

**JEWISH ELDERLY NAZI VICTIMS:**  
A SYNTHESIS OF COMPARATIVE INFORMATION ON  
HARDSHIP AND NEED IN THE UNITED STATES, ISRAEL, AND  
THE FORMER SOVIET UNION

REPORT PREPARED FOR THE JOINT DISTRIBUTION COMMITTEE

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## EXECUTIVE SUMMARY

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

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

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

Among the specific findings are:

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

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

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

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

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

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

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

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

## INTRODUCTION

It is now nearly sixty years after the end of the reign of terror engineered by the Nazis. Most victims of Nazi persecution are elderly. They are dispersed around the world, with the largest numbers being in the Former Soviet Union (FSU), Israel, the United States, and Europe. As Eizenstat<sup>1</sup> has eloquently argued, any justice for those who survive is inherently imperfect. That said, it is clear that efforts to provide health, social, and welfare support to victims – in particular, using resources from the Claims Conference,<sup>2</sup> Swiss Banks Settlement,<sup>3</sup> and International Commission on Holocaust Era Insurance Claims (ICHEIC) – bring a measure of justice to many. The decisions, however, on how best to allocate available restitution funds among groups of victims require the wisdom of Solomon. The present report is designed to aid decision-makers by analyzing available data on the status of victims in the three principal regions in which they live.

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

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

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

<sup>2</sup> The Conference on Jewish Material Claims Against Germany.

<sup>3</sup> Holocaust Victim Assets Litigation (Swiss Banks).

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

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

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

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

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

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

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

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

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



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

## **ORGANIZATION OF REPORT**

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

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

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

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

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

## **MAJOR CHALLENGES**

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

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

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

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

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

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

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

<sup>9</sup> See: [http://www4.worldbank.org/afr/poverty/measuring/cross\\_country\\_en.htm](http://www4.worldbank.org/afr/poverty/measuring/cross_country_en.htm) for a good discussion of these issues.

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

Reporting on the FSU:

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

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

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

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

Reporting on the United States:

The Jewish United Fund/Jewish Federation of Metropolitan Chicago<sup>12</sup> in their online newsletter tells the story of one survivor whom they currently assist. Quoting directly from the Chicago newsletter under the heading, “One Survivor’s Story” we learn that:

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

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<sup>10</sup> Source: quoted verbatim from: [http://www.jewishsgpv.org/content\\_display.html?articleID=8551](http://www.jewishsgpv.org/content_display.html?articleID=8551).

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

<sup>12</sup> Source:  
[http://www.juf.org/news\\_public\\_affairs/article.asp?key=2667&highlight=One+Survivor%92s+Story](http://www.juf.org/news_public_affairs/article.asp?key=2667&highlight=One+Survivor%92s+Story).

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

### Reporting on Israel:

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

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

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

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

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

## MACRO-LEVEL COUNTRY COMPARISONS

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

### POPULATION INDICATORS

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

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<sup>13</sup> Source: [http://amcha.nstemp.org/booklet/july\\_2002.htm](http://amcha.nstemp.org/booklet/july_2002.htm).

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

Population indicators for the four FSU countries,<sup>14</sup> Israel, and the United States are displayed in Exhibit 1. All the indicators in this section have been taken from or calculated from either the World Bank’s World Development Indicators<sup>15</sup> or from the WHO<sup>16</sup> online databases. For each indicator, the data are reported for the latest year in which data are available for all six of the countries we are examining. We have also calculated a four FSU country total or weighted (by population) average.

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

**Source:** World Bank World Development Indicators online database.

Some noteworthy cross-national conclusions are:

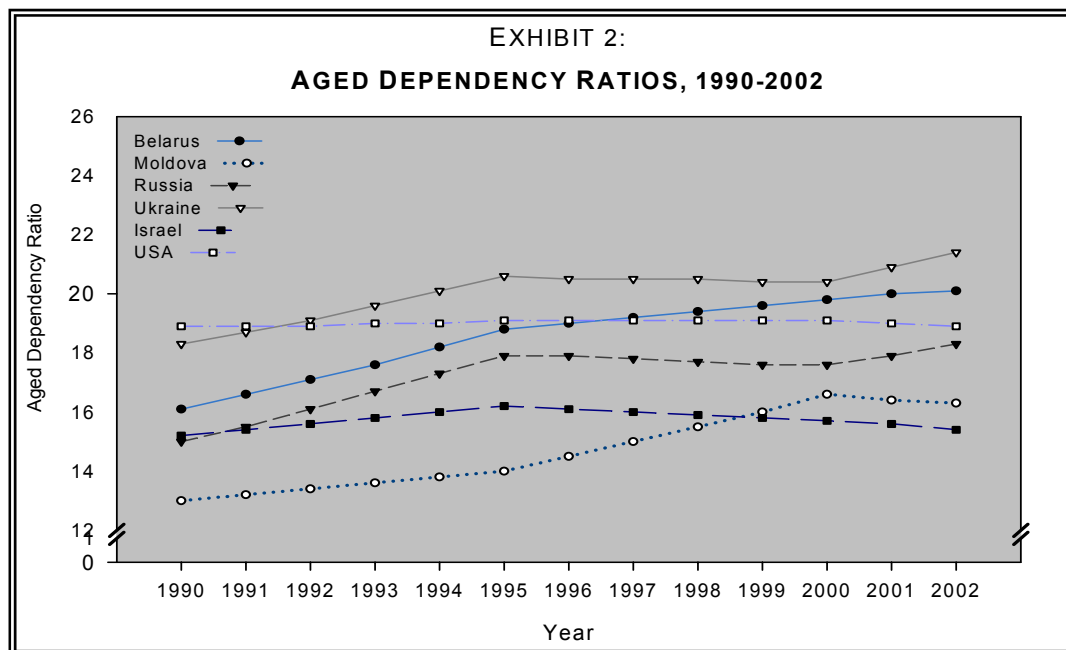
- *The percentage of the population that is 65+ in the FSU is substantially higher than the percentage in Israel. Ukraine, in particular, has a very large elderly population relative to the rest of its population with nearly 15% (50% higher than the percentage in Israel) age 65+.*
- *The percentage of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

<sup>14</sup> Belarus, Moldova, Russia & Ukraine.

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

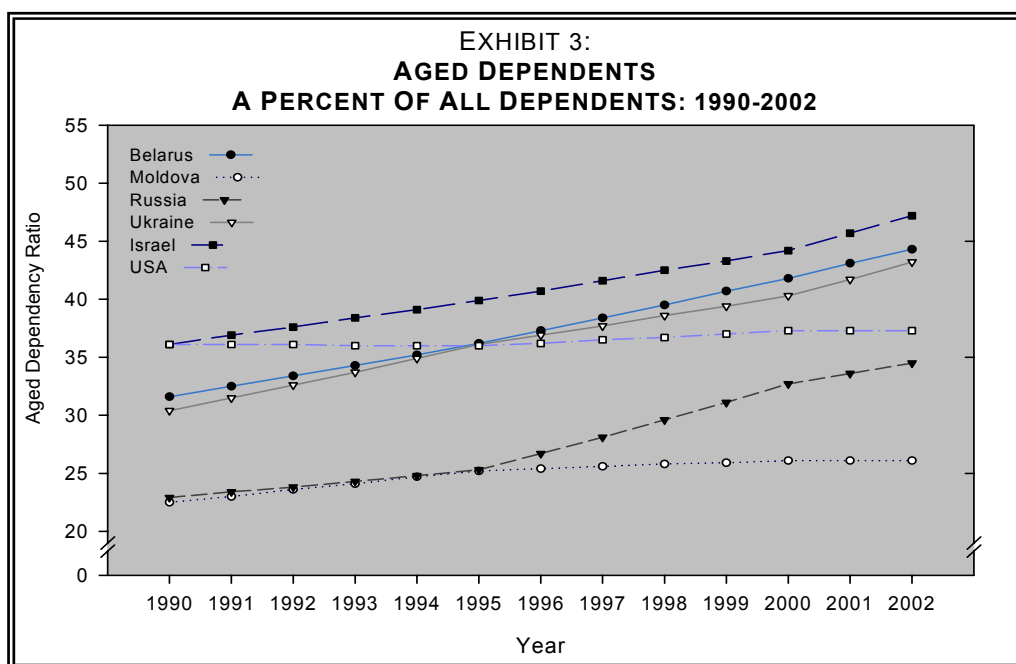
<sup>16</sup> World Health Organization online research tools <http://www.who.int/research/en/>

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



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

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



## ECONOMIC INDICATORS

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

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

**Source:** World Bank Development Indicators

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



## HEALTH EXPENDITURES

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

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

**Source:** World Bank and World Health Organization.

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

## LIFE EXPECTANCY AND MORTALITY

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

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

