateful to President Obama, Vice President Biden and the talented White House staff for their innovative ideas on addressing the social service needs of Holocaust survivors.

AJFCA and the Jewish Federations of North America are honored to serve as leaders implementing these initiatives.

After all, Holocaust survivors are proud Americans. They remember the courageous American soldiers who liberated concentration camps. They are grateful to the United States for providing freedoms denied earlier in life and for making possible the opportunities to succeed through hard work.

Survivors have contributed to the fabric of our Nation, becoming Nobel laureates, doctors, scientists, philanthropists, academics and business owners. As we know, the late Tom Lantos, a Holocaust survivor, served as Chairman of the House Foreign Affairs Committee.

Yet, as we know too well, thousands of Holocaust survivors need our help. Living in poverty, plagued by a measurable loss, they are at risk of falling into isolation and despair. It is for them, and to honor the memory of the six million Jews murdered in the Holocaust, that we commit ourselves each day to ensuring that those who suffered the most heinous brutality of the last century are able to live their twilight years with dignity, comfort and security.

Holocaust survivors are living, breathing triumphs of survival over bigotry and hatred. I thank this Committee, my fellow witnesses and concerned members of the community for shining a light on their unique needs and circumstances.

Thank you.

The CHAIRMAN. Thank you, Mr. Sherman, and thank you for what you do.

Senator Collins.

Senator COLLINS. Thank you, Mr. Chairman, and let me echo your gratitude to the panelists for the services and advocacy that they are providing.

Mr. Samuels, you mentioned in your written testimony and also in your oral presentation that the reparations received by Holocaust survivors are not supposed to be counted in determining eligibility for programs like SSI, and you cited a horrendous example of Social Security trying to recover an overpayment——

Mr. SAMUELS. Right.

Senator COLLINS. [continuing]. From a survivor.

And I am thinking about this from a perspective of someone representing a state with very few survivors, and I think it is even more likely that the Social Security personnel in states with very few survivors would not understand that those payments are not to be counted toward eligibility for programs like SSI.

In other words, if there is a problem in LA with this, think what it is like for the State of Maine, an area where Social Security is dealing with few, if any, survivors.

Do you know if the Social Security Administration has ever issued specific guidance or conducted training for its workers regarding the implementation of the Victims of Nazi Persecution Act?

Mr. SAMUELS. Well, I do not know specifically if there is any formalized training.

I do know that in 1984, for example, Bet Tzedek brought a case—it was a 9th Circuit case—that established the principle. And then in 1994 Congress passed a law, the Victims of Nazi Persecution Act of 1994, that specifically exempts reparations payments.

You see, I think one of the other problems is that you have a number of payments that might be denominated something different than reparations.

So something that is called a reparation, that is exempt. I think most people would know that.

But now, for example, there is a program in Germany called ZRBG—I could not even begin to pronounce the German, but it is a pension program.

So, if a Social Security administrator sees, oh, this guy is getting a pension, you know, from Germany, oh, that should not be excluded.

Well, certainly, it should be excluded because it falls squarely within the 1994 Act, but they may not understand that.

And I think that, you know, as much as I like to talk about the work that Bet Tzedek does, I do not want it to get that a far. You know?

What we want to do is prevent the incorrect application of these Social Security rules so that people like our client do not have to worry about—I mean, his wife suffered such incredible depression that—you know, thinking that they are not going to be able to buy food.

We do not want to have that happen. We need to prevent it at the get-go. We need to make sure that everyone in the Social Security Administration and all the other government programs where this is applicable are aware of, and apply properly and expansively, this principle.

Senator COLLINS. I think your point is extremely well taken.

And I am concerned that you are correct; if they saw that $400 a month pension payment that I think is about the average amount, that would be calculated and that it would not be understood.

Mr. SAMUELS. Right.

Senator COLLINS. Not through any malice but just not understanding that this is supposed to be exempt.

And that is something that maybe we can follow up with the Social Security Administration on.

Mr. SAMUELS. That would be wonderful. Thank you.

Senator COLLINS. Mr. Sherman, in your written testimony, you mentioned that approximately half of the survivors in our country today emigrated here before 1965 and that survivors arriving after 1965 largely came from the countries of the former Soviet Union and that many of those individuals have not assimilated as well as earlier generations and that there may be language barriers, for example.

Could you elaborate—and this is my final question.

But, could you elaborate a little on the differences in the social service and health care needs of these two distinct populations of survivors?

Mr. SHERMAN. Yes, Senator Collins. Thank you for the question.

Senator COLLINS. And if you will turn on your mic, please.

Mr. SHERMAN. I thought it was on. Thank you.

Yes, we have seen a difference between pre-1965 and post-1965 emigres to the United States.

Prior to 1965, most of them, like Mr. Rubin, came shortly after the war, have had a longer time to be able to assimilate into the United States, probably in many cases had better educational backgrounds, not always, but have been able to take advantage of some of the offerings of the United States.

Post-1965, as you know, there was a tremendous emigration to the U.S. from the former Soviet Union. Those individuals, who were also victims of Nazi terror, also lived under Communism for decades. So they sort of have maybe a double whammy, if you will, and they have been exacerbated in terms of their needs, both in a medical and a psychological manner.

Also, many of them did not have the opportunity to learn English in the same way. They came at an older age and were not able to have the same economic benefits.

So we do see differences in those populations.

There is a larger percentage, when we talk about people who are living at or near the poverty line, certainly in those who are Holocaust survivors from the former Soviet Union.

In terms of needs, clearly—and you identified one—the language need is a great one. They need translation services in greater numbers than others do.

And also, just like all of the survivors, I mean, the opportunity to live longer in their homes and to be able to avoid a lot of the psychological impacts and triggers that they might face by going into an institution are very important.

And we also see from all survivors that they do not have as large a family support network as many of the people who have grown up all of their lives here in the United States.

And it is wonderful to hear the testimony of Ms. Bar-Cohen and what she could do for her father, but we also know that her parents probably did not have siblings who came and that they lost many family members in the Holocaust and they do not have those family support networks.

And so that is where our social service agencies, like Selfhelp in New York and the others across the country, really come in.

Senator COLLINS. Thank you.

The CHAIRMAN. Senator Ayotte.

Senator AYOTTE. Thank you. I want to thank the Chairman and the Ranking Member for having this very important hearing.

And I wanted to ask Mr. Kover; I was interested in reading in your testimony the challenge that Holocaust survivors face with unmet mental health needs.

Obviously, given the horrific things that they have seen and experienced, Holocaust survivors are at high risk for post-traumatic stress disorder, chronic depression, as well as anxiety. But along with other things that come with aging in and of itself, that can

be exacerbated by the experiences that they have had with the Holocaust.

So I wanted to ask you; in your written testimony you talked about one of your clients who was able to link with supportive counseling to help address depression and anxiety.

What have you seen as some of the barriers to making sure that survivors are able to receive proper treatment and health on the mental health end?

Do you think that there is sufficient availability of those who are professionals who have some knowledge of the unique circumstances of the Holocaust survivors and training to be able to give them special assistance?

And I wanted to get your thoughts overall of what we could do to help on this gap.

Mr. KOVER. Okay. I think we see a range of mental health needs among survivors.

What we do at Selfhelp and is done throughout the Jewish family service network is we do provide supportive counseling, which is to assist somebody so that they can be at home and get the services they need, and that needs sensitivity to the unique needs of Holocaust survivors.

But at one end of the continuum are survivors with extreme mental health needs, and these are people who are experiencing severe mental illness, or severe anxiety, and severe disorders, and need not the help of a social worker but really move into the arena of needing the help of a psychiatrist or trained clinician.

And, for that, it is very difficult to find the services they need. There are several barriers.

The first is among the survivors themselves. Most older people and survivors in general do not go seeking mental health care, and so they will not go to a mental health facility. They will not travel to get that kind of care.

So what we found is that if we can bring that care into the home, in a much more comfortable setting, the survivor is more likely to accept that care and to benefit from that care.

In New York, we have been very, very lucky to have two specific programs that do this. With funding from the UJA-Federation of New York, there has been able to be established a mental health outreach program, both in the Bronx through Montefiore Hospital and in Brooklyn at Maimonides Hospital.

That has been a unique experience in which psychiatrists develop personal relationships with survivors. They will go into the home. They can assess the condition. They can prescribe medication. They can refer for ongoing treatment. But the service needs to be put together with a really personal connection of somebody coming into the home.

These are very limited programs because Medicare reimbursement for mental health services is straightforward and limited. And so, for psychiatrists, they would not willingly go do home visits because the reimbursement rate just is not conducive for that amount of service. It takes a long time to build a trusting relationship with survivors, not just in each visit but also over time.

And so the reimbursement rates under Medicare are quite limiting and do not permit this, and we think that some adjustment

to that would be a benefit to survivors and to all elderly as well, to recognize those special needs.

Senator AYOTTE. Yes. No, I thank you for raising that because, obviously, keeping people in their home and treating them in their home; not only is it more humane and a better way for someone to be able to receive the treatment and to have quality of life, but also the cost issue usually is better in the home as opposed to putting them somewhere else. So I think that is a very important issue in terms of looking at Medicare.

I wanted to ask; just briefly, in your testimony, you know—and anyone is welcome to jump in and comment—you also noted that you appreciated what the White House was doing on the four-point plan to help Holocaust survivors. And one of those components is to continue the international diplomatic efforts, to pursue not only compensation but property claims.

I just wanted—you know, many of us serve in committees beyond this, too—of wanting to know how we could help in pushing those efforts and particularly as we have meetings with, you know, representatives from other countries and how we could help the Administration on that.

Mr. KOVER. If I could just lead off, recently, there was the Terezin Proclamation that was signed on by over 40 countries worldwide regarding Holocaust survivors and compensation, and I do not know that there has been any successful outcome to that at this point.

And, in particular, certain countries, such as Poland, have numerous outstanding compensation claims that have not been resolved. And there are numerous Polish survivors who, should there be ability for a compensation claim, would benefit financially, and it would significantly improve their lives here in this country.

Mr. SAMUELS. I know one area that I think was mentioned earlier involves the French railroad, which has not really stepped up and done anything for its liability in the horrors that were committed under the aegis, you know, during the war.

And the Holocaust Railway Justice Act—and thank you, Chairman Nelson, for supporting that act. That is something that I would hope the Congress would take up and give serious consideration to.

Senator AYOTTE. Very good. Thank you.

The CHAIRMAN. Senator Wyden.

Senator WYDEN. Thank you, Mr. Chairman. I want to commend you and the Ranking Minority Member.

I think this is a very important hearing, and I was listening to a bit of it. We are juggling in the office as well.

And this is a particularly important topic in the Wyden household. My parents were German Jews. They all fled the Nazis in the 30s. Not all got out. We lost family at Kristallnacht and Theresienstadt.

And I remember the account from my parents for years and years. My mother's side got reparations for many, many years.

So, as far as I am concerned—I am not sure everybody in the audience would automatically identify with the phrase of tikkun olam. But, as far as I am concerned, your organizations, day in and

day out, are practicing tikkun olam or are in the perfecting-the-world business.

I just want you to know, having watched your work for many years and having worked with a number of the people involved in your programs, we so appreciate what you are doing.

I have only one question. I was trying to follow this situation that came out not too long ago with respect to the fraud that was perpetrated on the Claims Conference—the Claims Conference Hardship Fund and the Article 2 Fund.

And I think we all agree the Claims Conference does terrific work for the community, and of course, those funds make reparations directly to Holocaust survivors.

An employee of the Claims Conference was sentenced to eight years in prison for his role in this particular scheme, and my understanding is it has hurt more than 100,000 Holocaust survivors and, of course, many of them who live in poverty.

Give me your sense because these are good people who are very committed.

And I gather there was an internal report that came out a year or so ago.

What is the status now with respect to the safeguards and the oversight that we all want to ensure, the integrity of the program, so that every single dollar gets to the people who so desperately need the good work that you all are doing?

Mr. SHERMAN. I can address some of that, I think.

I am from the Association of Jewish Family and Children's Agencies, and we have agencies across the country who receive Claims Conference funding. And certainly some of the requirements of those agencies in terms of reporting have been increased, and probably Selfhelp, as an example of an agency that gets Claims Conference funding, could speak to that more directly.

But it is our feeling that the fraud was handled, that it is a thing in the past, that all of the oversights that are necessary are currently there.

And I think that, most importantly, of course, the major funder of Claims Conference funding comes from the German government itself right now. And in the last negotiations with the German government and with the Claims Conference that were concluded last May, the German government agreed to an increase in their funding for the years 2015 through 2017, which I think shows a level of confidence in the way that the Claims Conference works and the way that they distribute funds and ensuring that those funds actually get to the social service agencies to provide those vital services to the individuals that require them.

Senator WYDEN. Good. Others?

Mr. KOVER. I agree with Mr. Sherman's comments.

I also want to point out that the funds that were obtained fraudulently; no survivor had any impact. There was no current survivor who lost money because of that. My understanding is that those were just false claims that were made and actually it was Germany who paid out money, but it did not impact any survivor in their own pocketbook.

Senator WYDEN. With respect to the fraud, my understanding was it took place over a decade, and that was what concerned me. Is that right?

In other words, if you had this individual and he was able to do something for six months or something like that, that would be one thing. But my concern was having heard about it over a decade; that was why I wanted an update.

And I am pleased that you mentioned the increased oversight and vigilance because as much as anything, when you have a good program—that is why I started by saying the Claims Conference does incredibly important work—what you want to send in a message to all concerned is these are people who have both their heart and their head in the right place.

And if you think that this has been cleaned up, that is very much what I wanted to hear this afternoon.

And, again, just keep practicing tikkun olam because I think a lot of survivors—and Jewish Family and Child Service is a special program in my hometown, in Portland, helps every single day, and we are very appreciative of it.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Senator Wyden.

You heard Ms. Bar-Cohen say that in her personal example the expenses had exceeded $7,000 a month, but the amount that she had received in assistance was something like $1,400 or $1,700.

So what is your recommendation to us that we would try to do in the future?

We have had different suggestions. Jack had said, go after the European insurance companies.

Mr. KOVER. Good answer.

I think there are some problems that are beyond a very specific group to solve, and there are some problems that really only government can solve.

For one situation, in New York—and I assume elsewhere in this country—affordable housing for senior citizens is a terrific problem. In New York, there is just not enough senior housing available for all of those who need it, and as you are probably aware, in New York City the cost of housing is not insignificant.

What gets exacerbated is when two people living together on Social Security can just barely manage, but they just barely manage. And then the husband passes away. And now you have a wife living on one Social Security, and where they could just barely manage, now she can no longer manage.

And, if this is a Holocaust survivor who has lived with her husband in that apartment for 50-some odd years, to have her move, to even find a place for her to move; there is no place to move.

The problem is to find a way for her stay there. In some cases, there is no way for her to remain there, and institutional care may end up being the only option.

So what we have seen in New York and what we have seen countrywide is that there was a program, the Section 8 voucher program, which enabled some ability for people to stay in place, age in place, when such a situation occurs. And that program has really been frozen, and in New York City there are no new vouchers available.

And so it is a very difficult situation.

Also, to address affordable housing, I think one other option is we at Selfhelp have built seven apartment buildings for seniors. The first two were built for Holocaust survivors. We have recently, on our last building, obtained preferential for 10 percent of the apartments to be given priority to Holocaust survivors. So we recognize that situation.

If the Federal Government would do something towards that, you know, in fact, mandating that 10 percent of apartments in all new affordable housing built for seniors be set aside for a special population such as survivors, I think that would assist in some way as well towards the affordable housing that is a major problem for seniors and for Holocaust survivors.

Mr. SAMUELS. Senator, one of the issues clearly is there just are not enough funds available.

But another issue to look at is some of the regulations, especially relating to caps. For example, on in-home supportive services, there are caps on the amount of services that you can get in order to qualify for possibly another program that might supplement, you know, your ability to receive this kind of help.

And I think that somebody needs to take a look in a holistic way at all of those services, at all of those opportunities to get in-home supportive services, because we would agree that this is at the top of the list for helping survivors live out their lives in dignity and security.

But there are these, as I said, caps on their ability to get enough hours of supportive services in-home, and that is something that really needs to be looked at.

Mr. SHERMAN. And, if I could just add to that, I think one area that Congress can certainly be an important part of is making sure that the gap that Ms. Bar-Cohen explained does not grow.

And I think number one on the list is reauthorization of the Older Americans Act because certainly Holocaust survivors, along with all of our aging population, benefit greatly from the services that are provided through the Older Americans Act, whether it is—whatever kind of services it may be, including meals and adult day care and other services that come through that Act.

Number two, I would say, is to end the sequestration. We have heard from our agencies—probably over 50 percent of our agencies that responded to us when we asked them—have already been notified from their Area Association on Aging that they would be cut, that their cuts are coming for their congregate meals programs, home delivery meals programs, other things that they do. Many of the people that they serve clearly are Holocaust survivors.

And so, I think there is something we can do to make sure that gap does not grow.

And, in addition, as some of the comments made earlier in terms of looking for additional funding, whether it is from foreign governments, like Germany, to contribute—we are working closely, as we said before, with the White House initiative and thinking about a public-private partnership to raise additional funds to help serve this population that is in need, and in critical need right now, with gaps that are growing.

So, thank you.

Mr. KOVER. I would like to add one more comment in terms of needs of survivors.

As we move in this country to a more managed care health care system, a problem for survivors who have difficulty in accessing services and benefits in general, and require the assistance of a care coordinator or a case manager, will become even more critical as the system becomes more regimented in the health care world.

And, if there is a way to either fund more care management and care coordination services in the community at large, or ensure that the managed care system enables care coordination within that system to pay attention to the specific needs of Holocaust survivors, that would be critical for this population that we serve.

The CHAIRMAN. You have been excellent. This has been a most enlightening hearing.

We thank you for your participation. For Mr. Rubin, for Ms. Bar-Cohen, thank you.

The meeting is adjourned.

[Whereupon, at 3:51 p.m., the Committee was adjourned.]

APPENDIX

Prepared Witness Statements

Statement of Jack Rubin
United States Senate Select Committee on Aging
Aging in Comfort: Assessing the Special Needs of America's Holocaust Survivors
January 15, 2014

My name is Jack Rubin. I am a survivor of several Nazi concentration and death camps, the only member of my beloved family to survive the Holocaust. Somehow I survived and was fortunate to make it to this great country and raise a beautiful family, with three (3) children and four (4) grandchildren.

I have served on the advisory committee of the Jewish Family Services in West Palm Beach for many years, and am also here representing the Holocaust Survivors Foundation USA, which we formed 14 years ago to fight for the rights of tens of thousands of survivors still living in the United States, especially those living in poverty. Our leaders are elected by survivors from all over the United States.

Senator Nelson, I want to thank you for your many years of support for Holocaust survivors, and for holding this important hearing with Senator Collins and your colleagues. But I want to get right to the point.

As you know from our struggles dating back to the late 1990s, we survivors have tried everything we know to lift our brothers and sisters out of this grinding poverty and little has worked.

Instead, we have been blocked everywhere we have turned, in court cases right up the Supreme Court, in Congress, and even seeking proper funding directly from Germany. The small and inconsistent gains in funding for survivors over the years from Germany, channeled through the Claims Conference, are delivered in uneven and we believe inadequate ways, and we still see the poverty and misery at tragically high levels still today.

Some 55,000 Holocaust survivors in the United States today live near or below the official federal poverty level. This is tragic and unacceptable. We believe that a serious assessment by this Committee of the actual cost of needed in-home care and basic emergency services such as medicines, dental care, hearing aids, food, rent, utilities, transportation, and other vital services will show a multi-billion dollar deficit.

The Holocaust survivors in this country strongly believe even at this very late date, we must return to the origins of Chancellor Adenauer's promise in the 1950's when he said that modern Germany must take care of the all of the needs of survivors due to the savage actions of the predecessor government, the Nazi German regime, with the death camps, the labor camps, medical experiments, torture, and other crimes which have left this tragic legacy till this very hour. Because of the these horrible deprivations, survivors' mental and physical health care needs are more extensive, more complex, and more dire than other elderly people, and require serious, comprehensive responses.

Unfortunately, the existing system has fallen tragically short of what survivors need and deserve. The current funding and care delivery system is difficult for survivors to access, and also severely underfunded.

Holocaust survivors are looking to this Committee to help secure the funding for the care all survivors need, primarily from the German government and businesses such as Allianz and Generali who profited from the Holocaust. Survivors are not seeking additional funds from the United States government or American taxpayers, or from Jewish philanthropy. The United States did not cause survivors' extensive problems we experience today, and neither did the Jewish community. Looking to these sources is wrong in principle and wrong because it will never yield the amount of funds actually needed to provide for the needs of survivors today.

Here are some examples collected from South Florida and other communities throughout the U.S.:

- Emergency funds are capped at $2,500 per year per survivor. That is a cap, not a guarantee. Most survivors get less every year because of limited funds that have to be divided among many survivors with emergencies. The result is that many, many survivors' emergency needs go unmet.

- Hearing aids usually cost about $5,000, and are not covered by Medicare. With the $2,500 cap and lower actual amounts available, survivors often cannot get even one hearing aid, much less two in the same year. How can a hearing impaired survivor in his or her late 80s be expected to manage with no or only one hearing aid?

- Most survivors have extensive dental needs because during the Holocaust, we had no opportunity to care for our teeth, suffered extreme malnutrition, as well as beatings and other horrible deprivations. Unfortunately, dental services are paid for from the same emergency funds that are limited to $2,500 per year. And the dental work that many survivors need costs thousands and thousands of dollars. Some dentists give pro bono help in some cities, but this is very limited. I see and hear story after story where survivors cannot get the gum surgery, or extensive dental work they need because there is no money. This is a very, very big problem. The lack of proper dental care harms survivors' dignity, and also puts them at risk for bad nutrition and cardiac problems.

- Many poor survivors don't have a car, cannot access public transportation, or cannot drive themselves to medical appointments. The lack of transportation to go to the doctor is a real problem and there is not enough money for this. Survivors often miss their doctor appointments for lack of transportation.

- The cap on home care funds has been reduced in some areas by 50%. In some cases survivors with documented need of 24 hour care had funding cut from $2,500 to $1,250 per month.

- There is the elderly survivor, Mrs. K, who is very sick and is in the hospital for blood transfusions, but was refused when she asked for her AARP insurance paid which she couldn't afford – all of $625 for a quarter

- Or, Mrs. I, who needed a refrigerator and after a six week wait, her application was denied. This was in September and she still does not have a working refrigerator for her food and medicine.

- There was the elderly survivor woman who, during one of the hottest days of this past summer, requested money for an air conditioner that cost $500. She was told they only had enough money to give her half of the cost. Unfortunately she didn't have the rest and had to endure the unbearable summer heat without air conditioning.

- There is the survivor who was desperate for assistance to pay for a stair lift since her husband is home bound and was told they were too rich for assistance, even though their mortgage payments use up most of their income.

- Survivors are begging for home care and being refused. In one community I was told the maximum is 15 hours per week, despite the severity of the survivors' illness. These are people who are not eligible for Medicaid. If they go to an assisted living facility, they use every penny available to pay their overhead, but you have to know that aids in those facilities cost extra. The Claims Conference programs refuse any assistance to survivors for these so-called "extra" services in assisted living facilities or nursing homes.

- These many problems are illustrated by the case of a survivor from Stovnietze, Poland, who spent World War II in the Lodz and Kielce ghettos, and Auschwitz. He survived because he was a mechanic and also learned to be a bricklayer. He suffered so many injuries in the camps including terrible foot injuries from standing barefoot in the snow. Everyone but his sister perished in the camps. This survivor eventually settled in Richmond, Virginia. He worked all his life and had saved some money, but never married and had no children. But like many survivors, he was a hoarder. As he aged it got so bad he was pinned down in his home. When neighbors didn't see his car move for three days, they called the police, who had to hoist this elderly survivor out the upstairs window. He was sent to the hospital close to death. Showing signs of recovery, he got better in a nursing home until his medical coverage came to an end. He couldn't move home because it was unlivable, so he went to assisted living, at $5,000 a month, which increased to $6,000 as he faltered. Soon he needed aides in the facility, which cost an additional $6,000 per month -- with no assistance from the Claims Conference or other programs. These costs were far beyond his reach financially. He had to be moved to another facility that was less expensive, where he eventually died in March 2013. However, without the help of a group of two very dedicated friends and his former employer in the small Richmond community he would never have received the attention or care he needed.

- Widows and widowers who live alone cannot get home care from Medicare if they don't spend a certain number of nights in the hospital, and after many operations are told they

should have help at home even if there were only in the hospital overnight. Yet the rationing of home care funds puts these survivors in danger.

- Some survivors are now applying for assistance for the first time. This is because they are desperate for help, but their needs were not factored into the agency's budget and they have to wait for help which may never come. Others do not even apply because they are aware of the funding shortages.

- Survivors are re-traumatized every time they have to retell their wartime experiences and for many, the application process for assistance is emotionally brutal.

- Though there are fewer survivors every year, the agencies caseloads are increasing because more are becoming poor, they are getting more frail, and their needs are increasing due to declining health.

- It is unconscionable that survivors, who went hungry for years during the Holocaust, should go hungry in the United States, but they are.

- If a survivor moves to an assisted living facility or a nursing facility, the Claims Conference programs provide no assistance if they need help with a personal aide or with personal hygiene. If a survivor lives independently, he or she can get meals delivered or other services, but these stop if they move to a facility. In these facilities, a resident must pay extra for assistance with meds or to take a bath, but none of that is covered by the Claims Conference.

- Social workers and survivors involved in the advisory committees have heard this question far too often: "Do I take my medication or do I buy food?" There are limited funds that must cover a broad range of needs. "Should the agency take care of every need of a few survivors, or take care of some needs of many survivors?" Under the current framework, these questions are inevitable. Rationing is inevitable. Why does it have to be this way?

- There are children of survivors who are putting themselves in financial jeopardy to help care for their parents. We are grateful that the Committee recognized this problem and invited Ms. Bar-Cohen to relate her personal experience in caring for her father. These difficulties are widespread.

I would also like to add the following summary points from Dr. Barbara Paris, Vice Chair of Medicine & Director of Geriatrics at Maimonides Hospital in Brooklyn, whose full description of relevant issues is attached as an exhibit to my testimony:

1. Coordination of services: Although there are many agencies that provide various "pieces of the pie" (Self-help, JASA, Met council, Bikur Holim) there is no coordinated effort or umbrella that can help a health care provider, patient or family coordinate all of these agencies, easily access their services and assure that the patient's needs are being met by a combination of these services. There is no central way for a given provider, patient or

family to even know what array of services currently exist for survivors in a given neighborhood.

2. Minimize the paperwork: Many providers are hesitant to advocate with these agencies or the Claims Conference due to repetitive and endless forms that follow a request, often without light at the end of the tunnel.

3. Home care/ assisted living/nursing homes: Elderly survivors with multiple illnesses and functional limitations who are isolated at home with no family to assist should be entitled to 24 hour home care and options for low cost assisted living facilities. There are no reasonably priced, subsidized, assisted living care facilities geared towards the dietary and psycho-social needs of survivors. In addition for those who require nursing home, that do not have Medicaid, the rates are unaffordable and should be subsidized for this population.

4. Mental health services: We need to train and have easily accessible mental health counsellors , social workers , psychologists and psychiatrists who understand the issues facing both first and second generation survivors , whose services are financially accessible (sliding scale or free). These services are not currently or very minimally covered by health care insurance. Transportation costs need to be covered and in many cases the counsellors need to go into the patients' homes.

5. Companionship: There needs to be a centralized effort to develop regional availability of both volunteer and paid friendly visitors who are educated in the special issues of both first and second generation survivors.

6. Special Programs: A cadre of special programs around holidays, summertime should be available – a week in the Catskills with dietary laws adhered to etc.... Many survivors are all alone on Jewish holidays, have no celebrations or any moments of joy.

7. Advocacy: There needs to be regional access to health care providers, lawyers etc. who are willing to both treat and advocate for survivors and participate in establishing goals of care and act on their behalf . Financial support for these services should be subsidized.

8. Second Generation Plans: This requires an assessment of the scope of the financial, psycho-social and medical needs of this generation. There will need to be programs, support networks and services set up and accessible to address their needs.

Doing the Math to Properly Analyze Recent German Home Care Announcement

Senator Nelson, as you are well aware, in-home care is vital for survivors as they cannot be institutionalized easily whether it be a nursing home or mental health facility, which conjures up for most survivors the most bitter memories of the way the Nazis treated us. There could be nothing worse than having to be institutionalized after all we experienced.

You worked with us on a sensible long-term care insurance policy back in 1999-2000 that survivors could control themselves, but as you recall it was blocked by the institutions who preferred the status quo. Think of the thousands who have suffered since then who could have been helped if your efforts had not been derailed! I raise this not to assess blame, but to remind you and the Committee that survivors need and deserve comprehensive, accurate, and **survivor-centered solutions – TODAY.**

Now everyone is talking about home care, with grand announcements that Germany would spend $800 million over the next four years (2014-2017) for survivors' home care through the Claims Conference. We are asking the Committee to please take a very close look at this announcement and use a sharp pencil and paper to really understand what it will mean to survivors for tangible help they desperately need.

According to the announcements 56,000 survivors per year are served via the Claims Conference with these German funds. This 56,000 number does not include untold numbers of other survivors who are not currently served, because we know most agencies do not conduct or cannot afford outreach because funds for services are already limited. Yet these Holocaust survivors are also entitled to help and they must be an integral part of this calculation, too.

But if the Committee and the Senate do the simple math, it will show how terribly inadequate these supposedly large dollar figures are when it comes to the reality of what the survivors really need.

$200 million per year divided by the 56,000 survivors that the Claims Conference and Germany say are now being served, amounts to about $3,560 for each Holocaust survivor each year.

The average survivor in his or her 80s needs at least 15 hours per week of home care. At $15 per hour, which would be the low end in Chicago and South Florida, $3,560 only provides 16 weeks a year of home care. What is a survivor supposed to do the other 36 weeks?

If a survivor needs 24 hour a day care, the new German fund would provide only 9 days of care every year.

In New York City, where home care costs at least $20 per hour, the funds would provide even less home care for Holocaust survivors.

This is obviously not sufficient. Survivors cannot make it on partial solutions, press releases, and political rhetoric.

A recent report of the New York City social services organization Self Help shows how inadequate the recently announced funding levels really are. It says that in 2013, in the New York City metropolitan area alone, 26,572 survivors, or 41% of the New York survivor population, required some help with daily tasks. When that number is compared with the 56,000 survivors worldwide that are currently "served" via home care funds through the Claims Conference, the deficiencies are obvious. New York accounts for roughly half of the U.S.

survivor population, which is between 20 and 25% of the world survivor population. If New York's survivor population, with about 12% of the world's total, has enough survivors needing home care to comprise (for analytical purposes) 47% of the total number of survivors getting help with home care through the Claims Conference today, the "math" shows there are huge amounts of unmet needs now, and will be gaping needs in the years to come.

When viewed in historical context, the recent German home care announcement is even more chilling. This grand new announcement might meet 25% of survivors' current home care needs. However, it is the culmination of several years of increases since 2005 in which the totals have doubled with each new announcement, usually every two years. Since the latest, high-water mark will only meet 25% of U.S. survivors' home care needs, it shows how much unnecessary suffering survivors had to endure in recent years as funding has been inching up gradually through negotiations with Germany without regard for the **actual** human needs being neglected.

Another question this Committee should ask is: What are the Claims Conference's plans for the new Germany home care funds? Have the allocations for each city in the United States been determined? We think that the United States Senate, and the United States House of Representatives, and certainly the Holocaust survivors, are entitled to know exactly how the new German home care funds will be allocated -- where, when, and how much?

Doing this math, taking the local pay scales of any local venue, X$/hour for home health care workers X number of days a month which are clinically determined to be needed, gives you a number which makes a mockery of the actions and proposals currently on the table. The unique health and emotional conditions and illnesses of survivors require professional treatments. We think a serious, intensive, and critical inquiry will show the actual need is several billion dollars for home care alone, when you consider the aggregate, world wide need, and the remaining years this care will be needed, and a like amount for emergency services also. Where will the funding come from for these desperately needed professional services when Germany's periodic increases over the past decade still yield only 25% of the funds needed into the foreseeable future?

I very much doubt that Chancellor Adenauer, who promised in the 1950s that Germany would provide for the victims of the Holocaust "to their last breath," would be satisfied by the state of affairs today.

Survivors need and deserve a rational budget that will address all important unmet needs, ideally worldwide. It should no longer be acceptable to cause continuing misery to survivors based on piecemeal negotiations every few years and a patchwork of programs.

Survivors Are Not Asking for Help from U.S. Taxpayers

Mr. Chairman, we want to also be clear that Holocaust survivors are not asking for more help from the U.S. taxpayers. Survivors already benefit from many programs for the elderly, and should continue to do so. We hope these can be made better for all elderly in the U.S. However, U.S. taxpayers are already burdened enough, and soon 10 million American baby

boomers will be turning 65 every year for the foreseeable future. Shaving off thin slices of these precious funds which themselves have been sequestered and cut along with regularly targeted funds added would make it tragic for survivors to be inserted in that long line of those seeking those ever smaller funds.

Holocaust survivors endured ghettos, starvation, disease, concentration camps, killing factories, and death marches. We came to the United States and became proud and productive American citizens. Many survivors served this country in combat in Korea and Vietnam. I myself am a U.S. military veteran. Survivors are fiercely independent and never wanted to rely on their fellow Americans for a penny of assistance. These same survivors now have to ask for help because they can no longer care for themselves.

But the United States did not cause the problems survivors face today – Germany did.

As a survivor I am sick as are my colleagues that these taxpayer funds of HHS, and others are being contemplated for use for us and our brothers and sisters when we insist Germany's full responsibility to provide the actual costs of all the services remains a moral and a practical imperative.

In this regard, I feel it is necessary to comment on the recent initiative announced by the White House about helping Holocaust survivors.

Last month, the White House announced an "initiative" to help Holocaust survivors in need with a plan to appoint one desk person at HHS to coordinate with social service agencies, begin a program to recruit VISTA volunteers to help survivors, and begin to organize fundraising in the Jewish Federations to augment funding for survivors' needs.

As it currently stands, the White House's announcement is deeply flawed. Survivors deserve the most thorough, professional, and comprehensive care available, not half-measures. And the Jewish community should not be looked to for fundraising to fill these gaps – the Jewish people were the victims, not the perpetrators. The Jewish communities should not be called upon today to provide the financial assistance that is Germany's responsibility, and be asked to short-change other community priorities such as Jewish education, youth programs of all kinds, providing assistance for other Jews in need locally and throughout the world, including other Jewish elderly.

It isn't like the Jewish Federations have not been aware of the shortages in funding for survivors over the past several years. They too have been hit hard by the economy, and changing philanthropic trends and lack of confidence in institutions as well. Further, many communities have tried to hold special fundraising efforts, which are well-intended but never calculated to nor have they succeeded in actually raising the funds to provide survivors the full measure of assistance needed.

The survivors' needs are vast and immediate. Why should we Holocaust survivors always be subjected to these kinds of compromises and flawed solutions? Well-meaning but short-

sighted suggestions that survivors' needs can be addressed through volunteer programs and extra fundraising in Jewish communities will not suffice.

We raised all of these concerns with the Vice President's staff, and these are only some of the reasons we believe the White House's announcement should be viewed as perhaps a starting point, but not the end point for what is needed to provide the complete and professional levels of care that survivors need and deserve, and not to sidetrack a the urgent business to immediately get this right for survivors, at long last. This is in every sense of the word, a matter of life and death. Where is the urgency?

We welcome the Vice President's support for helping Holocaust survivors. But we feel strongly that the recent announcement does not go far enough, and is focused in the wrong areas. If there is more Federal Government support or more charitable contributions to help some of the survivors in need as we all know about, it would be welcome. But this is not the solution to the vast problems survivors face today. This approach has been tried for decades and it has not worked. When we are talking about needing hundreds of millions of dollars per year over and above what is currently being spent to properly care for survivors, raising a few million dollars in the Jewish community will not come close to solving the problem, and neither will $5 million or $10 million from the U.S. government.

Some of my fellow panelists may talk today about what is being done for survivors, and others will even praise Germany and the Claims Conference for periodic increases in funding here or there. But none of them ever seems willing to hold Germany accountable for holding back funds survivors desperately need. Why do retired German WWII veterans and even SS officers receive ample pensions and complete health care coverage, when Holocaust survivors are forced to choose between paying for food or medicine, and cannot pay for dental care, home care, utilities, home care, and other basic needs? This isn't right.

Maybe, after this hearing and the Committee's work, the White House will immediately build on the acknowledgement that the needs are great, and use its unique authority to deliver the comprehensive financial support that survivors need and deserve.

However, even without the White House, we believe in this Committee and in our elected members of Congress, led by you Senator Nelson and Senator Collins, along with Senators Boxer, Feinstein, Mikulsky, and Rubio, who have previously supported us, to take the lead, starting today.

We are losing more and more survivors every day and they need our help now. We need to this Committee to figure out how much they need for housing, dental care, home health care and other survivors and then use your eminence as members of this great United States Senate to help us secure the needed funding, today, without any more delays. The German government and the United States government continues to protect the Allianz insurance company and to hide behind the Claims Conference in providing insufficient levels of care for tens of thousands of survivors in need. We need the Vice President, the entire Administration, this Committee and entire Congress to pressure Germany, and all culpable business entities, to fulfill their moral obligations to Holocaust survivors, today.

What Happened After the 1997 Senate Resolution Calling on Germany to Provide Adequate Income Support and Full Health Care for Holocaust Survivors?

In 1997, the United States Senate unanimously passed a resolution co-sponsored by Senators Moynihan, Graham, Hatch, Dodd, and Biden, calling on Germany to provide adequate material and social service support so that *all Holocaust survivors* could live in dignity. The resolution noted that retired SS officers in Germany and elsewhere receive far more generous health care benefits from Germany than Holocaust survivors. It called for, among other goals, that "the German Government should fulfill its responsibilities to victims of the Holocaust and immediately set up a comprehensive medical fund to cover the medical expenses of all Holocaust survivors worldwide." S.Con. Res. 39, July 15, 1997.

Unfortunately, neither the Jewish community leadership, the Executive Branch, nor Congress followed through on persuading Germany to live up to these aspirations. Today, 17 years later, there is no more excuse for delay.

The grandstanding, fractured, and irrational, bi-annual announcements of Claims Conference-German secret negotiations have got to stop as the means of caring for survivors once and for all. It should be replaced by the serious solution sought by the survivors who have pleaded for this for nearly 15 years of agony and endless suffering and inability to lift their brothers and sisters in need into a reasonably comfortable and dignified quality of life, and having watched as so many survivors died in agony these past 15 years while those in power ignored or failed to grasp the seriousness of our plight. The above suggested process is the only way once and for all to set the process right and kill poverty among our ranks before it is too late.

Data on Survivors Living in Poverty

Senator Nelson, when we started this effort back in 1998, 1999, 2000, there were at least 87,500 U.S. survivors living in or near poverty, which was half of the 175,000 living survivors in the U.S. at the time. Today, there are some 110,000 living survivors, and still, half – 55,000 – live below the poverty line or are considered poor. To us survivors, it is unbearable to think about the tens of thousands of survivors who already died in misery in this great country without the care they needed. It is unconscionable that thousands of survivors, who went hungry for years during the Holocaust, should have died hungry or alone here in these great United States. The current framework is not acceptable, and never was. But now that this Committee is investigating the status of survivors in the United States, we are praying that this Committee's work will not allow the catastrophes of the past decade to be repeated.

Keep in mind that Holocaust survivors also suffer from much higher levels of poverty than other elderly because of the loss of parents, grandparents, the loss of property and other

assets, and the deprivation of educational opportunities. Even many survivors who did OK economically have outlived their resources, and are now unable to afford the care they need.

Unfortunately, there is no comprehensive census data that shows the number of survivors in the U.S., the number that live in poverty, and the kind of care they are receiving via government and privately-delivered services. However, there are several local studies and national surveys that support the basic finding that half of all survivors live below or near the poverty level, and that the funding for survivors' needs is terribly inadequate everywhere. Here are a few of these summarized.

National Data. As I noted, today, some 55,000 Holocaust survivors in the U.S. – half of the survivor population here – live below or near the poverty line and cannot afford sufficient food, shelter, medicine, health care, home care, dental care, hearing aids, eyeglasses, and other services necessary for a dignified old age. This number is derived from data from leading demographers compiled by the Jewish Federation system and filed with the Federal Court in 2004. The number of U.S. survivors living in or near poverty at the time was 87,500. (*See* Sheskin, Estimates of the Number of Nazi Victims and Their Economic Status, January 2004; 2000-01 National Jewish Population Survey.) 55,000 is also the number cited by the Claims Conference when describing the population of U.S. survivors who are poor today.

Los Angeles. In December 2008, the Jewish Federation of Los Angeles conducted a survey which concluded that there are 10,000-12,000 Holocaust survivors living in the Los Angeles metropolitan area, most of whom are over the age of 85, 75% of whom are female, and 49% of whom are "low income or poor." *See* Los Angeles Community Study of Vulnerable Jewish Seniors and Holocaust Survivors, December 2008.

The Los Angeles study found, "[c]onsistent with other national studies, Holocaust survivors in Los Angeles are less affluent than other Jews, with 49% of households either low-income or poor. Using the federal poverty guidelines, 27% of survivors are living at or below 100% of the guidelines."

New York. A few years ago, the UJA-Federation of New York City reported that "[t]here are 73,000 aging Holocaust survivors in NY, half of whom are living at or below the poverty level." *See* http://www.facebook.com/ujafedny.

As I said before, a recent report in 2013 by Self Help found that in 2013, in the New York City metropolitan area alone, **26,572** survivors, or 41% of the New York survivor population, required some help with daily tasks.

San Francisco. The *Jewish News Weekly of Northern California* reported in 2008 that of 4,000 Holocaust survivors living in the Bay Area, 1,000 of them "are in trouble," and that "the Jewish community is not raising enough money to care for the poorest and sickest in a proper and humane way." *See* Anita Friedman, "Holocaust Remembrance is About Honoring the Living, Too," *Jewish News Weekly of Northern California*, May 2, 2008. These concerns about the large number of survivors in need in the Bay Area were again reported four years later. *See*

Deborah Garel, "As We Memorialize Shoah Victims, Don't Forget the Living," *Jweekly.com*, April 12, 2012.

Washington, D.C. The *Washington (D.C.) Jewish Week* reported in November 2012 that while "Claims Conference money has never been enough to fund the JSSA's (Jewish Social Services Agency's) support for Holocaust survivors," that in 2012 the agency was estimating a $500,000 shortfall because of the increased demand for services. *See* "Fiscal Cliff for Survivors," *The Washington Jewish Week*, November 28, 2012.

South Florida. In Miami, a 2003 survey (the most recent one to ask the question) found that 39% of survivors live below the official poverty level. No one believes the situation has improved since then. But the community isn't even asking the question now – either to avoid embarrassment, or perhaps because they realize the results won't make a difference with today's funding system.

In preparation for the 2009 Prague Conference on Holocaust Assets, the South Florida social service organizations met with the Holocaust survivor leadership and Congresswoman Ileana Ros-Lehtinen to discuss the conditions facing survivors in the care of the communities there. In Miami, the director reported that the survivors under the care of the Jewish Community Services organization are mostly in their late 80s and 90s, and require substantially greater care on the whole than they did even a few years ago, but the current system only provides a portion of the hours of home care needed.

Broward County and Palm Beach Counties reported larger but somewhat younger survivor populations, with slightly lower levels of poverty levels and lower levels of hours of care and emergency services needed on average. So, Broward and Palm Beach Counties' survivors were at the time of that meeting getting about one quarter to one third of the home care they needed, about 4-6 hours per week (like Miami 10 years ago). Further, their emergency funds from the Claims Conference are not only rationed every month, but run out long before the end of the year. Because their situations mirror what Miami looked like a decade ago, we can assume the needs will continue to grow among survivors there in the coming years.

I am including a current write-up from the Alpert Jewish Family & Children's Service organization in West Palm Beach as an exhibit to my testimony.

Israel and elsewhere. There are also thousands of impoverished Holocaust survivors living in Israel, Europe, Canada, Australia, and South America who are not receiving the services they need for a dignified quality of life. According to the Claims Conference in 2010, the number of Holocaust survivors living in or near poverty in Israel was 74,000, and the number in the former Soviet Union was 90,000. When the 55,000 poor U.S. survivors are included in this ghastly count, it shows **219,000 Holocaust survivors living in or near poverty worldwide**. As has been widely reported to the shock and dismay of many, even survivors in Israel do not receive proper and needed care, due to funding shortages from Claims Conference and the Israeli government, it doesn't. *See, e.g.* Liel Leibovitz, "Israel's Starving Survivors," *Tablet*, April 8, 2013; Daniel Ziri, "Budget Runs Out for Holocaust Survivors' Expenses," *The Jerusalem Post*, August 11, 2012.

Insurance Companies' Responsibility

Senator Nelson, we also appreciate your introducing S. 466 in 2011 to restore Holocaust survivors' rights to sue Allianz, Generali, AXA, Munich Re, Swiss Re, Zurich, Basler, RAS, Victoria, and other global insurers who dishonored insurance policies they sold to our parents and grandparents. The failure of your bill to advance to even a Judiciary Committee vote in the Senate (and of HR 890 to advance to a vote in the House) remains a bitter disappointment to Holocaust survivors and our families. I would like my testimony before you in the 2008 Senate Foreign Affairs Committee, and the testimony of fellow HSF executive committee member Renee Firestone in the House and Senate in 2011 and 2012, along with my other HSF colleagues who have testified on the insurance issue and other issues of vital concern to survivors, to be deemed an official part of this hearing record. Here are the citations:

http://www.foreign.senate.gov/imo/media/doc/RubinJTestimony080506p1.pdf

http://archives.republicans.foreignaffairs.house.gov/112/fir111611.pdf

http://www.judiciary.senate.gov/pdf/12-6-20FirestoneTestimony.pdf

http://democrats.foreignaffairs.house.gov/110/rec032807.htm

http://archives.republicans.foreignaffairs.house.gov/112/71263.pdf

http://judiciary.house.gov/hearings/pdf/Dubbin100922.pdf

http://archives.financialservices.house.gov/hearing110/arbeiter020708.pdf

http://archives.republicans.foreignaffairs.house.gov/110/sch032807.htm

http://archives.republicans.foreignaffairs.house.gov/110/rec032807.htm

http://www.gpo.gov/fdsys/pkg/CHRG-110hhrg38141/pdf/CHRG-110hhrg38141.pdf

http://archives.republicans.foreignaffairs.house.gov/110/mos100307.htm

http://archives.republicans.foreignaffairs.house.gov/110/rub100307.htm

The reason is that my colleagues and I have attempted to bring the concerns of the survivor community before this Congress over the past decade on several occasions, and our positions have been thoroughly documented and supported. But we have been overwhelmed by the moneyed interests of the insurance companies, the misrepresentations of the Bush and Obama Administrations, and the treachery and dishonesty of certain non-survivor Jewish groups led by the Claims Conference, ADL, AJC, B'nai B'rith, Agudas Israel, the World Jewish Congress, and Stuart Eizenstat.

But insurers collectively owe Holocaust survivors and our families well over $20 billion in today's dollars, and they have denied us our families' historic and financial legacies. Thousands of survivors have died as second class citizens in this country without the ability to reclaim their families' financial and historic legacies. It is criminal that the insurers remain immune, with the assistance of those I just named.

I raise this here Senator Nelson for several reasons. First, even if survivors' legal rights were restored and all traceable beneficiaries and heirs are paid, there would still be billions of dollars in likely heirless proceeds these companies could and should contribute to a fund to assist survivors today. As I said in 2008, what about the policies that went up in flames in Auschwitz-Birkenau, and the other death camps? Why should Generali and Allianz be the heirs of the Jewish families who were annihilated?

I raise this for another reason. As you surely recall, to defeat our efforts going back to 2007 in Congress to restore survivors' legal rights, the insurers, the State Department, and even some Jewish groups made the argument that restoring survivors' legal rights would result in less funding from Germany for the needs of indigent survivors. This was and is an outrageous argument. One thing has nothing to do with the other. Insurance companies should pay their debts and survivors should be able to sue them if they breach their contracts. That has nothing to do with *Germany's* long overdue moral obligation to provide adequate funding for the needs of survivors, a duty it has ignored and only recently began to address due to pressure from the survivors and our allies here in Congress.

But if you go back to the actual hearing record in 2008, you will see that the Claims Conference witness cited this argument while was bragging about having secured $70 million from Germany for "additional home care funding" – for the entire world! We pointed out that $70 million for two years, or $35 million per year, for the 50,000 survivors then being served, would generate a total of $700 per survivor for home care funding – about 4 weeks of home care given the average cost of $15 and average need of 15 hours per week.

Germany doubled these home care funds again in 2010 and 2013, culminating in the home care fund discussed above that will address only 25% of the survivors' needs. If the funds from Germany have doubled three times and now will only meet one-quarter of the needs, this Committee can easily see that a far more direct and forceful response is desperately needed. This is what survivors are hoping will result from today's hearing and your next steps.

Of course, we hope and expect that Congress will take up a bill like S. 466 again this year and pass it so survivors can recover our family insurance policies. However, in addition, we believe that the insurers such as Allianz and Generali and others who profited from the Holocaust should also contribute to the kind of fund we are urging here to provide for all survivors' needs, immediately, and without further haggling. They have the money – they stole it. They can pay it out today to relieve survivors' suffering, some of which they caused.

Survivors' Care Remains Germany's Responsibility

Nothing has changed since Chancellor Adenauer's remarkable assertions of German responsibility in the 1950's! Instead Germany, under the present newly re-elected government has actively successfully pushed their own responsibilities to the US government and the American Jewish community instead. How bizarre is that? We are outraged and we beg this committee, especially you, Mr. Chairman, who has also sat ably on the Foreign Relations Committee, to press the Secretary of State and the President, who have developed close ties to Chancellor Merkel and visited the camps with her and with Elie Wiesel, to change all this now, and get back to providing sufficient funds directly to meet survivors' actual physical and mental needs.

The cost of a proper, comprehensive, and permanent program would be minimal compared to Germany's and the insurers' resources – but would provide a vital lifeline to survivors who need and deserve it.

While you may think a turn-around is impossible to refocus on Germany's responsibility. We believe because of the very personal ties which exist uniquely at this time in the relationships with Chancellor Merkel, and with you, Mr. Chairman, and the Secretary of State, a concerted effort to renew and refresh German's role is promising and should be tried on a concerted high level it should work. I am sure Elie Wiesel would join such an effort just as he did at the Prague conference on this subject and his visits with the President and Merkel at Bergen Belsen Concentration Camp as well as other such meetings.

Let me remind the Committee of Elie Wiesel's words to the 2009 Prague Conference:

> However, it is with pained sincerity that I must declare my conviction that living survivors of poor health or financial means, deserve first priority. They suffered enough. And enough people benefitted FROM their suffering. Why not do everything possible and draw from all available funds to help them live their last years with a sense of security, in dignity and serenity. All other parties can and must wait. Do not tell me that it ought to be the natural task of local Jewish communities; let's not discharge our responsibilities by placing them on their shoulders. WE have the funds. Let's use them for those survivors in our midst who are on the threshold of despair.

If only this could be the serious focus by all high level persons, led by you, Mr. Chairman, it would finally cut through the talk and false efforts once and for all then to provide actual meaningful care not gimmicks which won't work once again leaving survivors continuing to suffer until they die.

Thank you again Senator Nelson and Ranking Member Collins for your efforts here. They are historic and extremely important.

Exhibits to Jack Rubin's Statement

Prepared by Barbara Paris, MD, FACP, Vice-Chair Medicine & Director of Geriatrics, Maimonides Medical Center, Brooklyn NY

First Generation: Often live alone and either have no family at all or family members do not live in reasonable proximity to assist with finances, day to day needs, guide decisions, provide oversight or companionship. This raises many issues as survivors age and face increasing frailty, chronic and acute medical illnesses and memory loss.

Home Care Attendants: Private pay help is unaffordable for most, even those who are not sufficiently impoverished to qualify for Home Medicaid. As Medicaid dollars become increasingly scare, very elderly at-risk patients are denied 24 hour care unless they are bedbound with bed sores or worse. Many are also caught in the gap of not being sick enough for 24 hour home care, but also not sick enough to be accepted to a nursing home. Most also would prefer to stay at home, but that becomes a challenge when there is no family oversight or back-up.

Mental Illness: With more time on their hands as they age and no longer work or have primary responsibility for their children, their minds return to the traumas of the war. In addition, with early or moderate dementia and even mild cognitive impairments, the ability to suppress these memories falters. Depression, anxiety and post-traumatic stress disorder increase, yet are often underdiagnosed and inadequately treated by health care providers, most of whom are not educated about the special issues of aging survivors. Patients' behavior is often misinterpreted as noncompliant, annoying, somatization etc. Patients themselves may also feel stigmatized by the suggestion of a psychiatry consultation.

Companionship: There is a tremendous sense of loneliness and lack of companionship. Children and grandchildren (if they exist) cannot adequately fill the gap—with age, survivors feel the loss of their spouses, parents, siblings, etc., with ever greater intensity. Home attendants can clean, cook, shop and bathe, but they are not companions. Dorot in Manhattan is a wonderful organization that provides friendly visitors, educational programs without walls etc.—but there are fewer, smaller scale and more difficult to access similar programs in Brooklyn.

Goals of Care: As these patients approach the final years and months of their lives and become increasingly debilitated with diminished quality of life, health care providers need to have sensitive discussions with survivors to minimize aggressive and often futile and painful procedures and hospitalizations, often without the benefit of palliative and or hospice care. Court appointed guardians are also often limited in their ability to help set appropriate goals of care in this setting.

Second Generation: This is another area of tremendous unmet need, many of whom are themselves now senior citizens with significant unaddressed physical and psycho-social issues. Families are known to be significantly dysfunctional, have tremendous problems caring for their parents, themselves and their own children. We need to recognize and begin to address and support their needs, and also recognize them as survivors.

Summary Points

1. *Coordination of Services*: Although there are many agencies that provide various "pieces of the pie" (Self-help, JASA, Met council, Bikur Holim) there is no coordinated effort or umbrella that can help a health care provider, patient or family coordinate all of these agencies, easily access their services and assure that the patient's needs are being met by a combination of these services. There is no central way for a given provider, patient or family to even know what array of services currently exist for survivors in a given neighborhood.

2. *Minimize the Paperwork*: Many providers are hesitant to advocate with these agencies or the Claims Conference due to repetitive and endless forms that follow a request, often without light at the end of the tunnel.

3. *Home Care, Assisted Living and Nursing Homes*: Elderly survivors with multiple illnesses and functional limitations who are isolated at home with no family to assist should be entitled to 24 hour home care and options for low cost assisted living facilities. There are no reasonably priced, subsidized, assisted living care facilities geared toward the dietary and psycho-social needs of survivors. In addition for those who require nursing home, that do not have Medicaid, the rates are unaffordable and should be subsidized for this population.

4. *Mental Health Services*: We need to train and have easily accessible mental health counselors, social workers, psychologists and psychiatrists who understand the issues facing both first and second generation survivors, whose services are financially accessible (sliding scale or free). These services are not currently or very

minimally covered by health care insurance. Transportation costs need to be covered and in many cases the counselors need to go into the patients' homes.

5. *Companionship*: There needs to be a centralized effort to develop regional availability of both volunteer and paid friendly visitors who are educated in the special issues of both first and second generation survivors.

6. *Special Programs*: A cadre of special programs around holidays, summertime should be available—a week in the Catskills with dietary laws adhered to etc. . . . Many survivors are all alone on Jewish holidays, have no celebrations or any moments of joy.

7. *Advocacy*: There needs to be regional access to health care providers, lawyers etc. who are willing to both treat and advocate for survivors and participate in establishing goals of care and act on their behalf. Financial support for these services should be subsidized.

8. *Second Generation Plans*: This requires an assessment of the scope of the financial, psycho-social and medical needs of this generation. There will need to be programs, support networks and services set up and accessible to address their needs.

Addendum

Case 1

98 year old widowed survivor with one son who is bedbound and confused s/p massive stroke. The patient is alert, anxious, has severe degenerative joint disease, unstable gait with frequent falls and hypertension on medications. She lives alone. She is not wealthy but she is not Medicaid eligible. Although she is fortunate to have no skilled nursing needs, she is frail and at risk living alone. Her lack of memory impairment and no skilled nursing needs make her not eligible for full-time home care or nursing home. She is falling through the cracks of all systems. She is unable to afford an assisted living facility which would be a reasonable option, if it was affordable.

Case 2

96 year old widowed survivor who has one son in another State and another son who is disabled with chronic mental illness. The patient is currently in a sub-acute setting after having suffered a stroke that left her with right sided weakness of her arm and leg. Although she is mentally intact, she is unable to perform activities of daily living without assistance due to her stroke. She does not qualify for Medicaid and she cannot afford private pay 24-hour home attendants or the daily nursing home rate. Long term care is reasonable option, if the rate were subsidized and more affordable.

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Prepared for Jack Rubin

By Jenni Frumer, LCSW
Associate Executive Director

January 12, 2014

Introduction

Alpert Jewish Family & Children's Service of Palm Beach County, Inc., (AJFCS) has been serving Holocaust survivors since the early 1970's, as a beneficiary agency of the Jewish Federation of Palm Beach County. However, the numbers of Holocaust survivors has increased dramatically since the late 1990's and it is estimated that there are between 8,000–12,000 survivors in Palm Beach County. The Holocaust survivors that we serve are a heterogeneous group; having had varying experiences during the war.

The basic needs of Holocaust survivors, as they are with all victims of atrocity relates to the complications during the aging process. The process of aging might be challenging for the most typical, successful individual; however, for survivor's it usually creates extreme anxiety, vulnerability and deep-rooted expectations of death. It is critical that Survivor's, because of their unique experiences are not prematurely placed in nursing homes. There is a new field of knowledge emerging, which addresses issues of "re-institutionalization" and multi-generational legacy of trauma.

In our experience, it is most important to recognize that for survivors, asking for help is often difficult. Our professionals and Survivors on our Advisory Committees routinely confirm the reticence of survivors to seek help. All of our survivors have re-located to Florida to escape the harsh winters of the north and a review of the professional literature confirms that life-event stressors such as moves, even when desirable, as we age can create feelings of vulnerability that evoke memories related to their Holocaust experience.

Our survivors, like all other elders need to be treated with the utmost respect and dignity. They also require a unique focus—driven by their traumatization and past life experience—which demands a more sensitive approach when working with this population.

It is critical that survivors are recognized as having unique needs; and that needs require attention prior to them being elderly and frail. Early intervention with supportive services will assist them as their needs change and they become more frail and in need of more extensive services in greater frequency and duration.

The needs of survivors need to be met by culturally competent, well-qualified clinical professionals.

While many survivors will need help in the future, those who require it now, need it NOW!

Summary Concerns and Issues With Current Funding

Keeping in mind that while the current eligibility requirements to access CC funding for Holocaust survivors who need in-home care are more "generous" than previous requirements, there are many survivors who continue to need more care than is possible through current funding.

In-home care is defined here as assistance with *Activities of Daily Living* (including *Instrumental Activities of Daily Living*).

- A survivor may not receive MORE than a total of 25 hours a week of in home care.
- The average number of hours provided to a survivor is 16 per week, determined by a comprehensive professional assessment.
- A professional *diagnostic tool* is used to assess the need for in-home care for each survivor. This tool "scores" the CURRENT (snapshot) needs of the survivor and determines the number of in-home hours of care, per week. If there is a sudden change in functioning of the survivor, a reassessment can be performed, which most likely will change the score and thus more hours; although STILL only up to a total maximum of 25 hours a week.
- The capacity and ability to "secure" additional hours for a survivor would be helpful when there is an *emerging* medical/psychiatric situation, where it would be helpful to be more proactive and establish additional hours to *mitigate* against such crises from occurring.
- Of those we currently serve, approximately 25 percent (40–45 clients) could benefit from *more than* the maximum 25 hours allowable—to keep them in their own homes for as long as possible—alleviating the emotional distress of inappropriate placement in more costly skilled care facilities
- Proactive in-home care to caregivers by providing respite and support would be critical to alleviate a health crisis or caregiver burnout
- For those who live alone—additional hours for socialization and monitoring would mitigate against the isolation and it is recognized that, "social isolation has been linked to an increased risk for morbidity, mortality, and cardiovascular disease" (Hawkley et al., 2003, Sorkin et al., 2002), and more recently,

Wilson et al., 2007 States that "social isolation has been shown to increase risk for dementia and Alzheimer's disease among older adults".

Needs of Survivors

Instrumental Activities of Daily Living (IADL's) for example: *transportation, light housekeeping, grocery shopping, meal preparation, bill paying, appointment scheduling, medication management, etc.* This need is compounded because of the lack of public transportation system in our service area. Those survivors, who can no longer drive due to medical reasons, are literally "trapped" and dependent, especially if they require assistive devices for walking; are frail, have dementia, feel afraid or are vulnerable. If they are frailer, even if they are able to drive, because of their physical limitations require that they receive assistance with these activities as well. Many of these needs directly impact the Holocaust survivor's sense of dignity and vulnerability. *These services are covered by the CC grant for those who are eligible, but only up to a maximum of 25 hours a week*.

Companionship services, for non-medical needs. This is an especially important emotional need that survivors have, since many of their cohort are older and also frail. Relationships are interrupted and for the survivor, to be able to have another senior interact with them on a regular basis is critical to their well-being. "Companions", are seniors themselves who are recruited and then matched with a survivor; they often speak Yiddish. Companion services are helpful to caregivers who can receive *respite care* from a companion for the person they are caring for. *A portion of these services are paid for by the CC grant*.

In-home nursing and medical services include assistance with ADL's (Activities of Daily Living): bathing, eating, dressing, toileting, etc. Survivors who are physically or mentally impaired require assistance with personal care to maintain their basic needs. *These services are covered by the CC grant for those who are eligible, up to a maximum of 25 hours a week (not in addition to other in-home nonmedical care. The total possible in-home care of all kinds is a maximum of 25 hours a week)*.

Care coordination is a professional intervention that can be implemented at any stage of the individual's continuum of need and may vary in frequency, duration and intensity to match the needs of the client. Care Coordination is required to coordinate services for clients, support the integration of care and provide support and attend to their psycho-social process as they age. *A portion of these services are paid for by the CC grant*.

Supportive in-home counseling provided by the case managers and in some instances, therapists if mental health issues require more than supportive counseling; requiring in-office counseling and psychiatry services. *The CC grant does not support this service*.

Outreach is a critical component of work with survivors. It is most important that any and all potential obstacles to care and support be removed; including perceived barriers, not just physical or bureaucratic ones. *The State of Florida provides limited funding for outreach activities. However, this is very limited and we are constrained in outreach by the limited funds we have available to serve new clients who might come forward*.

Financial Assistance is often a need expressed by survivors and is observed and verified by professionals who work with them. Many live on fixed incomes, having depleted their savings. Many have lived beyond the years they planned for, in their retirement. Medical expenses, prescription medications, medical co pays and premiums are beyond their capacity to successfully manage and many survivors chose to go without medical attention. *A portion of these services are paid for by the CC grant*.

Socialization, through annual programs such as *Café Europa* and monthly drop in *Eat & Schmooze* opportunities are important to the well-being and health of survivors. Particularly in south east Florida, where transportation is extremely limited and isolation in senior residential developments poses so many problems. *A portion of these services are paid for by the CC grant*.

Current Situation—Demographics and Description of Those we Serve:

- We currently have more than 380 open active cases (caseload)
- Forty percent of our survivors receive in-home care at this time
- Average hours of in-home care (both medical and nonmedical) provided: 16 hours a week
- 70 percent of those we are currently serving live alone
- 35 percent reside with caregivers, at risk themselves for illness and incapacity form the stressors of caregiving
- 75 percent of our current survivors are female

- It is estimated that of the current home care caseload, 45 percent could use more hours to "stave off" a crisis from occurring by having greater support in-home
- Approximately 25 percent of the home care caseload would benefit from more than the maximum number of hours allowable through the grant (maximum of 25 hours a week), to prevent inappropriate institutionalization
- Each year, for the past 5 years, we have opened between 50 and 70 new cases of survivors who need help

One of the most challenging situations we have observed over the past 5 years, impacted by the economy is the reduction of family financial resources to directly help their Holocaust survivor parents, by supplementing their income or paying for care.

Prepared Statement of Anat Bar-Cohen, Daughter of Holocaust Survivors

Good afternoon. My name is Anat Bar-Cohen. I am the daughter of two survivors of the Holocaust, Jack Pavony and Barbara Borer Pavony. Both endured several ghettos and concentration camps and the infamous death march. I was born in a Displaced Person's camp in Turcheim, Germany where my parents met after the war. Motivated by this background, I am also the co-president of the Generation After, Inc., the Washington Metropolitan organization of descendants of the Holocaust, and a founding Coordinating Council member of Generations of the Shoah, International.

I am pleased to be called to testify at these hearings both on behalf of my own family who witnessed and endured many of the agonies and barriers to care that you heard in Mr. Rubin's testimony, but also to represent the voices of the second and third generations. The families who have lived with the impact of the physical and emotional health needs of our survivor parents and grandparents all these years are now watching and coping with the much more exacerbated needs that have emerged as survivors age and their horrific histories come back to plague them once again.

Senator Nelson, Ranking Member Senator Collins, and committee members, I, too, want to thank you for convening this very significant hearing. It has been a long time hope of our community that these hearings would be held and a spotlight shone on the unique unmet needs of this increasingly fragile group of America's aging community—America's Holocaust survivors.

My father was plunged into the nightmare of Auschwitz in 1942 at the age of 16. After surviving unspeakable events for over 3 years and the Death March, he was freed from Ebensee camp in 1945 by the liberating forces of the United States of America. At age 19 he joined an American Army camp in Germany as a worker to "give back" and, as a gesture of what became a lifelong sense of gratitude, requested to join the American Army and fight in Japan. He received a letter from President Truman thanking him for his courage but telling him he had suffered enough in his young life and encouraging him to pick up the pieces and create a productive life. He followed President Truman's words to the end of his days and truly succeeded.

He worked hard, created his own business, was a proud American voter and taxpayer, a loving father, husband, grandfather and great grandfather. His wife, my mother and a survivor of Auschwitz from Warsaw, died at age 32 of Hotchkins disease. The tragedies for our family did not end in 1945. At age 80, in declining health with Parkinson's disease, congestive heart failure and kidney disease, he moved as a widower to be with us in the Washington, DC area. After he had a bad fall in our multi-level home, we moved to Maryland to a home that would provide a safer environment, but by then his needs had increased, and he moved to an assisted living arrangement. After other falls, it was clear he needed more full time assistance—although his social involvement, reading the Washington Post every day, eating dinner with other Survivors, participating in holiday, family community events did not mark him as a nursing home candidate. Even after moving again to a HUD subsidized apartment, his expenses for rent and full time aide were $7,834 a month and his income from social security and German reparations were $1,753 a month. Despite the family paying for part of the home health care, transportation, food, clothing, health insurance and all other expenses, it was becoming impossible to sustain him in his own home or ours.

Resurrecting his life out of the ashes, alone, and with an eighth grade education, my father, was nevertheless able to amass savings he thought would last a lifetime. After just 3 years, he was on the brink of destitution and facing an unwarranted life in a nursing home—something that was unthinkable to him and to us as his

family. As would be true for most Holocaust survivors, being in an institution with its external regimen imposed by uniformed strangers, its sudden loud noises, bright lights, and the loss of personal control would have surely triggered for my father extreme anxiety and helplessness—and the terror of being once more imprisoned.

Over the past several years, we have learned more and more about the effects of Post Traumatic Stress Disorder (PTSD) sadly from returning soldiers and victims of atrocities. We understand the unique and frightful ramifications of untreated PTSD with its depression and increased suicide rates and as a result a portfolio of physical, mental, medical and rehabilitative treatments are becoming available to treat these symptoms. For this unique community of elderly Holocaust survivors who as young people, sometimes as children, witnessed massacres, their own parents and family killed in front of them, and other atrocities, this portfolio of care was not available in their earlier years but is required by many today. Nightmares, which were common for survivors when they were younger, have begun to return as they age and particularly when they are in unfamiliar settings. We, their children, feel helpless to stop this repeat of their past pain and anguish. A loss of control is painful to anyone but for survivors, who have last every human right and all their freedoms, the threat can be agonizingly traumatic and they hold on to their independence to the end. When short-term memory fails, they return not to the usual mix of childhood memories, but to the horrors of their youth—again doomed to relive the deprivation and losses of the past. And when the English language learned later in life starts retreating, they revert to their mother tongues, making it difficult for health providers to communicate and help them, throwing them further into isolation—all special considerations for the care they must receive and the home health care they need.

Our family explored every avenue to keep my father in his home or ours as his assets disappeared. We turned to every agency in the community for assistance—the county, State, the Jewish Family Services with its special survivor services funded by the Claims Conference. My father received assistance for a hearing aide, metro access cards for dialysis trips, a friendly visitor once a week, but that was all. When he moved with us to Maryland we had registered him for the Maryland Medicaid waiver to provide home health care support to keep him at home. Years prior, he had tried to apply for long-term health insurance, but because of his precarious health status—some of which had its genesis during his beatings and starvation in Auschwitz, he was denied. This is a common situation for survivors who bear lifelong marks of their fragile health as a result of the Holocaust. In April 2009, my father was number 9730 on that Medicaid waiver list with a 3 to 4 year wait. In desperation, I turned to my senator, Senator Mikulski, in a letter detailing his plight as a Holocaust survivor and asking for her advice. We did receive a hopeful message from the Maryland Office of Health and Human Services in response on June 24, 2009, but alas, my father had passed away on June 6, 2009—4 days shy of his 83rd birthday.

Although these hearings and their outcome can no longer serve my father or our family, I hope that his story and his memory will help the remaining thousands of survivors, nearly half of whom live below or near poverty in the United States alone, whose plight grows more desperate by the day. In my own community here in the Washington, DC area, the Jewish Social Service Agency JSSA has experienced a 15 percent budget cut for each of the past 4 years from the Claims Conference and other sources, while at the same time experiencing an increase in survivor clients, many of whom are in need of increasingly more complex and expensive assistance. This decline in funding will continue and agencies around the country are being told to find matching funds or find other means to cover the shortfall. This has led to across-the-board cuts to vital services, placing fragile and impoverished survivors on waiting lists, eliminating social events, transportation and other crucial services. Washington JSSA had projected a shortfall for designated Holocaust survivor services of $730,000 for 2013 and similar or greater shortfalls for the next 10 years.

In response, groups and generous individuals in the Jewish community have made desperate attempts to fill the gaps. A community Survivor Initiative has over the past 2 years succeeded in raising $1.9 million dollars. Even the third generation, grandchildren of survivors, have held several happy hours and evenings with survivors to raise funds. This is both heartwarming and helpful. But can we be satisfied that sporadic private fundraising and grandchildren led happy hour events can ever constitute the systematic approach to caring for the nation's aging survivors for their final years? Is it not our obligation to assure that there is a well-designed plan in place to provide comprehensive, ongoing and affordable care in a dignified manner to meet the special needs of this community? With these generous funds, JSSA was able to restore the cuts to services and now provides 25 hours a week

of home care to a survivor living in poverty. That is roughly 4 days a month. For someone needing full time care or even part time care. how can this be the best we can do for them?

As families of survivors and American citizens and taxpayers, we call for improved services for the entire elderly community including the survivors. Helping the elderly age at home with help from long-term health care services is crucial. As with the humane approach of the Affordable Care Act, these services need to be available regardless of preexisting conditions. Given the economics of home health care versus institutional nursing care, we must make it possible for survivors with these truly unique needs to afford home health care which will also save the system millions of dollars.

Five years have passed since my father's hour of need. Nevertheless, it is gratifying to see that just this past Friday, January 10, 2014 CMS has issued its final rules on home and community-based services providing States with the option to combine multiple target populations into one waiver to facilitate streamlined administration of HCBS waivers, assist the individual in achieving personally defined outcomes in the most integrated community setting, ensure delivery of services in a manner that reflects personal preferences and choices, and contributes to the assurance of health and welfare. The White House, too, has announced that it will appoint a special envoy to assist Holocaust survivors who are living in poverty with a number of helpful services. All of this is headed in the right direction, but we must remember, that the survivors cannot wait, services cannot be dependent on fine intentions or yearly negotiations that never live up to the needs of this community.

We in the survivor community also remember the promise made by Chancellor Adenaur that Germany would provide for the victims of the Holocaust "to their last breath" and know that the current state of affairs would have caused him anguish. Germany bears the primary responsibility for the welfare of the survivors and nothing less than making good on that promise will suffice. We turn to the American government to make every effort to assure that Germany provides the care that survivors need and that they do it now—in the last hours of this community's life. The additional funds that have been promised in Germany's latest proposal are, as Jack Rubin so eloquently stated, completely inadequate. Funds must also be forthcoming from the insurance companies that still hold the pre-war claims of our families—companies such as Allianz and Generali that make enormous profits in the United States, have an obligation to contribute to the welfare of Survivors.

Thank you for listening to my father's story, which is the story of so many of our parents. Thank you for this opportunity to voice the concerns of second and third generation children and grandchildren of survivors on behalf of the needs of our Holocaust survivor parents. As advocates for our parents, we are ready to take our seats at the table in all decision making that goes on around survivor needs.

I know what my sisters and brothers are going through today as they struggle to shield their frail parents from these harsh realities. Even as small children, we knew that this would be our lifelong sacred task . . . silently we each pledged to protect them from further pain and misery. Now we often feel powerless to change the system that seems to have forgotten them—again. Please listen to the authentic and legitimate voices of those who truly know about the unmet needs of America's Holocaust survivors.

This is a defining and finite moment in history when Congress can act to do the right thing. In ten short years, that moment will be forever gone. These wonderful people believed in the power to resurrect extraordinary lives, contributed to this country, with appreciation and through the strength of their will to survive.

In the memory of my parents, Jack and Barbara Pavony, and in honor of all those survivors still with us, I say to you, "Do not fail them now."

Exhibits to Anat Bar-Cohen's Statement

Cover Letter to Senator Bill Nelson and Senator Susan M. Collins

Thank you for convening this hearing on "Aging in Comfort: Assessing the Special Needs of America's Holocaust Survivors." I am pleased to be called to testify in these hearings as a daughter of two Holocaust survivors, the co-President of The Generation After, Inc., the Washington Metropolitan organization of descendants of the Holocaust, and as a founding Coordinating Council member of Generations of the Shoah, International.

The attached documents of testimony include: (1) my April 23, 2009 letter to Senator Mikulski, written as a desperate daughter coping with her aging Holocaust sur-

vivor father's mounting health care needs and the inadequate and tragic lack of resources to meet them; (2) testimony submitted in December 2013 by Esther Finder, President of Nevada Generation After to the European Shoah Legacy Institute's 2013 Social Welfare Workshop, Prague, (in preparation for the upcoming 2014 Social Welfare Conference) detailing more broadly the unique and special unmet needs of aging survivors in the United States and internationally; and (3) an Op-Ed piece submitted to the Washington Jewish Week, in December 2012 on the failure of the German government and Claims Conference frameworks, specifically established to care for survivors, a failure that has seen survivors living in poverty, being placed on waiting lists for basic needs, and suffering unnecessary indignities when they are at their most vulnerable.

The documents together paint a portrait of the special needs of Holocaust survivors who experience aging phenomena like dementia, short-term memory loss and paranoia as victims of post traumatic stress disorder of the worst kind. For example, when short-term memory fails, many revert to their early memories—not the usual mix of childhood memories—but childhood memories of torture, starvation, beatings, loss of family and other unspeakable trauma. Also described are the insurmountable barriers to care survivors and their families experience and the agonizing dilemmas they face to avoid things like institutionalizing survivors. Such settings too often trigger the Shoah induced nightmares from which we children of survivors have spent our lives protecting our parents. It also paints a picture of inadequate and underfunded State, local and Jewish social and health services, the latter created and funded specifically to protect and provide for the survivors until their dying days.

Thank you for entering this testimony into the record and again for affording me the opportunity to voice the concerns of second generation children of survivors on behalf of the needs of our Holocaust survivor parents.

Anat Bar-Cohen Letter to the Honorable Senator Barbara Mikulski

I am writing to you on behalf of my father, Jack Pavony of Rockville, Maryland, We were so stirred by your words at the Yom Hashoah Commemoration at Beth Shalom this Sunday and so moved by meeting you that day that we were inspired to contact you directly about his current plight. We are turning to you to ask for your help in gaining him a Medicaid waiver so that he can have the assistance he needs for kidney dialysis and Parkinson's disease to remain in the community—not be sent to a nursing home—a far more expensive and disastrous solution.

As we mentioned that day, my father is a three and a half year survivor of Auschwitz—the number on his arm is one of the lowest numbers you will ever see, and as a 15-year-old boy sent to that extermination camp in 1942 with his parents, he somehow survived—albeit alone in the world. He is Polish as you are and he took us on a trip similar to the one you described—to find our roots in Poland—we stood in front of the same bins at Auschwitz that you so eloquently detailed and the feelings were mutual—although the memories they brought to him are nightmares he lives with every day.

He has been a hard worker creating his own business, a patriotic American citizen and taxpayer, a loving father, husband and now grandfather and great grandfather. We are all thankful for these blessings. His wife, my mother and a survivor of Auschwitz from Warsaw, died at age 32 of Hotchkins disease. The tragedies for our family did not end in 1945. Now at age 83, and with savings he thought would last a lifetime, my father is facing destitution and an unwarranted life in a nursing home which for him will feel like he is back in Auschwitz—an institution with uniformed strangers, a loss of control, the loss of home, friends, his identity. He requires full time care because of a fall risk due to Parkinson's disease, congestive heart failure and kidney failure that has him depending for his life on dialysis three times a week. The costs have ruined him financially—but he has maintained a true quality of life despite his disabilities.

He is a true survivor—in every sense of the word—he continues to live a meaningful life in his one bedroom apartment at the Revitz House—with full time assistance. He reads the Washington Post and New York Times every day, has dinner with his friends when he has the strength—they are survivors, too, and they give each other strength. He sees his family often, reads a great deal about WW II and history, listens to music, meets with the Holocaust Survivor Group and attends events like the one you participated in on Sunday. He has spoken to young people in schools to share his story and to teach the lessons of the Holocaust. He has inspired me to be on the Board of Directors of the Washington area Generation After and co-founder of the Generations of the Shoah International to keep the legacy of

our parents alive and educate the world about the menace of genocide and intolerance. My brother and I translated and printed the memoirs my father dictated of his war years as another attempt to share this horrific past and learn from it. Many friends and family have a copy and read from it yearly during the Passover Seder about slavery and freedom.

As we explore every avenue to keep my father in his home and as his assets dwindle even with our assistance, we have turned to every agency in the community for assistance. He moved to Maryland to be with us 2 1/2 years ago and we registered him for the Maryland Medicaid waiver about a year later. He is number 9730 on that list and they tell us there is no way to know how long that will take—but it appears it will be at least 3 years. Receiving support for home assistance that would keep him from a nursing home is the most economical and humane solution to his plight. He cannot wait 3 years for this opportunity given his financial and medical situations. Even living in a HUD subsidized apartment, his expenses for rent and full time aide are $7,834 a month and his income from social security and German reparations are $1,753 a month. Even with the family paying for transportation, food, clothing, health insurance and all other expenses, you can see that we cannot sustain him in his home or ours.

We are turning to you as our Senator, as a social worker, and as a compassionate public official who has roots and understanding of the world my father came from and is currently living in—to ask for your assistance in providing my father a solution to this crisis. If he could receive the Medicaid waiver and financial support to stay at Revitz House with full-time assistance it would literally save his life. We are more than willing to have him live at our home as well, but the assistance is needed because of severe danger of falling and all of the care he needs with the dialysis.

We would be willing to do whatever is necessary to find a solution to avert a final tragedy in the life of our father—who has had to bear so many traumas and losses. At age 19, after the Death March, and after our father was liberated from the camps, he joined an American Army camp as a worker to "give back" and as a true gesture of thanks, attempted to join the American Army and fight in Japan. He received a letter from President Truman thanking him for his courage but telling him he had suffered enough in his young life and encouraging him to pick up the pieces and create a productive life. He followed President Truman's words all of his life and succeeded. Please assist us in finding an honorable and just solution to this last chapter in his life—one that will save the State countless thousands of dollars and maintain dignity and meaning.

Sincerely,

Jack Pavony and Annette Bar-Cohen

Submitted to the European Shoah Legacy Institute, Social Welfare Workshop, Prague, December 2013 (in preparation for the 2014 Social Welfare Conference)

Caring for Our Aging Survivor Parents

Esther Toporek Finder USA

Nothing substantive has changed with regard to the care of aging Holocaust survivors since 2009.[1] We will never know how many survivors have died in the past four years without the medical care and services they needed and deserved. Holocaust survivors are dealing with the issues that all aging people face, but with unique layers of complication. In order to assess and address the needs of this population, you must first understand them.

Survivors generally are economically and socially more vulnerable than their contemporaries who did not go through the Holocaust. And survivors can have medical conditions that began during World War II and persist or have resurfaced today.[2] I am now dealing with caring for my aging father, so let me share some of our experiences. My father, who is in his 90s and survived twelve concentration camps, contracted pneumonia in one of those camps. The residual impact of that today is the crackling in his lungs which makes diagnosing his current medical issues more complicated.

Diseases of age, like dementia, are experienced very differently by Holocaust survivors.[3] Many show signs of Post Traumatic Stress Disorder (PTSD) including nightmares and flashbacks.[4] My father had a nightmare that the Nazis came back and he had to protect his children and grandchildren. He was terrified by that prospect. This broke my heart and I told him he can rest, it's now my turn to be on guard.

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[1] *Struggling Holocaust survivors in Israel say gov't must do more,* JTA, November 24, 2013

[2] *Nazi Victims Now Residing in the United States: Findings from the National Jewish Population Survey 2000-01, A United Jewish Communities Report,* December, 2003
Study shows survivors suffer from more cardiac problems than peers, Haaretz.com, April 20, 2009

[3] *Record number of Holocaust survivors seek counseling,* Jerusalem Post, April 11, 2007

[4] Brom, D., Durst, N. & Aghassy, G. (2002). *The Phenomenology of Posttraumatic Distress in Older Adult Holocaust Survivors.* Journal of Clinical Gero-psychology. See also *Many Holocaust survivors live with PTSD,* The Tampa Tribune, April 30, 2009.

After his last surgery, my father asked how he got to the rehabilitation facility. I tried to explain that the hospital sent him there to recover. He argued with me and said no, we marched there. This was a flashback: in his mind it was 1945 and he was on the Death March.

Other symptoms of dementia, influenced by PTSD, include depression, guilt and paranoia. It is heartbreaking to watch an elderly person talk about their sense of guilt. I witnessed one survivor talking about "those miserable bastards...what they made me do." This man had been a jeweler before the war and the Nazis made him create jewelry from the gold teeth taken from dead prisoners. That tormented him in his final days.

Many elderly people have problems with short term memory. When short term memory goes Holocaust survivors are left with long term memory and that can mean they relive the horrors of the Holocaust again and again. We are helpless to stop this repeated pain and anguish.

A more insidious problem can also appear: the last language learned is often the first language lost. There are some families where survivors can no longer speak with their children.[5] And for those who do not live in the country of their parent's birth, finding health care workers who can speak to our parents in the language of their childhood is difficult.

It is crucial to educate health care workers about the special conditions and sensitivities of survivors. Common things like dogs, uniforms or sudden loud noises can cause extreme anxiety.[6] And though nobody wants to give up their freedom and independence by going into an institutional setting, for survivors and their families this is even more traumatic because the survivors lost their freedom during the war and cherish it so fiercely now. In the rehabilitation center my father was in a bed against a wall. Confused as to where he was, he tapped on the wall and asked, "Am I in jail?" There must be ample funding for home health care so survivors can live where they choose.

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[5] Kershner, Ruth, MSW. *Caring for our Aging Survivor Parents Workshop,* World Federation of Jewish Child Survivors of the Holocaust Conference, Alexandria, VA, November 2008

[6] *Caring for Aging Survivors of the Holocaust: A Practice Manual,* Baycrest Health Sciences, Toronto, Ontario, Canada

In the US there are some circumstances that make caring for our parents complicated. There is no uniformity of care throughout the country. Florida provides the least amount of state funding for home and community based services of all states with significant survivor populations and there are long waiting lists for limited resources.[7] However, shortages of funding for home care and emergency services persist everywhere.

In New York the major problem is the high cost of living. When rents rise some survivors cannot stay in their homes but cannot afford assisted living or nursing homes.[8] In the US home health care is less costly than institutionalized care but still costs thousands of dollars a month.[9]

We have decided to let our father spend his final days privately in a home setting. Due to his medical condition he requires 24 hour care and cannot be left alone. This is very expensive but we have no choice.

For some survivors, including my father, having an aide is also important psychologically. He would be devastated if he were by himself. It could be because was sixteen when the war broke out and he was separated from his family. Or maybe it is because he was the only Jew who survived from his transport from the death march? It is emotionally important for him to have a caretaker. Unfortunately, there are very few programs that help the survivors with their unique emotional issues of anxiety, loss and loneliness.[10]

Those with documented health conditions that require 24 hour care should be offered a higher level of support. Every Holocaust survivor should be entitled to compensation and not denied because of assets. How can you measure someone's suffering based on their assets?

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[7] *Jewish Family Service, Inc. of Broward County: Holocaust Survivor Assistance Program, May 1, 2009.* See also *NJ State Association of Jewish Federations (NJSAJF) Funding Support for Surviving Victims of the Holocaust*

[8] *Surviving Surviving,* The Jewish Star, June 16, 2009; see also the video: http://www.vimeo.com/5064899.

[9] *Association of Jewish Family Service Agencies of New Jersey Holocaust Survivor Assistance Program*

[10] *Surviving The Past,* TIME, January 7, 2002.

Let us look at the financial issues more closely. While we have lost many survivors, those we have with us are living into their 80s, 90s and beyond. Many of them have outlived their savings and, in some cases, they have outlived their children. Half the survivors in the US live at or below the poverty line and are struggling to afford basic needs.[11] This is a concern for all elderly people so why would it be different for survivors? Data from the Jewish Federation system in 2001 showed that survivors are much more likely than other Jewish elderly to be impoverished. [12]

In 1952 Chancellor Adenauer outlined the duty of West Germany to care for the survivors whose needs were directly caused by the Nazi regime, the Conference on Jewish Material Claims Against Germany (the Claims Conference) was established as the mechanism to allocate the cash flow to pay for the needs, which were extensive.

Clearly the first line of funding is Germany so why are there "negotiations" for funds? The needs of the aging survivors must be met. It is that simple. Social service agencies should not have to raise appropriate matching funds or risk losing desperately needed services for survivors.[13] These agencies should not have to re-apply again and again if additional survivors come forward for assistance. Nobody knows how many survivors have not yet asked for help. We have to anticipate their needs and make provisions for them.

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[11] Gillen, Michele. *The Forgotten Survivors,* CBS-WFOR, Miami, 2001

See also: *Poverty Stricken: Many aging Shoah survivors are living a new nightmare,* Jewish Journal, November 22, 2006; *Surviving Surviving,* The Jewish Star, June 16, 2009; See also the video: http://www.vimeo.com/5064899; *Losing Count,* New York Times, June 14, 2007; Sheskin, Ira M. "Estimates of the Number of Nazi Victims and Their Economic Status." Attachment 3 of Plan for providing Assistance for Needy Nazi Victims in the United States Submitted by the Holocaust Survivors' Foundation, USA, Inc., January 30, 2004.

[12] Laurence A. Kotler-Berkowitz, Danyell Neuman, Lorraine Blass, *Nazi Victims Residing in the United States,* United Jewish Communities, April 2004

[13] *Association of Jewish Family Service Agencies of New Jersey Holocaust Survivor Assistance Program, Summary of Request*

We cannot and should not rely on private donations.[14] This is not the responsibility of the Jewish community, though we will always do what it can to help. Remember Jews were the victims, not the perpetrators.

Billions of dollars have been collected in the name of survivor care but not all the money has reached the survivors or the agencies caring for them.

As that $57 million fraud scandal at the Claims Conference unfolded, Germany announced that it would supply $1 billion[15] in home care funding for survivors for the years 2014-2017. A simple analysis shows that even this seemingly large amount of money is NOT a sufficient response to the problems facing indigent survivors in need of home care.

According to the Claims Conference, the home care funds provided by Germany will be $185 million in 2014.[16] It also says that 56,000 survivors per year are served via the Claims Conference with these German funds. This 56,000 number does not include other survivors who have not yet applied for assistance but they must be an integral part of this calculation, too.

The math shows how these dollar figures are pitifully inadequate: If you divide $185 million by the present number of 56,000 survivors, the result is $3,304 in home care funding per survivor for 2014. Let us see how far this would go to help a Chicago survivor, like my father: In the Chicago area home care costs are about $15 per hour. We are talking about 220 hours of home care, or a total of about nine days. What are survivor families supposed to do for the other 356 days a year? What about a survivor who needs only 15 hours of home care each week? This funding would cover only about 15 weeks per year. What about the other 37 weeks?

There are far too many unanswered questions about the Claims Conference.[17] Survivors and their families clamored for a thorough investigation of the

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[14] *Homebound Holocaust survivors may lose funding*, Jewish Standard, April 24, 2009; *Survivors' funding falls victim to budget crunch*, New Jersey Jewish News, August 14, 2008

[15] Claims Conference website: http://www.claimscon.org/2013/05/negotiations/

[16] Claims Conference website: http://www.claimscon.org/what-we-do/negotiations/

[17] *Was Holocaust Fraud at Claims Conference Even Worse than Believed?* Jewish Daily Forward, April 11, 2013

Claims Conference with total transparency and accountability long before the $57 million fraud scandal hit worldwide news headlines. [18] Investigators must speak with survivors and social service agencies directly and not be distracted Claims Conference-led public relations efforts that try to rehabilitate its reputation.

Trying to investigate the Claims Conference will not be easy. When I did my research on the needs of aging survivors, I contacted social service agencies all over the United States. Nobody had anything nice to say about the Claims Conference or its system of distributing funds, but they would not speak with me on the record. They expressed the same frustration: though they were not getting sufficient funds from the Claims Conference to adequately care for the survivors, they would not speak publicly for fear of retribution.[19] They did not want to lose the bit of funding they were getting. They were intimidated and would only speak with me "off the record".

Anyone who speaks with investigators must be assured that there will be no retaliation against them for speaking honestly and they will not risk any loss of funding. If there is nothing to hide, the Claims Conference should welcome such an investigation.

Where is the Claims Conference money going? Investigators need to ask about the millions of dollars earmarked annually by the Claims Conference board for non-survivor care projects[20] and just how many of those pet projects funded are projects run by board member organizations or affiliates.

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[18] *How $57 Million Holocaust Fraud Unfolded at Claims Conference.* Jewish Daily Forward, May 9, 2013

[19] *Claims conference to Holocaust survivors: Criticize us and lose aid,* Haaretz, May 8, 2009 See also: *Claims Conference seeks to block documentary*, April 28, 2008, Jerusalem Post; *Huge Profits Casts Shadow over Holocaust Survivors Organization,* Spiegel Online June 3, 2008; *Claims Conference ordered to pay*, June 1, 2008, JTA and *Claims Conference Self-Aggrandizement,* Jerusalem Post, April 4, 2012

[20] *Debate Over Holocaust Restitution Funds Intensifies*, JTA (n.d.), and *Holocaust Restitution and the Claims Conference Controversies over Organizational Accountability,* Jewish Currents, July 2006

Until 100% of the survivors' needs are met, 100% of these funds should go to survivor care.[21]

There are also companies and businesses that benefitted from the mass murders of the Jews during World War II. Look at the insurance companies. Taking the example of Allianz, the same company that insured the concentration camps became the heir to the victims killed there.[22] Allianz owes an estimated $2.5 billion to Jewish Holocaust survivors and beneficiaries or heirs.[23] Rather than paying policy benefits it owes to surviving claimants[24] and reclaiming part of its reputation Allianz tried to spend $300 million for naming rights to a sport stadium in the United States. The public outcry put an end to that.[25]

When I speak with survivors, I hear the same thing again and again: the Claims Conference and the various governments and agencies who are supposed to help survivors and work for just resolutions to outstanding problems are simply waiting for the survivors to die. How many survivors have died before their time due to the lack of adequate care?

Where do we go from here? Here are some suggestions:

1. Each country should have an independent advisory board including representatives of the survivor community, elected by the survivor community—NOT appointed. To be effective and independent this has to be organic: from the grassroots up, not from the top down. Consulting with them often will ensure that your institutions stay connected and true to the mission of helping survivors.

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[21] *Policy Body: Shoah Funds All Must Go To Survivors*, Jewish Daily Forward, February 28, 2003

[22] *Insurer covered SS for death-camp sites* Jewish Weekly, June 6, 1997. See also *Many Holocaust Survivors Protest World's Largest Insurer*, CBS Miami, December 2, 2013

[23] Holocaust Survivors' Foundation – USA: *Summary of Holocaust Insurance Issue*

[24] Holocaust Survivors' Foundation – USA: *Summary of Holocaust Insurance Issue*

[25] *Giants and Jets fans join uproar over stadium naming rights bid by firm with Holocaust ties*

We, in the survivor community, have already established a network: *Generations of the Shoah International (GSI)*[26] by which we can communicate with each other. We can help you communicate with survivors worldwide.

2. A majority of the Claims Conference board must be comprised of elected survivors, plus their children and grandchildren. These representatives must be accountable to the survivors, not to the Claims Conference or member organizations of the Conference, the vast majority of which are not survivor groups.

3. Rather than straining every country's budget to care for aging survivors, why not go to those companies and institutions that have unfinished business with our families? For example: each country should demand that the insurance companies who sold policies to Jews before the war publish all relevant names so survivors and heirs can check for legitimate claims. ICHEIC (International Commission on Holocaust Era Insurance Claims) and past practices have raised troubling questions.[27] How many cases have been successfully settled?[28] How had appeals been handled? How transparent was the process? Have claims of success by the defenders of ICHEIC been exaggerated?[29] Were there conflicts of interest by people who handled the issues? These same questions can be asked about banks, real estate, and art.[30]

No business concern and no government can be granted legal peace until the survivor community gets legal and moral peace.[31] In the US the right of access

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[26] *Generations of the Shoah International (GSI), www.genshoah.org*

[27] *Aging Nazi victims say panel obstructs justice or else,* Los Angeles Daily News, September 23, 2003; Holocaust Survivor's Foundation - USA *Summary Of Holocaust Insurance Issue—2009*

[28] *Justice for Holocaust survivors,* Miami Herald, November 25, 2008: *Equal justice for Holocaust survivors*, Miami Herald, April 23, 2012

[29] *Still seeking justice for Holocaust victims,* Miami Herald, March 1, 2009; *Unlike Madoff, European Insurers Remain At Large,* Huffington Post, April 9, 2009

[30] *Justice, Before It's Too Late,* Washington Post, December 22, 2007.

[31] *Imperfect Justice* by Stuart Eizenstat, p.268 – 272

by survivors and their families to courts for insurance claims must be recognized and restored.[32]

Whole families were murdered and the banks and insurance companies and others kept the assets. Wasn't that enough? The goal today must be recovery of individually traceable assets, plus provision of sufficient funds to address the basic needs of all survivors for the remainder of their lives.

Elie Wiesel asked so poignantly at the opening of the 2009 conference: should the killers be the victim's heirs?

We must be creative in finding solutions to these challenges. We should develop a treatment and care plan for all survivors in need and maintain them, to the extent possible, in their homes with adequate help and financial support. With a united effort we could reach an agreement with the insurance companies— who have held European Jewish families' assets all these years— to provide long term health care for the remaining survivors in need.[33]

We were not here during the Holocaust but we are here now.[34] What are we going to do?

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[32] See Holocaust Survivors' Foundation – USA letter to President Obama, January 30, 2009.

[33] *Giants and Jets fans join uproar over stadium naming rights bid by firm with Holocaust ties*, NY Daily News, September 11, 2008

[34] *Atonement still due Holocaust survivors*, Washington Jewish Week, September 12,2007

Anat Bar-Cohen and Esther Toporek Finder

Op Ed: Fiscal Cliff for Holocaust Survivors, Submitted and Published in the Washington Jewish Week, December 5, 2012

There is not much similarity between the fiscal cliff most Americans face and what is ahead for far too many Holocaust survivors. The one commonality is that both crises are man-made and within man's power to remedy.

Jewish Social Service agencies around the US are dealing with shortfalls with regard to funds for needy Holocaust survivors. What is not widely known is that almost half the survivors in the US live at or below poverty level. Though the number of survivors diminishes daily, those still with us have increasing needs. People who went through the bottomless evil that was the Shoah are dealing with the ravages of poverty in old age.

The German government has provided moneys to help the survivors but not all the money collected in the name of survivors ever reached them. The organization responsible for distributing this money, the Claims Conference, has failed in several major respects and has quite a checkered history.

The Claims Conference took it upon itself to decide that not all the German funds were needed for survivor care so they initiated a system where some of the moneys would go to projects they deemed worthy. They decided that about $18 million of the money they distributed annually would not be used for survivors. Instead it would be used for educational and other programs including many programs of Claims Conference board members and their affiliates. As the public outcry got louder because the needs of the survivors were not always being met, the Claims Conference raised the amounts devoted to survivors but refused to cut non-survivor grants to various Jewish organizations. The aggregate amount of these diverted funds for over a decade exceeds $250 million.

As long as there is even one survivor in need, every single penny should go to their care. It is unconscionable that any member of the Jewish community, let alone the leadership of major Jewish organizations, would allow our aging survivors to suffer again. The moneys were collected in the name of the survivors and should go directly to their care. Anything less than that is morally bankrupt.

Where are these moneys going? Who is getting the money and why? Is there any conflict of interest in that moneys are going to member organizations of the Claims Conference board? Do the major Jewish organizations need to be subsidized for educational programs with funds that could be used for dental care, hearing aids or utility subsidies for indigent survivors? What are we supposed to think when $50,000 was contributed for a one night gala concert at the Kennedy Center organized by the special negotiator of the Claims Conference when the most a needy survivor can get *annually* from emergency funds is $2,500?

For years survivors groups, notably Holocaust Survivors Foundation (HSF)—USA and *Generations of the Shoah International (GSI)* have called for transparency and accountability from the Claims Conference. Instead we learned that a monumental fraud took place and tens of millions of dollars were stolen from the Claims Conference. Had there been greater transparency and accountability this might not have happened/might have been discovered sooner. In any case the Claims Conference's Statement that the money lost will have no impact on survivor care is absurd. $50,000,000+ could have helped a lot of survivors get food, medicine, etc.

Now we are faced with a tremendous problem so what kinds of solutions can we come up with? Here is one: for years the Claims Conference has sided with foreign insurance companies, who sold policies to Jews before WWII but have not satisfied all outstanding claims, *against* survivors who want to take these insurance companies to US courts. Instead of fighting against the survivors the Claims Conference, and the major Jewish organizations who are members of/recipients of funds from the Claims Conference, should support the survivors' rights to recover all unpaid policies, and for the insurers to disgorge remaining ill-gotten gains by providing long term health care and other services for the survivors.

In their hour of greatest need the Claims Conference is failing Holocaust survivors and we are watching this happen. Have we become bystanders? That behavior was reprehensible during WWII and is totally inexcusable now.

Esther Toporek Finder, Past President, *The Generation After*, Washington, DC, Member of the Coordinating Council of *Generations of the Shoah International (GSI)*, Member of the US Delegation to the Holocaust Era Assets Conference, 2009

Anat Bar-Cohen, MA, MPH, Co-President, *The Generation After*, Washington DC, Member, Coordinating Council of *Generations of the Shoah International (GSI)*

Testimony Before the United States Senate Special Committee on Aging
January 15, 2014

Sandor E. Samuels
President and CEO of Bet Tzedek Legal Services

Chairman Nelson, Ranking Member Collins, and Members of the Committee:

Thank you for the opportunity to speak with you today regarding the needs of aging Holocaust Survivors in the United States. My name is Sandy Samuels, and I currently serve as President and CEO of Bet Tzedek Legal Services, a Los Angeles-based non-profit organization. Our professionals are recognized internationally as experts on the unique needs of Holocaust survivors, with 40 years of experience in representation and advocacy on behalf of the survivor community. It is an honor to be able to share Bet Tzedek's experience with members of this Committee as we work to meet the needs and address the challenges faced by America's aging Holocaust survivor population.

I. Bet Tzedek's Background

For nearly 40 years, Bet Tzedek Legal Services has provided high-quality, free legal services, with a core mission to fight injustice against our community's most vulnerable residents. Bet Tzedek uses direct legal service, impact litigation, community outreach, and legislative advocacy to assist more than 15,000 people every year in the areas of employment rights, housing, public benefits, debtors' rights and bankruptcy, elder rights, guardianships and conservatorships, and Holocaust reparations.

Since its inception, Bet Tzedek has sought justice for Holocaust survivors, believing that no Holocaust survivor should live in poverty or without the necessities of life. Bet Tzedek remains one of the only legal services agencies in the U.S. that offers free legal services to survivors applying for reparations from Germany and other European countries. Bet Tzedek has submitted amicus briefs to the United States Supreme Court and litigated landmark cases, including *Grunfeder v. Heckler,* 748 F.2d 503 (9th Cir. 1984), which led to the exclusion of reparations payments from eligibility determinations and calculations involving federally-funded public benefits. Bet Tzedek also serves as a clearinghouse for attorneys and social services agencies across the country seeking information or advice about compensation and services for Holocaust survivors.

In 2008, Bet Tzedek launched a nationwide initiative known as the Holocaust Survivors Justice Network (HSJN). The network, which is active in more than 30 cities in the United States and Canada, includes more than 100 law firms, corporate legal departments, and Jewish social services agencies. Bet Tzedek trains professionals from these organizations to conduct outreach, spread awareness and assist survivors in

their communities with compensation claims and appeals. HSJN has successfully recovered more than $23 million in new economic resources for survivors in 31 cities across North America. HSJN is the largest national pro bono initiative ever launched, and in 2009, the American Bar Association awarded the Pro Bono Publico Award to HSJN.

Recently, Bet Tzedek has also expanded its service to the survivor community by providing a broad range of legal services designed to meet the unique needs of aging Holocaust survivors, including government benefits assistance, housing assistance, protection from abuse and neglect, and end of life planning. Through these efforts, Bet Tzedek has helped survivors receive thousands of caregiving hours and other community-based health services, increased advance planning using such tools as powers of attorney, health care directives and simple wills in the survivor community, obtained elder abuse restraining orders and conservatorships to protect survivors, and increased financial stability for impoverished survivors, among other results.

Having piloted this holistic approach to serving the needs of aging Holocaust survivors in Los Angeles, Bet Tzedek is currently in the process of using HSJN to bring these services to other American cities with significant survivor populations, including but not limited to: New York City, NY; Chicago, IL; Ft. Lauderdale, FL; Miami, FL, West Palm Beach, FL; San Francisco, CA; and Washington, D.C. Through these efforts, Bet Tzedek seeks to honor the victims of the Holocaust by ensuring that those who survived are able to live in comfort and dignity.

II. Challenges Facing Aging Holocaust Survivors

According to the Conference on Jewish Material Claims Against Germany (the "Claims Conference"), it is estimated that there are approximately 500,000 Holocaust survivors dispersed around the world, with at least 110,000 residing in the United States.[1] The average age of American Holocaust survivors is estimated to be 82, while twenty-five percent are over the age of 85.[2] At least sixty percent of American survivors are women.[3]

As they grow older, survivors are now confronting the stresses and challenges of aging, including an increase in major illnesses, cognitive impairment, risk of institutionalization, and vulnerability to abuse and neglect.[4] On account of wartime and post-war experiences, the struggles of aging can be greatly magnified for survivors, creating a group that ages differently and has more acute needs than do other older Americans.[5]

A. Poverty and Social Isolation

Holocaust survivors are significantly more likely to live in poverty and social isolation than other older Americans.[6] In Los Angeles County, it is estimated that nearly half of Holocaust survivors are poor or low-income, while one-third live at or below the federal poverty line. This is nearly three times the poverty rate for older Americans.[7] In New York City, fifty-two percent of survivors are estimated to be poor under Federal guidelines.[8] This poverty and isolation is often aggravated by non-existent or weakened familial and social support networks due to loss of immediate and extended family during the war.[9]

B. Physical and Mental Health

Holocaust survivors are also likely to have greater health needs than the general population and are more susceptible to certain illnesses such as osteoporosis and cognitive impairments.[10] Many survivors experienced long periods of malnutrition, confinement, physical assault, exposure to severe weather conditions, and other hardships that have had lasting effects on their physical condition.[11] Survivors also have a high incidence of chronic depression, anxiety, sleeping disorders, and Post-Traumatic Stress Disorder (PTSD).[12] Thus, although the total population of Holocaust survivors is decreasing, the number of survivors requiring services continues to grow as survivors age, increase in frailty, and develop various debilitating conditions.[13]

C. Dementia

For the general population, the risk of developing Alzheimer's or other forms of dementia increases with age, reaching nearly 50% by age 85.[14] With a median age of 82, the prevalence of dementia among survivors is rapidly increasing. Studies suggest that the risk of dementia may be even greater for survivors than for the general population.[15]

As an individual develops dementia, he or she is likely to progressively lose short-term memory, and more time will be spent reflecting on memories from the past.[16] People with dementia may also have difficulty separating current memories from past memories. Survivors with dementia may experience frequent nightmares and flashbacks to the horrors they suffered during the Holocaust. Due to the unique ways dementia can affect survivors, the need for assistance and supervision by caregivers is often much greater.

Dementia also can prevent survivors from obtaining Holocaust reparations. Those who

suffer a loss of mental or legal capacity may have difficulty describing their persecution with enough specificity to sustain a claim, and they are frequently unable to assist in collecting evidence and identifying witnesses. As a result, survivors who were previously ineligible or chose not to apply for reparations when they were financially secure often cannot benefit from new or recently expanded Holocaust compensation programs.

Dementia also increases the need for access to medical care, adequate housing, advance planning, and protection from abuse and neglect. Unfortunately, studies have shown a lack of end-of-life planning among Holocaust survivors, including a failure to complete advance health care directives.[17] Survivors do not talk about their health care wishes with their children, and children of survivors often avoid this topic of conversation as they do not wish to upset their parents.[18] Having the proper end-of-life planning in place can be important, however, for ensuring that a survivor is properly cared for and that his or her dignity is preserved while in the throes of dementia.

D. Institutionalization

The health needs of Holocaust survivors with advanced illnesses and physical limitations may require institutionalized care at a Skilled Nursing Facility (SNF) or other institutional setting. Although such dislocation can be difficult for anyone, this may present additional complications for a Holocaust survivor.[19] It can be emotionally and psychologically difficult for survivors who worked so hard to rebuild their life, health, and independence after the war and are now experiencing this loss again. Relocation to an institutional care facility can also trigger traumatic memories for Holocaust survivors, often associated with the following aspects of such settings: [20]

- *Admission*: The elderly and sick were executed by the Nazi regime, and admission to a SNF may bring feelings of dread, fear, and loss of hope;
- *Uniformed personnel*: This may trigger painful memories of Nazi personnel.
- *Routines and schedules*: While usually beneficial for seniors, regimented schedules may trigger memories from Nazi camps;
- *Interacting with medical personnel*: Medical experimentations, selections by physicians, and other war experiences may result in a lack of trust of medical personnel, particularly in an institutional setting;
- *Being showered or bathed by medical personnel*: Those who died in the gas chamber were often told they were going to shower, and being showered by medical personnel in an institutional setting may result in fear and anxiety;
- *Loud sounds and voices*: Sounds of others crying or screaming, sirens, and other loud noises may cause anxiety and fear for survivors;

- *Lack of privacy and space*: Tight or overcrowded spaces may trigger memories of overcrowded ghettos, camps, and transports.

These are just a few examples of triggers that can be brought on by institutional care facilities. For many survivors, community-based health services that provide them with the ability to live independently can prove vital for preserving dignity and comfort at the end of their lives. Bet Tzedek staff works with social services and governmental agencies to extend survivors' access to community based services, such as in-home care, so that they can live out their days in relative comfort in their own homes. The need for these services continues to increase as survivors age, however, and currently available resources are not always enough to avoid institutional care facilities for some Holocaust survivors.

III. Notable Programs and Gaps in Services Available to Aging Holocaust Survivors

Due to high rates of poverty, many Holocaust survivors in the United States must rely on government-funded public benefits to meet their basic needs. In addition to government-funded programs, Germany, other European governments, and private organizations provide limited funding to help meet the financial and caregiving needs of survivors.

A. Government Programs

Despite their unique needs, Holocaust survivors enjoy no government-funded programs in the United States that specifically serve such individuals. However, the *Victims of Nazi Persecution Act of 1994* exempts reparations payments received by Holocaust survivors from being counted when "determining eligibility for and the amount and benefits of services to be provided under any Federal or federally assisted program which provides benefits or services based, in whole or in part, on need."[21] Need-based government programs relied on by survivors to assist with their health and financial deficits include, but are not limited to:

- *Supplemental Security Income (SSI)*: Many low-income survivors—including a large proportion of the Soviet "refuseniks" who immigrated to the United States from the Soviet Union after 1969—must rely on SSI to subsist;
- *Medicaid*: Medicaid helps fund important health services for Holocaust survivors. In California, survivors may take advantage of Home and Community-Based Services Waiver programs,[22] such as the Multipurpose Senior Services Program (MSSP) and the Assisted Living Waiver Program (ALWP) to avoid unnecessary

institutionalization.

- *In-Home Supportive Services* (IHSS): In California, Medicaid-eligible Holocaust survivors may qualify for In-Home Supportive Services, which pays a caregiver to provide housecleaning, meal preparation, laundry, grocery shopping, personal care services, accompaniment to medical appointments, and protective supervision for the mentally impaired.
- *Subsidized Housing*: Many Holocaust survivors rely on subsidized housing programs, such as Section 8 and other federally-assisted programs, in order to keep a roof over their heads.
- *Other Programs:* Survivors must rely on many other programs, such as Home Energy Assistance Programs, Access Transportation, and Meals on Wheels in order to obtain the basic necessities of life.

Unfortunately, due to cuts in funding, strict eligibility requirements, caps on program enrollment and services, and limitations imposed by the Sequester, these programs are not sufficient to meet the needs of aging Holocaust survivors. In 2013, an 8% across-the-board cut in In-Home Supportive Services was imposed on all IHSS recipients.[23] Dental benefits provided through California's Medicaid program have been severely limited.[24] There can be a waiting period to access Home and Community-Based Services Waiver programs.[25] Applications for the Section 8 program in Los Angeles are closed indefinitely.[26] Such cuts and limitations erect barriers to Holocaust survivors accessing the services they need to live safely and comfortably in their communities.

Further, many survivors face barriers to accessing needed benefits on account of their receipt of Holocaust reparations. Bet Tzedek has been at the forefront of efforts to ensure that government agencies do not deny survivors the benefits they rely on to meet the basic necessities of life because they receive reparations or pensions related to their persecution. Despite these efforts, government workers frequently do not understand the 1994 law exempting reparations payments from being counted for eligibility purposes, and survivors are wrongfully terminated from needed programs or have their benefits reduced. In order to correct this problem, Bet Tzedek must assist survivors in appealing these cases and provide education to government workers and other professionals who interact with Holocaust survivors on the law and available reparations programs.

Here are three client stories that highlight the barriers that Holocaust survivors face when relying on government programs to meet their needs:

1. Client Story 1 – Reparations and Federally-Funded Public Benefits

Client 1 is an 80-year-old Holocaust survivor from Ukraine who relies on SSI as his only source of income. After the war, Client 1 was later drafted by the Soviet Union to be a clean-up worker following the Chernobyl disaster and suffers serious health problems on account of these experiences. In the 1990s, Client 1 received a lump sum payment of about $3,000 from a Holocaust compensation program funded by the German government known as the Hardship Fund. The client correctly understood these Holocaust compensation funds to be exempt from being counted for SSI eligibility purposes, and planned to save the funds for emergency expenses. In late 2012, Social Security reviewed the client's records and charged him with an overpayment of $37,000 for having "excess resources," and it began garnishing 10% of his SSI income to pay back this amount. The client tried to appeal on his own and was denied, but Bet Tzedek was able to resolve the issue with the Social Security office and restore his benefits.

2. Client Story 2 – Sequester

Client 2 is 94 years old and suffers from significant health problems. A 20-year resident of the City of West Hollywood, the client relied on a Section 8 voucher to pay rent. His family had a plan to make sure he was properly cared for at home. The client's building owner decided to no longer participate in the program and gave the client notice to vacate. Due to a shortage of Section 8 housing, the client was unable to find another unit in West Hollywood where he could transfer his voucher, so he found an apartment in the City of Los Angeles near his doctors. Because of the Sequester, however, the Housing Authority denied his request to transfer the voucher to an apartment in Los Angeles because the jurisdiction's payment standard was approximately $50 higher than the West Hollywood payment standard. This policy was only put in place as a result of the Sequester. Thus, to keep his voucher, the client would have to move far away from his doctors, community, and support structure. Because of his impaired health, such a move was impossible. After much advocacy, Bet Tzedek was able to convince the Housing Authority to make an exception for this client so he could keep his voucher and avoid institutionalization, but many Holocaust survivors continue to face similar problems.

3. Client Story 3 – Lack of Caregiving Resources

Client 3 is an 83-year-old Holocaust survivor who Bet Tzedek assisted with a Holocaust reparations claim. Client 3 was diagnosed with a brain tumor, dementia, and other medical complications that left him nearly bedridden. He lived with his wife, who served as his primary caregiver. His caregiving needs were significant, and his wife quickly

became overwhelmed and exhausted. Client 3 applied for IHSS and was approved for approximately 100 hours per month, which was insufficient to meet his needs or provide his wife with the requisite respite to continue caring for him, putting the client at risk of unwanted institutionalization. The client was denied IHSS hours for Protective Supervision, which would have provided many additional caregiving hours, but has strict eligibility requirements. The local Jewish family service agency was unable to use funding from the Claims Conference to pay for additional caregiving services because Client 3 already received the maximum 100 hours of in-home care. Although Bet Tzedek stepped-in to appeal the client's IHSS hours, the client passed away shortly thereafter. Due to the limitations of programs available to assist Holocaust survivors with caregiving, Client 3's final months were made unnecessarily difficult and stressful.

B. Other Funding Sources

In addition to government-funded programs, American Holocaust survivors may look to resources provided by the German government, other European governments, and private organizations. However, many of these programs only provide modest compensation, may have need-based and other eligibility requirements, or may no longer be accepting applications.

In other cases, certain entities complicit in the atrocities of the Holocaust have yet to offer any compensation to survivors. One such corporation is the French national railroad, Société Nationale des Chemins de fer Français (SNCF), which was paid per head and per kilometer to transport more than 75,000 Jews and thousands of others toward Nazi death camps. SNCF has consistently refused to provide justice to the thousands of survivors deported on its trains. Yet, through the tireless efforts of Senator Schumer, Chairman Nelson and other bipartisan co-sponsors of the Holocaust Rail Justice Act (S.1393),[27] members of the survivor population will hopefully see justice from SNCF in the near future.

Additionally, limited funding for home care, medical and dental expenses, food assistance, or financial emergencies may be available from non-governmental sources such as the Claims Conference, local Jewish communities, and charitable organizations. Much of this funding is allocated to Jewish family and children's services agencies which coordinate and provide the needed services. Despite these efforts, the available funding does not cover the needs of the survivor community, which grow in incidence and cost even as the number of survivors diminishes.[28] For example, Holocaust survivors in Los Angeles are limited to 25 hours per week of caregiving services funded by allocations from the Claims Conference, which cannot be combined with other government programs and are only available for survivors with significant caregiving needs. Similarly, funds are provided for dental work, but the waiting list for

these services in Los Angeles is extremely long.

C. Reauthorization of the Older Americans Act

On account of the unique issues that Holocaust survivors must face as they age, survivors in the United States are in greater need of financial, caregiving, health, and other related services than the general population of older adults. As discussed, the current government and private programs available to help meet this need are grossly insufficient.

The Older Americans Act was last reauthorized in 2006 and was scheduled for reauthorization in 2011, though this did not happen. On September 30, 2013, Senators Bernie Sanders (D-VT), Tom Harkin (D-IA), and Lamar Alexander (R-TN) introduced the Older Americans Act Reauthorization Act of 2013 (S.1562).[29] Approval of this legislation would help facilitate much-needed assistance for Holocaust survivors in the United States. Given the age, need, and vulnerabilities of the survivor population, Bet Tzedek would like to take this opportunity to respectfully request that the Senate work as quickly as possible to approve this bipartisan legislation.

IV. Conclusion

Holocaust survivors in the United States are entitled to have the final chapter of their lives be dignified and peaceful. There are many special needs unique to the Holocaust survivor community that can make the aging process much more difficult. Tragically, many survivors are ending their lives impoverished, alone, and without access to adequate medical care. Although the survivor population may be declining, the need for services will continue to remain high for many years to come.

I look forward to working with members of this Committee, along with our federal, state, and local partners, to meet the needs and address the challenges of America's aging Holocaust survivor population.

Mr. Chairman, this concludes my testimony and I would be happy to answer any questions.

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TESTIMONY OF ELIHU KOVER
VICE PRESIDENT, NAZI VICTIM SERVICES
SELFHELP COMMUNITY SERVICES
BEFORE THE U.S. SENATE SPECIAL COMMITTEE ON AGING
JANUARY 15, 2014

Chairman Nelson, Ranking Member Collins, and members of the committee, thank you for the opportunity to come here today to discuss the needs of aging Holocaust survivors and the services my organization, Selfhelp Community Services, provides for them.

We appreciate and support the attention to Holocaust survivors by the administration through the initiative announced by Vice President Biden, and by Congress, through S. 999. We thank Senator Nelson and Senator Kirk for their sponsorship of S. 999, which would amend the Older Americans Act to provide social service agencies with the resources to provide services to meet the urgent needs of Holocaust survivors to age in place with dignity, comfort, security, and quality of life.

Since its founding in 1936 by émigrés fleeing Nazi Germany, Selfhelp Community Services has grown into a large health and human services agency serving older adults of all backgrounds. Selfhelp is the largest provider of comprehensive social services to Holocaust survivors in North America. Over 75 years ago, Selfhelp's founders made a sacred promise: "to serve as the last surviving relative to victims of Nazi persecution." Today, through an array of services delivered with care and compassion, Selfhelp is fulfilling this pledge for over 5,300 survivors in New York City and Long Island.

Holocaust survivors are growing older and frailer. The twenty-year-old who survived Auschwitz is now eighty-eight. She may be coping with the loss of her spouse and have no family to speak of. In addition to the myriad problems associated with so-called "normal aging," many survivors have numerous physical and psychological problems directly attributable to their experiences during the Holocaust. Prolonged periods of starvation, exposure to severe weather conditions with inadequate clothing, and experiencing and witnessing unspeakable atrocities take a severe toll on body and mind. And many of these problems only surface in old age, having been hidden during their working years when the survivors struggled and made a new life for themselves as productive citizens of this country. Further exacerbating their situation, more than 50% of the survivors living in New York City can be classified as "very poor" or "near poor" under Federal guidelines.

Many people are incredulous when they discover that there are an estimated 120,000 Holocaust survivors in the United States. Selfhelp has recently issued a report, included with this testimony, which analyzes the most recent population data. In the New York City metropolitan area alone, there are 65,000 survivors. Of these, the youngest are in their late sixties – but the oldest are over one hundred years of age.

When refugees from Nazi persecution founded Selfhelp Community Services in 1936, they did so with the goal of helping their fellow émigrés to find housing and employment and adjust to life in their new American home. Today, 77 years later, Selfhelp has grown to serve 20,000 of New York City's most elderly, frail, and vulnerable residents, including survivors of the Holocaust. Indeed, Selfhelp is the largest provider of comprehensive services to Holocaust survivors in North America, serving nearly 5,400 survivors in the past year.

Selfhelp's mission reflects our programmatic growth and our continuing commitment to survivors of the Holocaust:

Selfhelp is a not-for-profit organization dedicated to maintaining the independence and dignity of seniors and at-risk populations through a spectrum of housing, home health care, and social services and will lead in applying new methods and technologies to address changing needs of its community. Selfhelp will continue to serve as the "last surviving relative" to its historic constituency, victims of Nazi persecution.

Our overall goal is to enable seniors, as well as frail, and disabled individuals, to live independently. In addition to our specialized programs for Holocaust survivors, Selfhelp provides:

- **Affordable senior housing** to over 1,270 residents in nine buildings, with extensive health, wellness, and case management services available on site at residents' request.
- Five **senior centers,** including one of the first to be designated by the City of New York as an Innovative Senior Center.
- Over two million hours per year of **home care,** including home health care, skilled nursing, chore and housekeeping assistance, and emergency home care. Selfhelp also offers high-caliber **training** to 350 home care aides each year, and specialized training in caring for Holocaust survivors.
- Groundbreaking **client-centered technology programs** – specialized technologies for the elderly that include Selfhelp's acclaimed **Virtual Senior Center**, remote safety monitors, and telehealth kiosks.
- Three **Court-Appointed Guardianship** programs, including one operated specifically for Holocaust survivors.
- Four **Naturally Occurring Retirement Community (NORC)** programs.
- Four **case management** programs for low-income seniors, including one funded by UJA-Federation of New York, and one specifically for older refugees.
- The **Selfhelp Alzheimer's Resource Program**, which provides Social Adult Day Care services.
- **Emergency Financial Assistance**.
- **Selfhelp Senior Source**, a fee-for-service geriatric care management program.

These programs operate through 26 locations in the Bronx, Brooklyn, Manhattan, Queens, and Nassau County.

SERVING HOLOCAUST SURVIVORS

To identify Jewish Holocaust survivors, Selfhelp adheres to the definition of the Conference on Jewish Material Claims Against Germany (Claims Conference), which, to summarize, says that a Nazi victim is considered to be any Jew who lived in Germany, Austria, or any of the countries occupied by the Nazis while that country was under the Nazi regime

Age: Based on Selfhelp's most recent community snapshot, the median age among Selfhelp's Holocaust survivor clients is 85. Fifty-three percent are between the ages of 80 and 89, 27 percent are between 90 and 99, 18 percent are between 70 and 79, one percent are under 70, and twenty-six individuals (1 percent) are over 100

Geographic Area of Service: Selfhelp serves Nazi victims through seven community-based program sites, with two locations in Brooklyn, two in Manhattan, and one each in the Bronx, Queens, and Nassau County. At our Kensington office in Brooklyn we have a separate program specifically to serve Russian-speaking Holocaust survivors residing throughout that borough.

Country of Origin: clients come from Poland (28%), the Former Soviet Union (FSU) (22%), Germany (11%), Hungary (11%), and the Czech Republic (11%). Other significant numbers of clients are from Rumania, Austria, France, and Belgium

Selfhelp continues to experience an increase in the number of Russian Holocaust survivors requesting service. In FY 2013 Selfhelp served over 1,600 Russian survivors, an approximately 30 percent increase over the previous fiscal year.

Special needs and other relevant identifying characteristics: Within its service population of Holocaust survivors Selfhelp has identified three distinct groups with their own special needs.

(1) *Clients from the Former Soviet Union:* These clients tend to be in poor health and extremely destitute, with the vast majority receiving Supplemental Security Income (SSI). Because they emigrated later in life, they also face the challenge of assimilating in a new country in which they do not speak the language or understand its customs.

(2) *Elderly clients in their late eighties or beyond:* A majority of Selfhelp's Holocaust survivor clients fall into this category. These clients tend to have multiple acute needs that must be met by a full range of services.

(3) *Younger clients:* Selfhelp serves a younger cohort of survivor clients (primarily in their late 60's to late-70's) who experienced the emotional and psychological traumas of the Holocaust in early childhood. This affected their development in unique ways, and for many it has led to difficulty functioning as mature adults. Members of each of these groups have multiple, specific needs that must be met by enhanced case management and by supportive services that address their unique situations.

Two case vignettes illustrate typical needs of Selfhelp clients and the services we provide to them:

Mr. M

Mr. M. is 91 years old, suffers from severe depression and anxiety, and is in declining health. His only sibling, a sister who lived in England, recently passed away. Aside from a second cousin living in New York, he has no other family.

Born in Germany in the early 1920s, Mr. M lost many loved ones during the Holocaust. His mother was killed at Auschwitz. His sister escaped through the Kindertransport, but in 1939, at age 17, Mr. M was too old for the Kindertransport. Instead, he managed to escape through a transport ship that took him to Swaziland. He later came to the United States, where he worked as a tool and die maker and later as a bike messenger.

In 2001, Mr. M was hit by a car and needed help. He was very anxious about paying his medical expenses and not being able to work. He was very depressed and attempted suicide within one year of the accident. As a resident of Queens, Mr. M became connected with Selfhelp's community-based office located in Forest Hills, Queens.

Selfhelp's initial work was focused on stabilizing Mr. M's financial situation by helping him to obtain various entitlements and benefits. His social worker successfully applied for and obtained a Senior Citizen Rent Increase Exemption (SCRIE), enrollment in a Medicare Savings Program, Elderly Pharmaceutical Insurance Coverage (EPIC), Food Stamps, a reduced phone bill, Access-A-Ride services, and tax credits, among others. In addition, the social worker provided supportive counseling for his depression and anxiety.

Not long after, Mr. M began participating in Selfhelp social programs. He worked as an office volunteer and was even interviewed about his experiences with Selfhelp for local media outlets. Mr. M established a "home" for himself at Selfhelp's Nazi Victim Services Program in Queens, and he flourished there for the following 12 years.

In March 2013, Mr. M sustained a fall, and since then, his health has been in decline. He has experienced multiple falls, several hospitalizations, and rehabilitative services. He now lives in an assisted living facility, which has been a hard adjustment, and once again he is battling depression and anxiety.

Mr. M's social worker visits him weekly to provide supportive counseling and a link to his Selfhelp "family." She advocated for him at the assisted living facility so that he could meet with a psychiatrist and receive antidepressants. She accompanied him to the medical clinic when he was too anxious to go on his own. His social worker continues to work toward the goal of helping Mr. M manage his health, depression, and anxiety enough to be able to travel to the program office, where he can again volunteer and attend social programs, such as Coffee Houses.

Selfhelp truly became a second home for Mr. M, and he quite literally thinks of Selfhelp as his family.

Mrs. K

Mrs. K is an 88-year-old Holocaust survivor. During the war, she and her family were placed in a ghetto in Baranowo, Poland. She spent two years there before being transferred from one labor camp to another for the remainder of the war. Each time, she was forced to work in munitions factories, filling bullet cartridges with gunpowder. Following liberation, she lived in a camp for displaced persons, where she stayed until 1946.

After the war, Mrs. K immigrated to the United States, married, and had children. In recent years, her children have moved away, her husband has died, and Mrs. K has grown very lonely. Like many survivors, she tends to see seeking help as a sign of weakness, which has made her resist support despite her growing need for activity and socialization. After many visits from her Selfhelp social worker, who encouraged her to attend the Coffee Houses, Mrs. K began to do so. There, she enjoyed food and music, but most importantly, she enjoyed the company of her peers and other Holocaust survivors. She expressed great joy at being among people who could relate to her experiences.

The Coffee Houses prompted her to become more active – Mrs. K began going to the YMHA almost daily. Additionally, she began accepting other help, such as the assistance of a chore services provider who helped her with grocery shopping this past summer and currently assists with cleaning her house to prevent deterioration of her surroundings, which for many elderly can lead to depression and decline. Now, she can both accept help and retain her dignity and independence. She has expressed great gratitude and appreciation for Selfhelp's services.

Caregiving: Due to physical or cognitive frailty, clients are often in need of and receive assistance from caregivers, including family members and/or professional caregivers such as home care nurses. These services are essential to helping them remain in their communities. Also, some Holocaust survivors are themselves caregivers who look after frail spouses and/or adult children that are physically or emotionally dependent.

THE NEEDS OF HOLOCAUST SURVIVORS

The comprehensive set of services delivered by Selfhelp's program for Holocaust survivors is designed to address a wide range of needs. Specific needs addressed include the following:

Need: Entitlements and Benefits Support – In order for aging survivors to continue living independently in their communities, they must be informed of and receive assistance in applying for the myriad entitlements, benefits, and programs available to support them. Because application and recertification for programs such as Medicaid, the Medicaid Savings Program, Managed Long Term Care Plans (MLTCPs), Senior Citizen Rent Increase Exemption (SCRIE), Supplemental Security Income (SSI), and Supplemental Nutrition Assistance Program (SNAP) can be very complex, elderly people may find them frustrating or intimidating, which makes them less likely to take full advantage of all possible supports. Similarly, the benefits

specific to Holocaust survivors are difficult to navigate and may vary according to country of origin, type of persecution, etc.

Elderly Holocaust survivors can be even more intimidated by these application processes because of their fear of government agencies and authority figures, which stems from their experiences during the Holocaust. The need to fill out paperwork may be equated with the Holocaust-era fear of "not having one's papers in order." Moreover, survivors are often resistant to revealing their assets, savings, and amount of reparations awarded. For these reasons, professionals working with Holocaust survivors must have a thorough understanding of survivors' psychology, and they must possess the skills needed to help them overcome their fears and receive help.

Need: Home Health Care – In addition to the cognitive and functional declines that commonly accompany advancing age, survivors are prone to certain Holocaust-related physical conditions – stemming from factors like malnutrition, physical abuse, stress, and exposure to severe weather conditions – that may only begin to manifest as they grow older. Heart conditions, bone issues, foot problems, and dental problems are all common. In addition, psychological issues stemming from the Holocaust, including depression, anxiety, and sleep disorders such as insomnia and night terrors are directly attributable to their experiences during the Holocaust.

Issues like these make in-home care a necessity. However, lack of insurance coverage for long-term home care, together with the high costs of obtaining private homecare, can leave those who need ongoing home care services with no recourse for obtaining it. Selfhelp expects that these issues will significantly impact clients for the foreseeable future, as additional cuts to publicly-funded programs and the transition to managed long-term care plans will continue to hinder access to home care. This could result in an increase in nursing home placement, which has a significant affect on all elderly, but raises very specific issues for Holocaust survivors.

The German government has recognized the growing need for home health care for Holocaust survivors. Through successful negotiations by the Claims Conference, they have provided significant financial support, which has helped Selfhelp to expand its home health care services. Selfhelp is grateful for this critical support and hopes that it will continue.

Need: Isolation and Socialization – Holocaust survivors are more prone to isolation and loneliness than other elderly people because they generally have smaller networks of family and friends. Typically, survivors living in the United States lost family members in the Holocaust, were forced to immigrate quickly, and did so either alone or with few friends and family members. Thus, as they begin to lose spouses and the few friends and loved ones they do have, and as they deteriorate physically and travel becomes difficult, they can quickly become isolated and lonely. In addition, reminiscence and life review, activities which are normally appropriate for the elderly, are problematic for Holocaust survivors. It reminds them of their losses and may in fact make them feel even more isolated.

Need: Cleaning and Errands – Household chores and basic errands become increasingly difficult as people age, which can lead to unsanitary and sometimes dangerous living conditions, and a negative emotional outlook. In many cases, regular chore service keeps

survivors in their homes by preventing the kind of deterioration that would eventually lead to institutionalization.

Need: Managing Finances – As older survivors experience serious cognitive issues, including Alzheimer's disease and other dementias, finances become more difficult to manage, and they become vulnerable to scams and misleading advice. In addition, physical problems like poor eyesight, arthritic hands, and general frailty have an effect on their ability to manage day-to-day finances. As a result, attention to bills, rent payments, and balancing of checkbooks can suffer, leading to more serious financial problems. Often, assistance with financial management is a necessity for aging survivors who wish to remain in their homes and live independently.

Need: Psychological and Emotional Support – Many older people face threats like the onset of dementia or depression, the gradual loss of family members and of independence, and the looming possibility of being placed in a nursing home. These common threats are compounded for Holocaust survivors, who also experience the lingering effects of past emotional trauma, physical deprivation, and confinement. In addition, many survivors experienced stressors following the Holocaust that affect their mental health in old age, such as those of immigration, social isolation or marginalization, assimilation, and poverty. Most Holocaust survivors have never had the chance to heal the severe emotional wounds they have suffered as a result of these factors. When they lost loved ones during the war, they did not have the chance to attend proper funerals, or visit gravesites. Instead, they had to focus on escaping persecution, and after they did most of them were forced to "pull themselves up by their boot straps" in their new American homes. They had neither the time nor the finances to allow themselves a normal, healthy grieving process. So, these wounds continue to operate on their psyches even late in life. And, as their generation ages and their peers pass away, each new loss stirs dormant grief and traumatic memories.

In addition to the need for psychological and emotional support described previously, Selfhelp serves a cohort of survivors who exhibit mental health needs too serious to be met in the social work sphere and who are in need of ongoing psychiatric treatment and/or medication. However, there are several significant barriers in place between these survivors and the mental health care they need. First of all, they are not likely to seek out mental health services independently, as fears of being stigmatized for receiving mental health services, or of being forced into an institutional setting, can make them hesitant to accept help. In addition, many survivors are more receptive to services if they can be provided in their home. However, most mental health professionals hesitate to provide in-home service because the Medicare reimbursement rate for such treatment is minimal. Thus, it can be difficult to find a psychiatrist willing to perform home visits with any regularity. These factors can make it difficult for survivors and the organizations that help them to gain access to needed mental health services.

Current unmet needs: There are several service areas for which clients currently have a great need, and for which additional support is needed.

One is **mental health**. Through a long-term collaboration with Montefiore Hospital's Division of Geriatric Psychiatry, Selfhelp's Bronx office has provided survivors with consultation and

direct services by a visiting psychiatrist. In July 2010 this program was expanded to Brooklyn via collaboration with Maimonides Hospital. These pilot projects, funded through time-limited grants from UJA-Federation of New York, have proven to be critical components of comprehensive service provision. They fill a major gap in the service network. Yet, because these services are only being provided in the Bronx and Brooklyn and Selfhelp serves Holocaust survivors in other areas of New York City, there is an unmet need for mental health services in other locations. Changing Medicare policy to allow greater reimbursement for mental health services is crucial for this population and the broader community.

It is estimated that more than 50 percent of Holocaust survivors live below 150 percent of federal poverty guidelines. Selfhelp's clients tend to have very low incomes, and for those from the former Soviet Union, this is especially true. Although Selfhelp is able to provide financial management services and some financial assistance, a great need remains.

Similar to all elderly living in the New York City metropolitan area, the need for **affordable housing** for Selfhelp's Holocaust survivor clients continues to grow. To help meet this need, Selfhelp received permission from the Housing Development Corporation (HDC) of New York City to give a preference to Holocaust survivors in the marketing of our newest affordable senior building, "K-VII." Ten percent of the units (i.e. 10 units) were preferentially available during the initial lease-up of the project for persons who were persecuted during the Nazi era. This set a great precedent going forward as Selfhelp continues to develop new housing opportunities. However, this housing preference alone cannot meet the affordable housing needs of our survivor clients. The Section 8 voucher program had a significant impact on this problem in the past, and we urge that this program be re-funded to meet this critical need.

PROGRAM ACTIVITIES

Through its seven community-based sites for Holocaust survivors, Selfhelp delivers a wide spectrum of services which enables the agency to fulfill its mission to serve as "the last surviving relative" to victims of Nazi persecution. The staff employed by these programs work exclusively with Nazi victims and spend 100 percent of their time on the program. Selfhelp's central unit, located in midtown Manhattan, coordinates all programs.

Ongoing core services include:

Enhanced Case Management: This service is the cornerstone of Selfhelp's Nazi Victim Services Program. Selfhelp's social workers develop care plans tailored to meet the needs of individual Holocaust survivors, and provide ongoing contact and monitoring as they act as personal advocates for the interests of their clients.

Social workers provide advocacy, supportive counseling, information, and referrals, along with screening and advice for a complete range of available entitlements and benefits. These workers are well versed not only in what benefits and entitlements are available to older people generally, but also to Holocaust survivors specifically.

Social workers also arrange for housekeeping and homecare services, perform periodic re-evaluation of benefits and entitlement eligibility, and keep clients abreast of new community

services and resources geared toward the elderly population. Selfhelp provides regular in-service training to its staff to ensure social workers have a deep understanding of the psychological impact of the Holocaust, and are qualified to provide sensitive counseling and care. Selfhelp has also actively worked with UJA-Federation of New York to provide similar training to the service providers and organizations throughout the New York City metropolitan area.

Given the frailty of most Selfhelp Nazi victim clients, most direct work with them is done in their homes, though some do visit Selfhelp offices for service.

From January 1 through October 31, 2013, Selfhelp provided 40,166 hours of individualized case management and counseling services to 4,105 survivors, through 9,684 in-home visits with clients.

Subsidized Home Health Care: Many clients require more intensive home care services, such as personal and medical-related care, in order for them to remain safely at home. Selfhelp's licensed home care services agency (LHCSA) and Certified Home Health Agency (CHHA) provide a full array of home health services, including personal care and skilled nursing. Depending on client needs, services may be provided on a long-term, short-term, or interim basis. Services are subsidized for those who cannot afford to pay for private care.

From January 1 – October 31, 2013, Selfhelp provided 147,220 hours of subsidized home care to Nazi victims.

Social Programs: Selfhelp provides an array of ongoing social programs for Nazi victims. "Coffee Houses" bring survivors together to socialize, share memories, enjoy a full meal or some cake and coffee, and have the pleasure of listening to music and entertainment.

Selfhelp marks important Jewish holidays throughout the year with special events that resonate deeply for clients, such as Passover seders and Chanukah and Purim parties. Group trips to museums and other sites also occur during the year.

Selfhelp's Bronx, Washington Heights, and Nassau County offices also offer many additional small group activities for survivors. These groups meet regularly in our offices and in other Jewish community centers or senior centers, and offer opportunities for additional socialization, connection, and support to survivors. The groups range in topics from general discussion and support to a movie and book group.

From January 1 – October 31, 2013, aggregate attendance at Selfhelp social programs totaled 5,735.

Housekeeping and Chore Services: Household chores and basic errands become increasingly difficult as people age, which can lead to unsanitary and sometimes dangerous living conditions, and a negative emotional outlook. Housekeeping service helps to keep survivors in their homes by providing clients with an average of three hours per week of light housework, shopping assistance, laundry, and chore service. In many cases, regular chore service keeps survivors in their homes by preventing the kind of deterioration that may eventually lead to institutionalization.

From January 1 – October 31, 2013, Selfhelp provided 13,694 hours of chore services and

housekeeping to victims of Nazi persecution.

Financial Management: Survivors who are no longer able to properly manage their finances due to declining cognitive and physical functioning are provided with an appropriate level of assistance during in-home visits with a Selfhelp Financial Specialist. Interventions range from monthly visits for checkbook balancing, bill payment, and sorting of mail, to serving as court-appointed guardian.

From January 1 – October 31, 2013, Selfhelp provided financial management services to 64 Holocaust survivors.

Volunteer Programs: Volunteers make scheduled friendly visits to homebound clients to provide socialization, communication, and community involvement. Volunteers also assist at Coffee Houses and other social events, make telephone reassurance calls, or assist in the office.

In addition to individual volunteers, we have established relationship with schools and organizations to provide volunteers to assist us. For the past several years, we have partnered with NYU's Silver School of Social Work to offer volunteer opportunities to undergraduate students in the *Service Learning Through Visits with Holocaust Survivors* course. Students are trained by Selfhelp staff, and then are assigned as friendly visitors for Holocaust survivors, who they visit regularly throughout the semester.

Each year for almost 20 years, Selfhelp's NVSP has hosted a volunteer from Action Reconciliation Service for Peace (ARSP), an organization that sends young Germans to assist communities and individuals who were affected by the Holocaust. Each volunteer serves for a 12-month period, and is assigned to the Brooklyn and Manhattan program sites, where he or she acts as a friendly visitor.

We have also maintained a relationship with New York Cares, which provides us with many volunteers at our Coffee Houses. We initiated this relationship in one office several years ago and in recent years have expanded it to two additional programs. We have also had annual volunteer events with Goldman Sachs Community Team Works project and at the offices of PIMCO.

From January 1 – October 31, 2013, 481 volunteers provided our clients with 2,787 hours of invaluable services.

Emergency Financial Assistance Program: Through this program, clients in need receive grants for medical and dental procedures, Medigap insurance, rent, utility bills, citizenship fees, air conditioners, home appliances, and other needed items and services.

From January 1 – October 31, 2013, Selfhelp distributed $894,245 in emergency financial assistance.

OTHER HOLOCAUST SURVIVOR SERVICES

We continue striving to expand our capacity to understand and address the spiritual needs of our NVSP clients during the critical last years of their lives. For the past three summers we have served as a training site for interns from the Clinical Pastoral Education Program at the Jewish Theological Seminary. These rabbinic interns have visited Holocaust survivors in their

homes to assist them in their spiritual struggles.

Selfhelp's Young Leadership Committee, NextGen, has continued to focus many of its efforts on the needs of Holocaust survivors. They have organized holiday celebrations for our clients, at which as many as 30 NextGen volunteers assisted, along with their families, including young children, and Selfhelp Board members. Volunteers assisted with setting up, serving lunch, dancing, and socializing with clients. These have been very uplifting and enjoyable afternoons.

NextGen also continues to support the Memoirs Project, which is currently in its fourth year. This initiative assists Holocaust survivors in creating a written memoir of their previously untold Holocaust histories. Young, professional volunteers meet in pairs with the survivors in their homes, and then transcribe their life stories. To date, we have trained over 100 volunteers, and 50 Holocaust survivors have benefitted from this program.

Developed in Israel, Witness Theater is an intergenerational program in which a group of Holocaust survivors and teenagers meet weekly over a year for the purpose of writing and publicly performing a dramatic presentation of the survivors' Holocaust experiences. Selfhelp brought this deeply moving event to New York City in 2012. Following the successful debut of Witness Theater during the 2012-13 program year, Selfhelp is again partnering with the Yeshivah of Flatbush for a second year. Thirteen high school seniors and 10 survivors from our Brooklyn programs are participating in the 2013-14 program year. In 2014-15, Selfhelp hopes to expand the program to include additional schools or community partners.

Other educational program partners include:

- *Facing History and Ourselves* – We recently established a connection with Facing History and Ourselves, an educational organization dedicated to combating prejudice, indifference, and misinformation. At the heart of the organization is the study of the Holocaust. We are hopeful that we can use this connection to bring Witness Theater to some of the public schools in the New York City area that participate in Facing History's curriculum. We are also reaching out to some of our Holocaust survivor clients who are interested in speaking about their experiences to local middle and high school students in the Facing History and Ourselves network.
- The *Hannah Senesh Community Day School* –the 8th grade class from the Hannah Senesh Community Day School, a progressive Jewish school in Brooklyn, committed to volunteering at one of the Brooklyn Coffee House events each month during the academic year. Over the course of the year, the Holocaust survivors and the students develop meaningful relationships.
- *Manhattan College* – In the summer of 2013, the Program Directors of the Bronx and Washington Heights program locations accompanied 10 clients for a meeting with Dr. Mehnaz Afridi, Director of the Holocaust, Genocide and Interfaith Program at Manhattan College. The meeting marked the beginning of Selfhelp's collaboration with Manhattan College for the 2013-2014 program year. Clients were excited to begin participating in joint activities with Manhattan College students and are planning an interfaith seder to take place in April 2014. Students are also serving as friendly visitors.

- The *Spryer Legacy School* – We recently began a new project with the Spryer Legacy School, a private school for gifted children on the Upper West Side. Clients met with the 4th grade class and participated in an art project regarding the Holocaust.

COLLABORATION

Through its many years of work as the largest provider of services to Holocaust survivors in North America, Selfhelp has developed solid working relationships with organizations serving similar populations, as well as a clear understanding that our mutual efforts should be focused on the best interest of the clients.

Some of these organizations also provide very specific services that Selfhelp utilizes on behalf of survivors. As a result, Selfhelp maintains cross referral relationships and provides information and support to numerous organizations throughout the New York City Metropolitan Area.

Collaboration with UJA-Federation of New York: Selfhelp worked with UJA-Federation to establish a task force of all the agencies funded by UJA-Federation through its Community Initiative for Nazi Victims (now known as the Community Initiative for Holocaust Survivors – CIHS). Since then, together with UJA-Federation, Selfhelp has also regularly provided professional training opportunities to the CIHS network for the past few years. Topics have included: *Patterns of Communication and Transmission of Trauma and Resilience, Rage Reenactment in the Second Generation, Mental Health Issues and Challenges, Special Issues in Working with Child Holocaust Survivors, Spiritual Care Issues,* and *Survivor Benefits and Compensation.*

International Conferences: Selfhelp has organized four international conferences for professionals working with Holocaust survivors during the past years. The most recent, in honor of our 75th anniversary, was held in March, 2011, at UJA-Federation's conference center. Three hundred participants, from the USA, Canada, Israel, Germany and Brazil attended the two-day conference which included two plenary sessions and over twenty workshops and panel sessions.

Collaboration with other Agencies: We often work together with other New York agencies to obtain services for our clients that we may not be able to provide directly. Some examples include: client transportation (the Jewish Community Council of Coney Island); volunteer services (Dorot); provision of geriatric mental health services (Montefiore Medical Center and Maimonides Medical Center); and mutual referral (the Jewish Community Council of Washington Heights, JASA, and the Bronx Jewish Community Council, among many others).

Collaboration with Community Partners: Many of our social programs are held in synagogues and Jewish Community Centers throughout the New York Metropolitan Area. Our Bronx Holocaust survivor program is located in the Bronx House (a local community center), and our social programs are held in that facility.

We have worked closely with the Museum of Jewish Heritage, which sponsors an annual summer intergenerational event for our clients and has provided educational tours for our staff. We also maintain relationships with many synagogues for other activities and events. For example, in the past year, local congregations have provided special packages for our clients for

Rosh HaShanah, Chanukah, and Passover.

Referrals: Client referrals come via the multiple survivor groups with which Selfhelp is connected – including the American Gathering of Jewish Holocaust Survivors, the National Association of Jewish Holocaust Survivors (NAHOS), Hidden Child Foundation, KinderTransport Association, and other groups. Additionally, Selfhelp is well known to hospital discharge planners, case management agencies, and organizations throughout the New York City area. Among other efforts, Selfhelp staff members attend monthly meetings of the Queens Chapter for Holocaust Survivors, and have made presentations at NAHOS. Members of survivor groups serve on Selfhelp's Holocaust Survivor Advisory Committee, which reviews all requests for financial assistance and meets periodically to obtain information and updates on Selfhelp's programs, and to provide input and support.

Collaboration to Serve Russian-Speaking Nazi Victims: Selfhelp's Russian Nazi Victim Services Program works in collaboration with other community groups serving Russian Nazi victims, including the Association of Holocaust survivors from the FSU and the New York Association of Holocaust Survivors. The Program Supervisor has made presentations to these organizations on helping clients to access the German Social Security ghetto pension, ZRBG, as well as on other subjects. Selfhelp's program keeps in regular contact with these community groups, including face-to-face meetings with their leadership, and they frequently refer Russian-speaking Nazi victims to Selfhelp for service.

FUTURE PROGRAM PLANS

The 2012 Claims Conference Worldbook estimates that there are nearly 120,000 Nazi victims currently living in the United States. UJA-Federation of New York's 2011 *Jewish Community Study of New York* identified 73,000 survivors of the Holocaust still living in the New York City area. Based on UJA-Federation's recent findings, Selfhelp updated its demographic analysis, "Holocaust Survivors in New York: Today Through 2025." There are many more Nazi victims still living in New York City than formerly known, and we project that the number will remain in the tens of thousands throughout the next decade and beyond the year 2025.

Selfhelp's experience has shown that survivors often begin seeking services as they age and as they begin to develop health conditions or need financial assistance. Similarly, we can project that the clients who require care will continue to do so for the duration of their lifetimes.

Based on our analysis, we expect a year from now, in 2015 :

- The number of Holocaust survivors living in NYC to be approximately **56,750**,
- The number of Holocaust survivors aged 75 or above to be more than **46,000**,
- The number of Holocaust survivors reporting their health as poor or fair to approach **34,000**, and
- The number of Holocaust survivors living below 150% of federal poverty guidelines to exceed **29,500**.

We , like many organizations throughout the United States and the world, are fortunate to receive substantial funding from the **Claims Conference,** which has enabled us to expand our services significantly over the past years. With their funding we have opened new service sites which have made our services more accessible, and we have been able to provide increased critical home care services. Their support is unprecedented, and provides a literal lifeline for thousands of survivors. We also receive crucial funding from **UJA-Federation of New York,** which plays a central role in advancing awareness and support for survivors in the New York community. The need, however, is far greater. The numbers who require care exceed the capacity of the service providers.

CONCLUSION

To fulfill Selfhelp's mission to serve as "the last surviving relative" of victims of Nazi persecution, the services that clients so desperately need must be sustained. The need for Nazi victim services is still great and will remain high for many years to come.

Through the comprehensive service program that Selfhelp has developed we are able to meet many of the special needs of Holocaust survivors. In addition to the major support of the Claims Conference and UJA-Federation of New York, we have made creative use of private funding, volunteers and collaboration with other faith-based and social service organizations.

However, public programs also play an especially vital role for Holocaust survivors. Supplemental Security Income, Social Security, SNAP (Food Stamps) Medicare and Medicaid are bedrocks of assistance to a population of frail elders whose incomes are low and who have few family resources. We urge Congress to strengthen and not weaken these important sources of basic income and health care for elders who have few other resources due to the persecution and deprivation suffered in their early years.

Despite our best efforts, affordable housing and mental health services continue to be among the most difficult needs for us to meet among the Holocaust survivors we serve. Public policies need to be implemented to ensure that frail seniors' basic needs for shelter and mental health services can be fulfilled.

We hope that in reauthorizing the Older Americans Act, Congress will include the provisions of S. 999, to provide social service agencies with the resources to meet the urgent needs of Holocaust survivors to age in place with dignity, comfort, security, and improved quality of life.

We also urge support for the White House initiative recently announced by Vice President Biden, which proposes a four-point plan to help Holocaust survivors. And, the United States should continue to be a leader in the arena of pressing for survivor compensation, continuing diplomatic efforts such as the Terezin Declaration, resolving property claims of survivors from Central and Eastern Europe, and negotiating with France on behalf of deportees on the SNCF (French railway).

In closing, we thank you again for this opportunity to discuss the needs of aging Holocaust survivors and the services that Selfhelp provides for them. And, on behalf of Holocaust survivors, we thank the Obama Administration, the Congress, and this Senate Special Committee on Aging hearing for your attention to this unique population that we serve.

Prepared Statement of Lee I. Sherman, President and CEO, Association of Jewish Family and Children's Agencies

Chairman Nelson, Ranking Member Collins, and distinguished Senators: It is my honor to speak before you about the unique issues affecting survivors of the Holocaust and the social services available to meet their needs. My name is Lee Sherman, and I am the President/CEO of the Association of Jewish Family & Children's Agencies (AJFCA). AJFCA represents 125 social service providers throughout the U.S. and Canada that aid vulnerable populations of all faiths and backgrounds. We are part of the Jewish Federation system, the second largest network of charities on the continent. We partner with The Jewish Federations of North America, and our member agencies partner with nonprofits, State and local government, and community businesses and organizations to feed the hungry, house the homeless, and help families going through crisis. Throughout most of the country, our member agencies provide the vast majority of services to Holocaust survivors in the U.S.

It is our estimate that there are some 120,000 Holocaust survivors living in the United States today. It is impossible to determine exact numbers, as some Holocaust survivors choose not to self-identify, and some survivors are not known to the social service agencies in their communities. We do know that all of them are elderly, and that the vast majority of survivors we serve are in their 80's, 90's, or older. While they live in communities across the United States, most are concentrated in the population centers of New York, South Florida, Los Angeles, and Chicago. Many also live in Detroit, Houston, San Francisco, Philadelphia, Maryland, Atlanta, and other cities.

Approximately 25 percent of Holocaust survivors—some 30,000 survivors—live at or below the poverty line, and struggle to meet their basic needs for housing, food, health care, transportation, and meaningful human interaction. Without immediate action on behalf of these survivors, we risk losing them to the very things they should never have to face again—eviction, hunger, inadequate medical care, loneliness, social isolation, and despair.

Approximately half of Holocaust survivors in the U.S. today immigrated before 1965. These survivors assimilated into American culture, obtained jobs, and raised successful families. Their financial situation is comparable to that of other older adults who were not victims of Nazi aggression. The other half of Holocaust survivors arrived in the U.S. after 1965, largely from countries of the former Soviet Union. They suffered again under communism and faced greater challenges assimilating in America. Many of them still do not speak English. About half of these survivors have annual incomes beneath the Federal poverty threshold. They are extremely vulnerable and reliant on social services to meet their basic needs.

Economically vulnerable survivors need services to help them maintain their physical, financial, and social-psychological well-being. These services include:

- *Home-based services*, including home health care, personal care, home-delivered meals, and home modifications.
- *Financial and legal services*, including emergency assistance to help pay rent and utilities; assistance with medical and dental bills and medications; assistance applying for public benefits; and legal assistance with any or all of the above.
- *Counseling and socialization services*, including screening and treatment for depression, post-traumatic stress disorder, and cognitive impairment; caregiver support; and opportunities for socialization in a safe, supportive environment such as Café Europa, a social program for Holocaust survivors funded by the Claims Conference and organized by our agencies.
- *Access services*, including outreach, information and referral, assessment and benefits screenings, case management, and transportation.

It is crucial to ensure that Holocaust survivors can access these services. At times, survivors may not know how to access the services, may not think it applies to them, or may otherwise be hesitant to ask for help. Therefore, we provide assistance to help survivors benefit from these services.

Our members provide these services to many older adults to help them live independently in their communities. But for Holocaust survivors, *this is critical*. For survivors, removal from one's home results in the loss of autonomy, loss of independence, and loss of control over one's daily life. This loss of control has the potential to trigger psychological impacts from experiences in the Holocaust.

For example, some Holocaust survivors may resort to hiding food in their rooms, insecure about when their next meal will come, and how much food will be available to them. Waiting in line for meals may produce great anxiety; and restrictions of movement, such as a requirement to remain in their bedroom during certain hours, may remind some survivors of earlier, harsher periods of confinement. Some sur-

vivors learned long ago to fear and mistrust doctors, white coats, or uniforms because of their terrifying experiences with Nazi soldiers and medical experiments. Some survivors may unsafely attempt to stand or walk without assistance, because during the Holocaust, their strength sustained them, while the sick and the weak were marked for death. Unfamiliar showers are particularly traumatic to survivors of concentration camps, some of which contained gas chambers disguised as showers. Even socially adjusted survivors who have adapted well their entire lives in America may experience these triggers later in life, especially if compounded by dementia or Alzheimer's.

For these reasons, our agencies will go to great lengths to help any survivor in need access the services to enable them to live safely in their homes and communities. Many of these services are the same services that all low-income seniors need to age in place. The difference for survivors is in how the services are offered and presented to them. For example, Holocaust survivors are particularly proud of their independence and may be hesitant to ask for transportation assistance. A specially trained social worker can assist the survivor by telling them about the transportation program and explaining that the service and the driver are safe and reliable. Drivers can be trained to be sensitive to the needs of survivors and to know how to react if a survivor speaks about the Holocaust.

This again is where our agencies come in. We work with survivors' families to make sure they have the proper care and supports to help them age in place. We raise awareness in the community and we fundraise. We provide opportunities for survivors to socialize in safe environments and avoid the devastating consequences of loneliness and social isolation.

The need for these services will continue to grow as survivors age, and our agencies are already struggling to meet the demand. Our member agencies receive funding from their partner Jewish Federations, and they receive money for home care and emergency services for Holocaust survivors through The Conference on Jewish Material Claims Against Germany, which is the largest funder of social welfare services for Holocaust survivors in the U.S. The Conference on Jewish Material Claims Against Germany provides additional support such as the dissemination of best practices for serving Holocaust survivors. Still, the funding is not enough, and our agencies report that they require an additional $100,000 to $4,000,000 per year to provide for the basic needs of Holocaust survivors in their communities. AJFCA and our local agencies have commenced fundraising campaigns to bridge the shortfalls.

AJFCA works closely with The Jewish Federations of North America to educate policymakers and build public support for the goal of ensuring that Holocaust survivors have their daily needs met.

We are grateful for the bipartisan support of members of the U.S. Senate and House of Representatives. In particular, we thank the champions of the Responding to Urgent needs of survivors of the Holocaust, or the "RUSH" Act, Senator Cardin and Senator Kirk, along with Chairman Nelson, Chairwoman Mikulski, Senator Portman and the other bipartisan cosponsors of the RUSH Act, to help more Holocaust survivors access services to age in place. Many of the necessary services are funded through the Older Americans Act, and we are inspired by the Senate Committee on Health, Education, Labor and Pensions for recognizing this need. We thank the Senate Committee on Health, Education, Labor and Pensions for approving the bipartisan Older Americans Act (OAA) reauthorization bill on October 30, 2013, and for including in it a requirement for the Administration on Aging to consult with organizations serving Holocaust survivors and issue guidance on outreach to the survivor population for OAA programs.

We also welcome Vice President Biden's recent announcement about the Obama Administration's commitment to helping impoverished Holocaust survivors. The White House has offered a three-pronged approach to help Survivors:

- The appointment of a special envoy in the Department of Health and Human Services to serve as a liaison to Holocaust survivors and the organizations that serve them.
- The commitment of the Corporation for National and Community Service to deploy VISTA volunteers to help build the capacity of organizations serving Holocaust survivors.
- The exploration of public-private partnership opportunities to increase the resources to serve Holocaust survivors.

We are extremely grateful to President Obama, Vice President Biden and the talented White House staff for their thoughtfulness and innovative ideas on how to address the social service needs of Holocaust survivors. AJFCA and The Jewish Federations of North America are glad to serve as leaders implementing these initiatives.

After all, Holocaust survivors are proud Americans. They remember the young, courageous American soldiers who liberated the concentration camps. They are grateful to the United States for providing them the freedoms denied earlier in life, and for making possible the opportunities to succeed through hard work and commitment. Holocaust survivors have contributed greatly to the fabric of our Nation, becoming Nobel laureates, doctors, scientists, philanthropists, academics, and business owners. As we know, the late Tom Lantos, a Holocaust survivor, served as Chairman of the House Foreign Affairs Committee. They have raised families and their children and grandchildren continue to enrich our Nation. Holocaust survivors have taught us, and continue to teach us, the most valuable lessons about humanity, diversity, and the strength of the human spirit. They have made America a better place.

Yet, as we know too well, thousands of Holocaust survivors have had difficulty adjusting. Living in poverty, plagued by immeasurable loss, they are at risk of falling into isolation and despair. It is for them—and to honor the memory of the six million Jews murdered in the Holocaust—that we commit ourselves each and every day to ensure they live with respect and dignity. It is our greatest honor to ensure that those who suffered the most heinous brutality of the last century are able to live their twilight years with dignity, comfort, and security. Holocaust survivors are living, breathing triumphs of survival over bigotry and hatred. I thank this Committee, my fellow witnesses, and concerned members of the community for shining a light on their unique needs and circumstances. Thank you.

Additional Statements for the Record

Opening Statement of Chairman Bill Nelson

Good afternoon everyone, and thank you for being here today as we discuss a very important issue: caring for America's Holocaust survivors.

It is difficult to know the exact number of holocaust survivors in the United States today because many of our survivors do not want to talk about the unspeakable horror they endured to even their own family members.

But according to some estimates, the number of survivors now range anywhere from 109,000 to upwards of 150,000.

One thing is certain: This population has survived an unspeakable horror, a trauma not comparable to any other.

Many Holocaust survivors face lasting health problems as a result of long periods of psychological abuse, upheaval, malnutrition, direct physical assault, and exposure to severe weather conditions with minimal clothing and footwear.

In women, for instance, the incidence of osteoporosis is significantly higher among Holocaust survivors due to malnutrition, lack of exercise and sunlight, and forced labor at a young age in the camps.

Furthermore, a November 2009 National Cancer Institute study found that Holocaust survivors were at a higher risk for cancer occurrence later in life.

Above all, the post-traumatic stress suffered by Holocaust survivors is exacerbated by the normal aging process; for many Holocaust survivors, the normal feelings of anxiety triggered by the natural process of aging and reflecting on one's life reactivate long-buried symptoms of trauma.

These complex dynamics require a different approach to traditional long-term care models. The emphasis on caring for aging survivors must be on creating a safe space surrounded by a trusting caretaker, familiar environment, and a basic sense of control over daily life.

For many of these seniors, this means staying in their homes to receive medical care in their twilight years, a model of care not supported by the traditional Medicaid model, for instance.

I am proud that the United States has a legacy of caring for the needs of aging Holocaust survivors. But, we must recognize that the demand for care is still there—and only becoming more challenging.

Today we will examine the unique needs of Holocaust survivors in the U.S., what services are available to them, and what gaps in services need to be filled in order to meet their needs.

I want to extend a special thank you to Mr. Jack Rubin and his son, David, who have traveled here from Florida to discuss this important issue. Jack is a Holocaust survivor and a constituent of mine, and it's a pleasure to welcome you back to Washington.

I look forward to hearing from our other witnesses, as well.

America's Holocaust survivors deserve not only the best care as they get older, but the right kind of care that is respectful of the experience they have endured. It is our obligation to at least do everything we can, for as long as we can.

Statement of Senator Robert P. Casey, Jr.

Mr. Chairman, thank you for holding today's hearing on the challenges faced by Holocaust survivors in the United States. As you may know, in Pennsylvania the State legislature is taking up legislation to mandate Holocaust education. Assuring that Pennsylvania students are taught about World War II, including Hitler's extermination and confinement of Jews, is important for our students learning and understanding of history.

Just as the truths of World War II need to be understood, we also need to understand the unique health challenges of Holocaust survivors. Although the number of survivors is decreasing, the number of survivors who need assistance is increasing. Some survivors may reach the point where they need care in a nursing home; however, for this population, placement in a nursing home is problematic. It is likely that a nursing home setting could re-trigger trauma from their earlier experiences. For example, unknown uniformed staff and highly regimented days could serve as reminders of the trauma they endured and this could lead to distress.

It is clear that for Holocaust survivors, and for all older adults, the system needs a robust home care option. At the same time, meal programs, supportive services and centers, and disease prevention and health promotion programs must also be available. From FY 2011 to FY 2012, there was a $2.57 million cut in these Older Americans Act programs, while the number of older adults only increased. Pennsylvania, with 2 million older citizens, has the third largest population of older citizens in the country. This figure, representing roughly 16 percent of the population of the

entire State, continues to grow each day. This is the situation in other States as well.

Addressing the needs of America's vulnerable seniors has reached a critical threshold. We must find solutions to assure that services and programs are in place to help those in need. Likewise, we must ensure that service providers are prepared to meet the unique needs of our aging population.

I again would like to thank the Chairman for calling this hearing. I look forward to hearing the testimony and working with my colleagues to find solutions to these challenges.

March 14, 2014

Commissioner Carolyn W. Colvin
Social Security Administration
6401 Security Boulevard
Baltimore, MD 21235

Dear Commissioner Colvin:

Bet Tzedek Legal Services is a nonprofit legal services organization based in Los Angeles, California that, among other services, provides free legal assistance to Holocaust survivors who live in the United States. In the four decades since its founding, Bet Tzedek has advocated for humanitarian assistance for Holocaust survivors and has assisted thousands of survivors with their World War II-related compensation claims and other legal needs, including issues related to Supplemental Security Income ("SSI") and other government benefits.

There are approximately 130,000 Holocaust survivors living in the United States, about a third of whom live below the federal poverty level and often rely on SSI and other government benefits to meet their basic needs. In December 2013, Vice President Biden announced the Obama Administration's initiative to address the needs of this vulnerable population. We applaud this commitment, and we are writing to request the assistance of the Social Security Administration ("SSA") to prevent the wrongful denial, termination, or reduction of U.S. Holocaust survivors' SSI benefits on account of other payments made to them because of their status as victims of Nazi persecution. For your reference, I am also attaching my written testimony about these issues from a hearing of the United States Senate's Special Committee on Aging held on January 15, 2014.

By implementing the recommendations outlined in this letter, SSA would improve SSI payment accuracy, increase operational efficiency, and minimize the administrative costs associated with the issues we describe herein. Moreover, by taking these actions, SSA will help eliminate the extreme stress, undue burden, and increased economic vulnerability that elderly Holocaust survivors experience when faced with the wrongful determination of an overpayment and/or threat of a loss or reduction of the benefits on which they are critically dependent.

Bet Tzedek Legal Services • 3250 Wilshire Boulevard 13th Floor, Los Angeles, CA 90010 • Tel.: (323) 939-0506 • Fax: (213) 471-4568

Inconsistent Application of the Victims of Nazi Persecution Act of 1994

In 1984, Bet Tzedek litigated the landmark case of *Grunfeder v. Heckler*, 748 F.2d 503 (9th Cir. 1984), which held that reparations payments from the Federal Republic of Germany to survivors of the Holocaust do not constitute countable "income" in determining eligibility for SSI benefits. A decade later, Congress passed the Victims of Nazi Persecution Act, which states, "Payments made to individuals because of their status as victims of Nazi persecution shall be disregarded in determining eligibility for and the amount of benefits or services to be provided under any Federal or federally assisted program which provides benefits or services based, in whole or in part, on need." *See* Victims of Nazi Persecution Act of 1994, P.L. 103-286 (108 Stat. 1450) (1994); 20 CFR 416.1236(a)(18).

Unfortunately, SSA's inconsistent application of the Victims of Nazi Persecution Act has resulted in many U.S. Holocaust survivors having their SSI benefits wrongfully denied, terminated, or reduced on account of their Holocaust reparations payments. Moreover, a Holocaust survivor may suffer a further reduction in benefits if SSA seeks to recover an amount wrongfully determined to be an overpayment.

In the course of assisting Holocaust survivors with appeals relating to reductions in benefits, Bet Tzedek has encountered innumerable cases in which reparations payments were misidentified as countable income or resources. These wrongful decisions can result in terrible difficulties for survivors, creating unnecessary confusion, fear, depression, anxiety, and extreme financial hardship. This is particularly true when such decisions cause the suspension or termination of other benefits, triggering problems with the survivor's Medicaid coverage, Federally-assisted housing benefits, and other need-based benefits.

Holocaust survivors who are unaware of their rights and/or unable to access legal counsel may accept SSA's wrongful determination and then lose benefits for which they are otherwise eligible. For survivors who appeal, it can be difficult to find affordable legal representation, particularly if they reside outside of Los Angeles and New York, where there are legal services organizations dedicated to serving the survivor community. Too often, we see clients' health deteriorate during the course of the appeals process, and some survivors may die while waiting for benefit reinstatement or SSA's dismissal of an overpayment.

It is Bet Tzedek's belief that these wrongful decisions occur for four reasons:

1. Lack of understanding of the Victims of Nazi Persecution Act of 1994 among SSA employees who work on eligibility, SSI redeterminations, or overpayment appeals;

2. Lack of familiarity with the guidance provided in the Program Operations Manual System ("POMS") relating to Holocaust reparations and the treatment of excluded funds;

3. Lack of information about the sources of payments made to individuals because of their status as victims of Nazi persecution; and,

4. Holocaust survivors' inability to properly identify Holocaust reparations payments during interviews with SSA due to advanced age, language barriers, and confusion about how to describe the many different sources of payments made to individuals because of their status as victims of Nazi persecution.

German Law for the Payment of Pensions for Periods of Employment in a Ghetto

SSI benefit determination errors most often occur in connection with pensions awarded to Holocaust survivors under the German Law for the Payment of Pensions for Periods of Employment in a Ghetto ("ZRBG," also known as the "Ghetto Pension").

Due to a 2009 Federal court decision in Germany, tens of thousands of Holocaust survivors living around the world became eligible to receive both monthly pensions and lump sum payments under this statute. Under the ZRBG, victims of Nazi persecution may receive credit toward a German old age pension if they performed labor during their confinement in a ghetto during World War II. The preconditions that must be met in order to qualify for a pension under the ZRBG include "status as a victim of National Socialist persecution in accordance with §1 of the German Federal Indemnification Law (BEG)."[1] Thus, the payments are exempt under the Victims of Nazi Persecution Act of 1994 and are to be excluded as countable income or resources in SSI benefit determinations.

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[1] Gesetz zur Zahlbarmachung von Renten aus Beschäftigungen in einem Ghetto (ZRBG), June 20, 2002, BGBl. I S. 2074 (citing Bundesgesetz zur Entschädigung für Opfer der nationalsozialistischen Verfolgung (Bundesentschädigungsgesetz - BEG), June 29, 1956, BGBl. I S. 559, § 1, "A Nazi persecutee is a person who, because of political opposition, or because of race, religion or ideology, was persecuted by Nazi oppressive measures and consequently suffered loss of life, damage to limb or health, liberty, property, possessions, or vocational or economic pursuits.").

To our knowledge, SSA currently has no instructions or procedures that help staff distinguish ZRBG payments from ordinary German social security pensions. If such guidance were to be provided, SSA staff could properly identify and document ZRBG payments, thereby avoiding the wrongful denial, termination, or reduction of a Holocaust survivor's SSI benefits and reducing the SSA's administrative burden associated with inaccurate benefit determination and payment.

Recommendations

The ZRBG pension issue is just one example of how Holocaust survivors may lose benefits for which they are eligible because of SSA's failure to properly apply the Victims of Nazi Persecution Act of 1994. However, the wrongful counting of Holocaust reparations payments in SSI determinations is not limited to the ZRBG program. As such, we recommend the following actions not only to resolve SSA's operational issues related to the ZRBG, but also to ensure proper treatment of Holocaust reparations payments overall.

I. Amend the Program Operations Manual System ("POMS")

Currently, POMS SI 00830.710 and SI 01130.610 provide that payments made to individuals because of their status as victims of Nazi persecution are excluded from income and resources. Additional sections that describe payments to Nazi victims from the governments of Austria (SI 00830.715 and SI 01130.615) and the Netherlands (SI 00830.725C and SI 011360.605) help SSA staff determine whether a particular payment from Austria or the Netherlands is a non-countable reparations payment.

Bet Tzedek proposes the following modifications of the POMS and requests the opportunity to supply proposed language for any amendments (following consultations with SSA):

A. Insert New Provisions to Assist SSA Staff In Identifying German "Ghetto Pension" (ZRBG) Payments

We propose the addition of two new sections, similar in content and format to POMS SI 00830.715 and SI 01130.615 ("Austrian Social Insurance Payments"), describing the background, policy, and procedure relating to pension payments under the ZRBG. One of the new sections would relate to the income exclusion and one to the resource exclusion. This would follow the structure already used by the POMS to provide instructions for

identifying and documenting Austrian Social Insurance payments and Netherlands WUV payments.

The new provisions would promote efficiency and the accuracy of eligibility determinations because the decision notices issued by the German social insurance agency do not clearly indicate when a pension award is based on the ZRBG. The new sections would prompt SSA staff to look for ZRBG pension payments and would provide guidance to SSA employees on how to determine if a particular payment from Germany is an excluded ZRBG payment.

Bet Tzedek welcomes the opportunity to supply SSA with proposed language.

B. Update and Correct POMS SI 00830.710(A)(1) and SI 01130.610(A)(1), "Payments to Victims of Nazi Persecution"

We believe some of the information in SI 00830.710(A)(1) and SI 01130.610(A)(2) may be inaccurate, particularly as to the effective date of the German Restitution Law. Following consultation with the appropriate SSA representatives, Bet Tzedek would like to recommend updated language.

C. Include References to the ZRBG Pension In POMS SI 00830.710 and SI 01130.610

The addition of new provisions relating to the ZRBG pension will necessitate additional changes to POMS SI 00830.710 and SI 01130.610, which are the principal sections that address payments to victims of Nazi persecution.

To educate SSA staff on the existence and nature of the ZRBG "ghetto pension" pension program and to prompt SSA employees to follow the proper identification and documentation procedures, a short description of the ZRBG pension should be added to SI 00830.710(A)(2) and SI 01130.610(A)(2) ("Other Payments to Victims of Nazi Persecution").

A new paragraph (C)(3) should also be inserted under POMS SI 00830.710 and SI 01130.610 entitled, "German Social Insurance Payments Under ZRBG (Ghetto Pensions). This new paragraph would

direct SSA staff to the new POMS sections (described above) that describe the procedure for identifying and documenting ZRBG "Ghetto Pension" payments. Paragraph (C)(3) would follow the format of paragraphs (C)(1) and (C)(2), which relate to Austrian Social Insurance payments and Netherlands WUV payments. Accordingly, the current SI 00830.710(C)(3) and SI 01130.610(C)(3) would be renumbered as paragraph (C)(4).

POMS SI 00830.710(D) and SI 01130.610(D) should also be amended to include the following references:

- A reference to the new POMS section on ZRBG pensions ("German Social Insurance Payments under ZRBG (Ghetto Pensions)") for counting income;

- A reference to the new POMS section on ZRBG pensions ("German Social Insurance Payments under ZRBG (Ghetto Pensions)") for counting resources; and

- A reference to POMS SI 01130.700, "Identifying Excluded Funds That Have Been Commingled With Nonexcluded Funds." The inclusion of this reference will help to ensure that staff are familiar with SSA's operating policy regarding identification and documentation of excluded funds.

II. Issue a Policy Instruction

In conjunction with the amendment of the POMS, we recommend that SSA issue a Policy Instruction letter to the SSA field offices discussing the changes, including:

- A description of the Victims of Nazi Persecution Act of 1994;
- A description of the ZRBG "Ghetto Pensions"; and
- A description of the changes being made to the POMS and the reasons for these changes.

Bet Tzedek would be pleased to assist in the drafting of the policy instruction once the changes to the POMS have been made.

III. Train SSA Staff, Supervisors, and Hearing Officers

Bet Tzedek encourages SSA to provide periodic training for employees at regional offices, field offices, and hearing offices on identifying and documenting payments made to individuals because of their status as victims of Nazi persecution. Ongoing training would ensure better compliance with the Victims of Nazi Persecution Act of 1994 and would help staff understand the procedures for identifying and documenting Holocaust reparations payments.

Bet Tzedek would be pleased to assist SSA in the preparation of written training materials for this purpose.

IV. Work With the German Statutory Pension Insurance Agency to Improve Its Notices Regarding ZRBG "Ghetto Pensions"

With the assistance of the German Consulate General in Los Angeles, Bet Tzedek is seeking to persuade the German Statutory Pension Insurance agency, the *Deutsche Rentenversicherung*, to improve its notices and decision letters relating to pensions awarded under the ZRBG, in an effort to help SSA staff distinguish non-countable ZRBG payments from ordinary German social insurance payments.

Specifically, Bet Tzedek has proposed that the *Deutsche Rentenversicherung* issue a special notice to all recipients of a ZRBG pension confirming that the pension is based on work performed in a ghetto by a victim of Nazi persecution. The German Consulate has asked Bet Tzedek to submit draft language for such a notice.

We would urge the SSA's Office of International Programs ("OIP") and/or Office of International Operations ("OIO") to support this effort by:

- Encouraging the *Deutsche Rentenversicherung* to create a notice such as the one Bet Tzedek has proposed and send it to all beneficiaries of a pension based on the provisions of the ZRBG, and

- Encouraging the *Deutsche Rentenversicherung* to develop an efficient procedure whereby SSA can easily verify whether a social insurance payment is based, in whole or in part, on the provisions of the ZRBG.

Bet Tzedek would be pleased to consult with SSA regarding the contents of any draft language to be supplied to the *Deutsche Rentenversicherung*, to ensure that the proposed notice serves SSA's goals regarding operational effectiveness and efficiency.

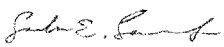
Next Steps

We are so pleased that the White House is focusing its attention and support on the urgent needs of Holocaust survivors living in the United States, and we believe that SSA has a strong role to play in meeting these needs. We urge you to consider the recommendations we have outlined, which will not only improve SSA's compliance with the Victims of Nazi Persecution Act of 1994 (thereby reducing administrative errors), but will also greatly improve the lives of the most economically vulnerable Holocaust survivors living in our nation today.

Thank you for your prompt attention to these matters. Bet Tzedek welcomes your feedback on the recommendations we have put forth, as well as your thoughts on other ways to ensure SSA's compliance with the Victims of Nazi Persecution Act of 1994. We look forward to establishing an ongoing dialogue to assess the progress of these efforts.

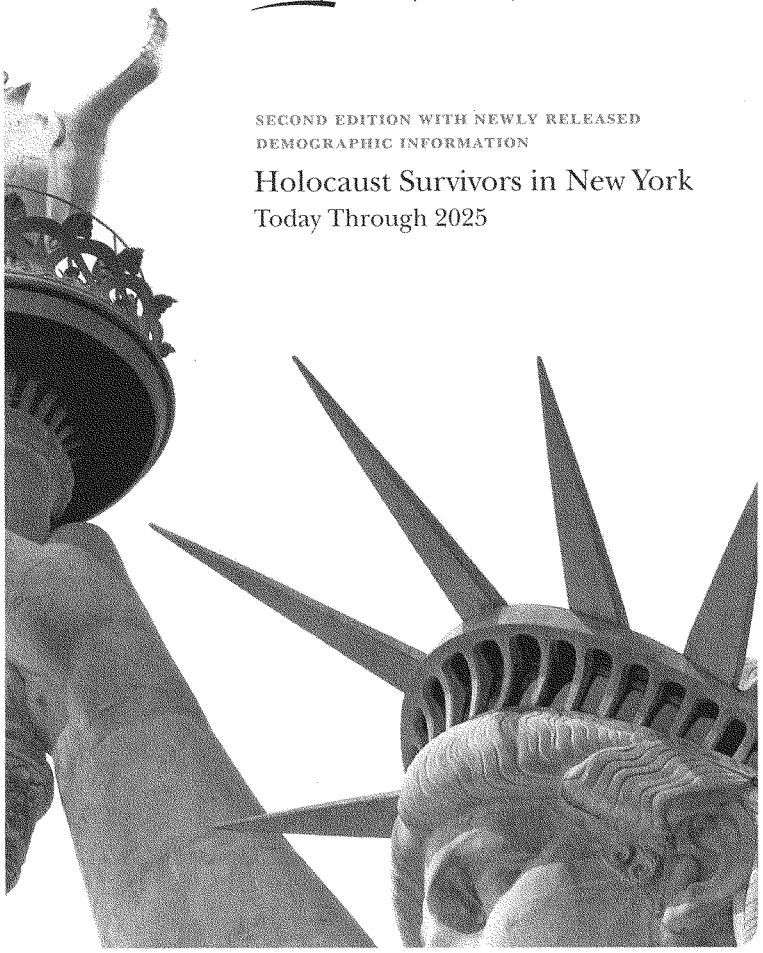
Please direct any questions or comments to Holocaust Services Program Director Lisa D. Hoffman, (323) 549-5850, lhoffman@bettzedek.org, or Equal Justice Works Fellow Nicholas Levenhagen, (323) 648-4735, nlevenhagen@bettzedek.org.

Respectfully,



Sandor E. Samuels
President and CEO

CC: The Honorable Bill Nelson, Chairman, United State Senate's Special Committee on Aging
The Honorable Susan Collins, Ranking Member, United States Senate's Special Committee on Aging
The Honorable Kelly Ayotte, Member, United States Senate's Special Committee on Aging
Aviva Sufian, Special Envoy for U.S. Holocaust Survivor Services U.S. Department of Health and Human Services
Jonathan Greenblatt, Special Assistant to the President and Director of the Office of Social Innovation and Civic Participation (Domestic Policy Council)
David A. Lash, Managing Counsel, O'Melveny & Myers
Elissa Barrett, Vice President and General Counsel, Bet Tzedek
Lisa D. Hoffman, Holocaust Services Program Director, Bet Tzedek
Nicholas A. Levenhagen, Equal Justice Works Fellow, Bet Tzedek



Selfhelp Selfhelp Community Services, Inc.

SECOND EDITION WITH NEWLY RELEASED DEMOGRAPHIC INFORMATION

Holocaust Survivors in New York

Today Through 2025

About Selfhelp

Selfhelp Community Services, Inc. (Selfhelp) was founded in 1936 by a small group of emigrés from Central Europe, who gathered in a one-room apartment in New York City to discuss the rapidly deteriorating political situation in Germany and ways they could help their fellow refugees, not only to escape to safety, but also to rebuild their lives in America. As the horrors of the Holocaust brought unimaginable tragedy to the European Jewish community, the organization that sprang from this meeting was there to receive and embrace survivors in America – offering job training, housing, home care, social services, and myriad other forms of support.

Since its founding, Selfhelp's mission has been to serve as the "last surviving relative" to Holocaust survivors and other victims of Nazi persecution. Today, Selfhelp remains the largest provider of comprehensive services to Holocaust survivors in North America, serving more than 5,000 survivors each year. Our core services include enhanced case management (home services/housekeeping, home health care, financial management, guardianship, social programming, and financial assistance). These core services are delivered through seven dedicated program sites, including two locations in Manhattan, two in Brooklyn, and one location each in Queens, the Bronx, and Nassau County. (A full description of Selfhelp's services is provided in the Appendix, page 12.)

Executive Summary

Four years ago, Selfhelp released a demographic analysis which projected the needs of Holocaust survivors through the year 2025. Now, data from UJA-Federation of New York's recently released 2011 *Jewish Community Study of New York*[2] presents an opportunity to update our findings, with the goal of ensuring that we will have the appropriate services in place to meet survivors' needs as they continue to age.

Selfhelp's 2009 report utilized data from UJA-Federation of New York's 2002 *Jewish Community Study of New York*. At that time, evidence indicated that there were 55,000 Holocaust survivors living in the New York City Metropolitan Area. UJA-Federation's 2011 study identifies an **increase** in the number of survivors to 73,000, and we use this updated figure in our projections.[3]

Our revised findings continue to challenge the widespread assumption that the survivor population is disappearing:

1. In the year 2025, we project that approximately **23,400** Holocaust survivors will still be living in the New York City Metropolitan Area.
2. Through the year 2020, the number of Holocaust survivors in the New York City Metropolitan Area who are older than 75 – the age at which they often begin to require services – will still be greater than **38,000**.
3. This last generation of survivors will have complex needs. Fully 35 percent of survivors will be coping with serious or chronic illnesses, and 41 percent will need help with daily tasks. Fifty-two percent will be "poor" under Federal guidelines. Therefore, this group of survivors will have significant needs for home health care and financial assistance.

In short, although the total survivor population is decreasing, the number of survivors who will require services will continue to grow as survivors age, increase in frailty, and develop other debilitating conditions. The need to provide both services, and the necessary funding for those services, will remain great for this last generation of Holocaust survivors.

[1] For purposes of simplicity, this report uses the term "Holocaust survivor" to include all those who suffered Nazi persecution directly, whether they lived through the Holocaust or were able to flee. Individuals must have been residing in the affected country at the time that it was under the Nazi regime. This usage is in keeping with the definition employed by the Conference on Jewish Material Claims Against Germany.

[2] UJA-Federation of New York (June 2012, amended March 2013). *The Jewish Community Study of New York: 2011. Comprehensive Report.*

[3] As UJA-Federation explains, "The growth in the number of survivors derives primarily from a higher percentage of seniors ages 66 and over born in the former Soviet Union who report that they had lived under or fled from Nazi-controlled areas, as compared to similar respondents in the 2002 study. The reasons for this shift… may be attributed, at least in part, to changes in the guidelines for Nazi victim compensation programs over the years – changes that have expanded eligibility for certain benefits and services to Jews from some parts of the FSU (previously considered 'war-ravaged' but not 'survivors')." [page 98].

I. Geographic Distribution of Holocaust Survivors

1. Baseline Population, 2011

As a first step in projecting the population of Holocaust survivors into the future, we established a baseline using recent comprehensive studies of survivors residing in the United States[4] and the New York City Metropolitan Area.[5] As shown in Table 1, below, an estimated 73,000 survivors were living in the New York City Metropolitan Area in 2011 – more than half of the survivors residing in the United States.[6]

TABLE 1: GEOGRAPHIC DISTRIBUTION OF HOLOCAUST SURVIVORS, 2011

Geographic Area	2011 Population
World	569,643
United States	120,935
New York City Metropolitan Area (5 boroughs, plus Nassau, Suffolk, and Westchester Counties)	73,000

[4] Conference on Jewish Material Claims Against Germany (July 2012). 2011 Worldbook: A Guide to Claims Conference Programs Worldwide. (Maximum population estimates used.)
[5] UJA-Federation of New York (June 2012; amended March 2013). The Jewish Community Study of New York: 2011. Comprehensive Report.
[6] The statistics presented throughout this report are estimates. Some numbers may not add exactly due to rounding.

2. Geographic Distribution through 2025

Using the 2011 figures shown in Table 1, combined with additional county-specific information from the studies we reviewed, we projected the total population of survivors in the New York City Metropolitan Area through the year 2025. The year 2020 marks a turning point at which all survivors will be at least 75 years of age, which is when an individual's health often first begins to deteriorate. Projecting out to 2025 shows how the size and needs of this population may begin to change after that benchmark is reached.

In conducting our projections, we utilized age-specific mortality rates,[7] and assumed that any migration into the overall New York City Metropolitan Area would be offset by outward migration.

Our results are shown in the table below. **Of particular note, in the year 2025, we estimate that more than 23,000 survivors will still be living in the New York City Metropolitan Area.** More than half of these (an estimated 13,586) will reside in Brooklyn. Relatively large populations of survivors will also remain in Queens (an estimated 3,279) and Manhattan (an estimated 2,951). In the next pages, we develop more detailed estimates about the needs of this population for health care and financial assistance.

TABLE 2: PROJECTED GEOGRAPHIC DISTRIBUTION OF HOLOCAUST SURVIVORS, 2013 – 2025

Borough/County	2011 (baseline data)[8]	2013	2015	2018	2020	2025
Bronx	3,000	2,916	2,554	2,036	1,715	1,054
Brooklyn	42,500	37,591	32,914	26,246	22,104	13,588
Manhattan	9,000	8,166	7,150	5,702	4,802	2,951
Queens	10,000	9,073	7,945	6,335	5,336	3,279
Staten Island	1,000	648	567	453	381	234
Nassau	1,500	1,296	1,135	905	762	468
Suffolk	1,000	648	567	453	381	234
Westchester	5,000	4,472	3,916	3,122	2,630	1,616
Total, NYC Metropolitan Area	**73,000**	**64,810**	**56,748**	**45,252**	**38,111**	**23,424**

[7] CDC/NCHS (September 29, 2010). National Vital Statistics System, Mortality. Worktable 23R. Death rates by 10-year age groups: United States and each state, 2007. Retrieved electronically from http://www.cdc.gov/nchs/data/dvs/MortFinal2007_Worktable23r.pdf.
[8] Projections calculated from UJA-Federation of New York, 2012, *op cit.*, p.100. Estimates are rounded.

II. Need for Social Services Among the Survivor Population

As the largest provider of services to survivors in North America, Selfhelp's experience shows that survivors often begin seeking services as they ***age*** and as they begin to develop ***health conditions*** or need ***financial assistance.*** Our analyses on the next pages focus on these needs.

The estimates provided here are based on data collected in recent demographic studies on Holocaust survivors and Jews who were living in the New York City Metropolitan Area in the year 2011. The future need for services is derived from this data.

3. Age of New York City's Holocaust Survivors

Age at which survivors require care

The overall population of survivors currently living in New York City is significantly younger than the population of survivors served by Selfhelp. In 2011, the median age of survivors in New York City was 79 (see Table 3A, next page), from which we estimate a median age of 81 in 2013. Therefore, half of the survivors living in New York in 2013 are younger than 81 years of age.

Selfhelp clients are typically older than this. Also shown in Table 3A, the median age of Selfhelp clients in 2013 is between 85 and 86. This suggests that there will be a number of survivors who will "age in" to Selfhelp's services; that is, they will begin seeking assistance as they grow older and their physical and/or emotional circumstances change.

Some evidence for this projection comes from the fact that there is already a steady stream of new clients seeking assistance from Selfhelp. Indeed, of the more than 5,300 survivors served by Selfhelp each year, 1,128 new clients turned to Selfhelp for assistance in 2011, and 1,209 new clients did so in 2012.

Judging from past experience, we also project that the clients who require care will continue to do so for the duration of their lifetimes. We can therefore assume that Selfhelp's client caseload will decline more slowly than the attrition rate of the survivor population as a whole, as the survivors whom we support develop additional needs.

TABLE 3A: AGE DISTRIBUTION OF HOLOCAUST SURVIVORS AND SELFHELP CLIENTS NEW YORK CITY METROPOLITAN AREA, 2011 AND 2013

Age	Survivors in New York City Metropolitan Area[9]		Selfhelp Clients
	Number, 2011	Percent, 2011	Percent, 2013
65-74	22,630	31%	7%
75-84	32,850	45%	35%
85 and older	17,520	24%	58%
Total	**73,000**	**100%**	**100%**
Median age, 2011	*79*		
Median age, 2013 (estimated)	*81*		*85-86*

Total number of survivors aged 75 and over

Another way to approach the need for services is to determine the future number of survivors aged 75 and over. As shown in Table 3B, below, we estimate that there will be more than 38,000 survivors who are older than 75 living in the New York City Metropolitan Area through the year 2020, and still more than 23,000 in the year 2025.[10]

TABLE 3B: ESTIMATED SURVIVORS AGED 75 AND OVER NEW YORK CITY METROPOLITAN AREA, 2013 – 2025

	2013	2015	2020	2025
Total number of survivors	64,810	56,748	38,111	23,424
Survivors aged 75 or above	48,436	46,216	38,111	23,424

This is a critical finding, which is counterintuitive for those who believe that the survivor population has already significantly diminished and that the need for services has declined.

Indeed, the need to provide services to survivors is likely to remain constant, as this last generation ages in to the need for care.

[9] Numbers based on the percentages provided in UJA-Federation of New York, 2012, *op cit.*, p.99.
[10] Projections calculated from UJA-Federation of New York, 2012, *op cit.*, p.98, using age-specific mortality rates (CDC/NCHS, *op cit.*).

4. Health Status of New York City's Holocaust Survivors

A primary reason for elderly individuals to begin seeking assistance from Selfhelp is their perceived or actual need for care, as their physical abilities begin to decline.

In May 2004, 35 percent of Holocaust survivors aged 65 and over were in a household which had sought help in coping with a serious or chronic illness within the past twelve months.[11] As we project this percentage through the year 2025, we show only a modest decline between 2013 and 2020, at which point there will be more than 13,000 survivors coping with serious or chronic illnesses. In the year 2025, there will be approximately 8,200 survivors experiencing serious or chronic illnesses in the New York City Metropolitan Area.

The 2011 *Jewish Community Study of New York* found that 41 percent of Holocaust survivors required physical assistance with their daily tasks. Again, projecting this statistic forward, we can expect that over 15,000 survivors will need assistance with daily tasks in the year 2020, and nearly 10,000 in the year 2025.

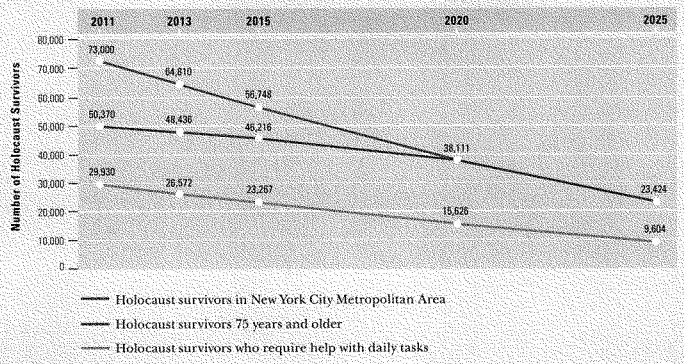
TABLE 4A: PROJECTED NUMBERS OF HOLOCAUST SURVIVORS COPING WITH SERIOUS OR CHRONIC ILLNESSES NEW YORK CITY METROPOLITAN AREA, 2013 – 2025

	2013	2015	2020	2025
Total number of survivors	64,810	56,748	38,111	23,424
Survivors aged 75 or above	48,436	46,216	38,111	23,424
Number coping with serious or chronic illness (35%)	16,953	16,176	13,339	8,198
Number who require help with daily tasks (41%)	26,572	23,267	15,626	9,604

The graph on the following page is a pictorial representation of this information.

[11] Ukeles, Jack (May, 2004). From Crisis to Comfort: What Do We Know About Aging in the Jewish Community?

TABLE 4B: HEALTH NEEDS OF HOLOCAUST SURVIVORS, NEW YORK CITY METROPOLITAN AREA



The actual needs of this population may be greater than projected because of the ways in which surviving the Holocaust affected their physical development. During their childhood and adolescence, Holocaust survivors experienced long periods of malnutrition, direct physical assault, and exposure to severe weather conditions with minimal clothing and footwear. These circumstances had a direct impact on their physical condition, leading to ailments such as brittle bones, stomach disorders, impaired vision, heart and circulation problems, high blood pressure, dental problems, and foot problems. Holocaust survivors, as a group, also have a high incidence of chronic depression, anxiety, and sleeping disorders. All of these factors may lead to substantial deterioration in the health of elderly survivors.

Even those Holocaust survivors who are not currently coping with serious or chronic illness may still require services. As a whole, survivors tend to provide more negative assessments of their health than the general population. Among respondents to the 2011 *Jewish Community Study of New York*, 73 percent of Holocaust survivors described their health as poor or fair.[12]

Projecting this statistic forward through the year 2020 (Table 4C, next page), we can expect to see a steady number of over 27,000 Holocaust survivors living in the New York City Metropolitan Area who describe their health as "poor" or "fair," and who may thus turn to Selfhelp for assistance with home care, emotional support, or other services. In the year 2025, there will still be more than 17,000 survivors in these categories.

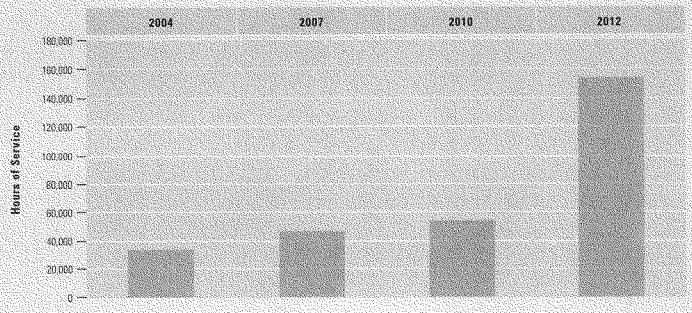
[12] UJA-Federation of New York, 2012, *op.cit.*, page 101.

TABLE 4C: PROJECTED NUMBERS OF HOLOCAUST SURVIVORS PERCEIVING A NEED FOR ASSISTANCE WITH HEALTH CARE NEW YORK CITY METROPOLITAN AREA, 2013 – 2025

	2013	2015	2020	2025
Survivors aged 75 or above	48,436	46,216	38,111	23,424
Number reporting health as poor (31%) or fair (42%)	35,358	33,738	27,821	17,100

Indeed, Selfhelp is already seeing an increase in the need for one specific health-related service: the provision of a home care aide to assist with daily tasks, including housekeeping and chore assistance, as well as basic activities of daily living such as bathing and dressing. As shown in Table 4D, below, the number of hours of such care provided by Selfhelp has increased by **450 percent** in the last eight years, from 34,069 hours of home care in 2004, to 153,478 hours of care in 2012.[13] For many survivors, receiving such care in their own homes is especially important, as the structure and regimentation of institutional care can re-awaken overpowering fears related to the trauma they experienced during the Holocaust.

TABLE 4D: HOURS OF HOME CARE PROVIDED TO HOLOCAUST SURVIVORS BY SELFHELP COMMUNITY SERVICES, 2004 – 2012



Based on the percentage of survivors over age 75 who will require assistance with serious or chronic illness or with daily tasks (Table 4A), and the number of survivors who self-report their health status as "poor" or "fair" (Table 4C), **we project that the need for health-related services will continue to increase for this population.**

[13] In recent years, the Conference on Jewish Material Claims Against Germany has successfully negotiated with the German government to obtain significant increases in funding for home health care services for Holocaust survivors worldwide. As a result, Selfhelp has been able to substantially increase the home health care services provided to survivors.

5. Poverty Among Holocaust Survivors

Compounding their physical needs, more than half of the Holocaust survivors in the New York City Metropolitan Area are in financial distress, living below 150 percent of the federal poverty level (only $16,335 for an individual and $22,065 for a couple in 2011). Table 5, below, presents the 2011 percentage breakdown of poverty among Holocaust survivors,[14] and projects the numbers of survivors who will remain at this level of poverty through the year 2025.

TABLE 5: ESTIMATED POVERTY LEVELS OF HOLOCAUST SURVIVORS NEW YORK CITY METROPOLITAN AREA, 2011 – 2025

Household Income	Percent	2011	2013	2015	2020	2025
Number of survivors	100%	73,000	64,810	56,748	38,111	23,424
Below 150% of federal poverty guidelines	52%	37,960	33,701	29,509	19,818	12,180

We expect that a significant proportion of survivors living in poverty will turn to Selfhelp for financial aid, including subsidies for home care, support for emergency needs, and assistance applying for public benefits and entitlements.

It is probable that the actual numbers of survivors living in poverty will actually be larger than projected over the next 12 years. Many older people tend to spend down their assets as they age, so there is likely to be a gradual increase in the number who earn less than 150 percent of federal poverty guidelines. As well, survivors from the Former Soviet Union include a disproportionately large number of individuals living in poverty – 79 percent, compared to 18 percent among survivors from other regions[15] – and also tend to be younger, comprising 67 percent of all survivors under age 75.[16] As the population of survivors grows older and is composed more heavily of immigrants from the Former Soviet Union, it is also likely to become increasingly poor.[17]

Additionally, although our estimates suggest that approximately half of the survivor population earns an income which places them above 150 percent of federal poverty guidelines, individuals in this group are still likely to be experiencing a degree of financial distress. The income levels set by the federal government as national indicators of poverty are very low when applied to New York City. For example, in 2011, individuals living just at 150 percent of federal poverty guidelines had an annual income of $16,355. In the New York City Metropolitan Area, this amount barely covers the cost of housing; the median annual rent for rent stabilized apartments in that same year was $13,920, leaving only $55 a week to cover food and other expenses. **It is therefore likely that even those survivors whose income places them above the 150 percent demarcation will require assistance.**

[14] UJA-Federation of New York, 2012, op cit., page 101.
[15] *Ibid.*
[16] *Ibid*, page 99.
[17] *Ibid.*

III. Maximizing Resources

A major effort of Selfhelp social workers is to ensure that Holocaust survivors receive all the public benefits and entitlements that are available to older adults living in New York City. This practice enables Selfhelp to maximize both the support available for individual survivors and the number of survivors that we can assist.

For example, one of our typical Holocaust survivor clients is an 85 year old widow living alone. She receives a modest Social Security payment of $850 per month, and a German reparations payment of $400. Due to numerous physical ailments, she requires home care services every day.

Utilizing funding for social work and home care services provided through the Claims Conference, and other designated funding, Selfhelp assisted the client and her family in developing a plan of care to enable her to remain at home. Selfhelp provided home care services on the weekdays, while her daughter assisted on the weekends. The Selfhelp social worker then counseled the family regarding Medicaid, and successfully assisted them in filing the application and documents. She now receives four hours a day of home care paid for by Medicaid, which at seven days a week is an annual value of approximately $26,200. Selfhelp also obtained Food Stamps for her, in the amount of $1,200 annually, and made sure that her Senior Citizen Rent Increase Exemption (a $1,800 value) was kept current. Thus, for this client we were able to use the specific funding for Holocaust survivors at a critical time, and then assist her in accessing additional public entitlements valued at $29,200 annually.

IV. Projection of Funding Needs

We now project the level of funding that will be required to meet the increasing needs of survivors living in the New York City Metropolitan Area. We base our calculation on Selfhelp's current service level and the funding needed to maintain that level through the coming years. Our assumptions are specified below.

1. In 2012, Selfhelp served 5,336 survivors. We expect that we will assist at least 5,500 survivors annually in the years ahead.
2. We utilize an annual two percent increase in the cost of providing services.

Table 6, below, shows the estimated cost per client, and the estimated total cost of Selfhelp's services for Holocaust survivors, through the year 2025. This includes the cost of services that we expect survivors to particularly need, including enhanced case management, home care, emergency financial assistance, and assistance applying for benefits and entitlements. Even with the conservative estimates specified above, significant funds will be required to provide for their care as they age.

TABLE 6: ESTIMATED COST PER CLIENT AND TOTAL COST OF SERVICES NEW YORK CITY METROPOLITAN AREA, 2013 – 2025

	2013	2015	2020	2025
Number of survivors, New York City Metropolitan Area	64,810	56,748	38,111	23,424
Number of survivors, 75 and older	48,436	46,216	38,111	23,424
Number of Selfhelp clients served	5,500	5,500	5,500	5,500
Cost per client	$1,805	$1,878	$2,074	$2,290
Projected total cost	**$9,929,147**	**$10,330,285**	**$11,405,469**	**$12,592,559**

Appendix

Current Services Provided to Holocaust Survivors by Selfhelp Community Services, Inc.

Selfhelp's Nazi Victim Services Program operates seven community-based social service programs for elderly Holocaust survivors in Manhattan (two sites), Brooklyn (two sites), Queens, the Bronx, and Nassau County. In 2012, our programs provided care to 5,336 victims of Nazi persecution, of whom 1,209 came to Selfhelp for the first time.

Our services include:

Enhanced Case Management: Social workers develop a care plan that meets each client's needs most effectively. Our workers understand the psychological significance of the Holocaust, as well as the wide range of benefits available to survivors. Each caseworker is a highly skilled advocate for the interests of the client, making sure that the client receives not only optimal care, but also all entitlements for which they are eligible. Last year, Selfhelp social workers provided 48,759 hours of case management services to Holocaust survivors.

Chore Service/Housekeeping: Housekeeping service helps to keep survivors in their homes by providing clients with an average of three hours per week of light housework, shopping assistance, laundry, and chore service. This modest amount of service helps to maintain clients in their home environment. Housekeepers are an essential part of the care team, and a primary source of information regarding any deterioration in a client's health. In the past year, 17,098 hours of chore service/housekeeping were provided to Holocaust survivors.

Subsidized Home Care: Many clients require more intensive home care services, such as personal and medical-related care, in order for them to remain safely at home. Selfhelp's Licensed Home Care Services Agency (LHCSA) and Certified Home Health Agency (CHHA) provide a full array of home health services, including personal care and skilled nursing. Depending on client needs, services may be provided on a long-term, short-term, or interim basis. Services are subsidized for those who cannot afford to pay for private care. In the past year, Selfhelp provided a total of 136,380 hours of subsidized home care to survivors.

Financial Management: Holocaust survivors may encounter difficulty managing their finances due to impediments ranging from diminished vision and reduced motor function to more serious complications including Alzheimer's disease and other dementias. Selfhelp's financial management program assists clients using the least restrictive interventions, allowing them to live as independently as possible. Services range from a visiting bookkeeper, who assists with bill paying and checkbook balancing, to serving as court-appointed guardian in the most severe cases. In the past year, Selfhelp assisted 72 Holocaust survivors with financial management services.

Social Programs: Recreational and social programs enhance the development of relationships, social contacts and communication, and are an effective way to decrease isolation. Our most popular social programs are Selfhelp's celebrated Coffee Houses. These programs are held locally in synagogues and community centers and feature refreshments and entertainment. In addition to the Coffee Houses, we also offer events ranging from Passover Seders and Chanukah parties to other activities such as discussion groups and trips to museums and concerts. In the past year, aggregate attendance at Selfhelp social programs was 7,253.

Volunteer Programs: Trained volunteers make scheduled friendly visits to homebound clients to provide socialization, companionship, and a community connection. Volunteers also assist at Coffee Houses and other social events, help transcribe Holocaust survivors' life histories, make telephone reassurance calls, or provide office support. An important aspect of our volunteer program is Selfhelp's participation with Action Reconciliation Service for Peace, a program through which a young German volunteer provides weekly friendly visits and chore assistance to our Nazi victim clients. In the past year, 431 volunteers provided 2,876 hours of invaluable services to our clients.

Emergency Financial Assistance: Clients in financial need receive grants for medical and dental procedures, Medigap insurance, rent, utility bills, citizenship fees, air conditioners and other needed items and services. In the past year Selfhelp distributed $1,086,475 in emergency financial assistance.

Based on 2012 data.

Reference Materials

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Discussions with:
Jennifer Rosenberg, Director of Research, Division of Strategic Planning, UJA Federation of New York
Marielaine Tryce, Social Policy Analyst, Conference on Jewish Material Claims Against Germany

We appreciate your time to share your insights. We regret that we never approached you before for all information or a copy of the questionnaire mentioned herein.

Prepared by Selfhelp Community Services, Inc.

Stuart C. Kaplan, *Chief Executive Officer*
Elisa Beyer, *Vice President, Nazi Victim Services*
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April 2013

Selfhelp

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Selfhelp is a not-for-profit organization dedicated to maintaining the independence and dignity of seniors and at-risk populations through a spectrum of housing, home health care, and social services and will lead in applying new methods and technologies to address changing needs of its community. Selfhelp will continue to serve as the "last surviving relative" to its historic constituency, victims of Nazi persecution.

a beneficiary of UJA Federation of New York

Claims Conference ועידת התביעות
The Conference on Jewish Material Claims Against Germany

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

Dirksen Senate Office Building 562
Wednesday, January 15, 2014

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=43ac483c4dc9r51d9eb41 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*. 1(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

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[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

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[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.

William C. Daroff, Senior Vice President for Public Policy & Director of the Washington Office, The Jewish Federations of North America

Chairman Nelson, Ranking Member Collins and distinguished Senators: I am honored to submit testimony for the Special Committee on Aging for your hearing "Aging in Comfort: Assessing the Special Needs of America's Holocaust Survivors." My name is William C. Daroff and I am the Senior Vice President for Public Policy & Director of the Washington Office of The Jewish Federations of North America (JFNA). The Jewish Federations of North America represents 153 Jewish Federations and over 300 Network communities, taking responsibility for each other according to Jewish principles. The Jewish Federations raise and distribute more than $3 billion annually for social welfare, social services, and educational needs. The Federation movement, collectively among the top 10 charities on the continent, protects and enhances the well-being of Jews worldwide through the values of tikkun olam (repairing the world), tzedakah (charity and social justice), and Torah (Jewish learning).

Jewish Federations across the continent raise awareness and money for the care of aging Holocaust survivors. Federations raise funds in the community, either through their Annual Campaign or through dedicated fundraisers for Holocaust survivor programs. The money is distributed to a network of Federation affiliated agencies, many of which are Jewish family service agencies, which provide the direct care to thousands of Holocaust survivors. Federations also raise money on behalf of Jewish community centers, which host health, nutrition, and social programs for seniors and Holocaust survivors. We work closely with the Association of Jewish Family and Children's Agencies to address the needs of Holocaust survivors.

Holocaust survivors have been active in Federations for decades, providing support for the fledgling State of Israel and marching for the freedom of Soviet Jews, many of whom were Holocaust survivors. Many survivors enjoy being active in synagogue life and participating in Jewish cultural events. We want to make sure that survivors can continue to remain part of our communities for as long as possible. We want survivors to know that they are cherished, that we are grateful for their contributions to our communities, and that we are indebted to their will to survive the unthinkable horrors of the Holocaust. They have enriched our lives and we must honor theirs.

Today, Holocaust survivors are elderly and more are becoming frail each day. Of the approximately 120,000 Holocaust survivors currently in the United States, it is estimated that about a quarter are living at or below the Federal poverty line, placing them at higher risk of isolation and potentially traumatic institutionalization. Poverty is most pervasive in the population of survivors that immigrated to the United States after 1965 from countries of the former Soviet Union. These survivors have had less time to integrate into the American workforce. Many of them do not speak English. About half of the survivors who are in this group are suffering from poverty, while survivors who immigrated earlier, before 1965, are at a socioeconomic level comparable to the general population of seniors.

In order to remain in their homes and communities, Holocaust survivors need home health care, assistance with transportation, help paying medical and dental bills, and rental assistance or affordable housing. Federations have experienced an increased number of requests in recent years to support local Holocaust survivor programs. They are reporting higher numbers of survivors seeking care, and higher costs associated with providing the care. Many survivors need additional support beyond the home care provided by the Conference on Jewish Material Claims Against Germany ("Claims Conference"), which is the largest funder of social welfare services for Holocaust survivors in the U.S. The German Government places restrictions on the use of Claims Conference allocations, creating gaps in funding. For example, the Claims Conference can only pay for a maximum of 25 hours of home care per week for a client. For a survivor who needs round the clock care, or even daytime care, the funding gap is significant. Claims Conference dollars cannot be used for home care if the client lives in an assisted living or long-term care facility, and some survivors would benefit from this care.

Despite successful negotiations with the German Government resulting in increases in allocations from the Claims Conference, the family service agencies are still facing shortfalls in 2014 for their Holocaust survivor programs. Many Federations have responded by increasing their allocations to Jewish family service agencies, or by hosting dedicated fundraisers. For example, in Greater Washington, Federation leaders hosted in their home an emergency fundraising meeting at which participants collectively pledged $1.7 million for services for local Holocaust survivors.

Federations are proud to work with agencies serving survivors, and The Jewish Federations of North America is honored to provide strategic leadership at the national level. We are currently working with the White House to implement the initiative that Vice President Biden announced in December 2013:

- The appointment of an envoy in the Department of Health and Human Services to serve as a liaison to Holocaust survivors and the organizations that serve them.
- The commitment of the Corporation for National and Community Service to deploy VISTA volunteers to help build the capacity of organizations serving Holocaust survivors.
- The exploration of public-private partnership opportunities to increase the resources to serve Holocaust survivors.

Together with the Association of Jewish Family and Children's Agencies, JFNA is working with the White House to set these plans in motion to ensure that all Holocaust survivors are able to live in their homes and communities.

JFNA's Washington Office is pleased to serve as a resource to members of the U.S. Senate and House of Representatives on matters involving Holocaust survivors and other elderly. Jewish Federations and our partner family service agencies host programs that are supported by the Older Americans Act, and we are pleased that the Senate Committee on Health, Education, Labor and Pensions approved the bipartisan reauthorization of the Older Americans Act on October 30, 2013. This reauthorization included a requirement for the Administration on Aging to consult with organizations serving Holocaust survivors and issue guidance on outreach to the survivor population for Older Americans Act programs.

JFNA strongly endorses the Responding to Urgent needs of Survivors of the Holocaust, or the "RUSH" Act, which aims to help more Holocaust survivors age in place. We thank the RUSH Act sponsors, Senator Ben Cardin, Senator Mark Kirk, and Senator Bill Nelson; and Congresswoman Debbie Wasserman Schultz and Congresswoman Ileana Ros-Lehtinen, for their steadfast commitment to this issue.

I thank the Committee for prioritizing the needs of Holocaust survivors and for dedicating time to this hearing, and I thank the witnesses for bringing their unique perspectives to this conversation. The Jewish Federations of North America looks forward to continuing our work to ensure that Holocaust survivors are able to live in dignity, comfort, and security in their homes and communities.

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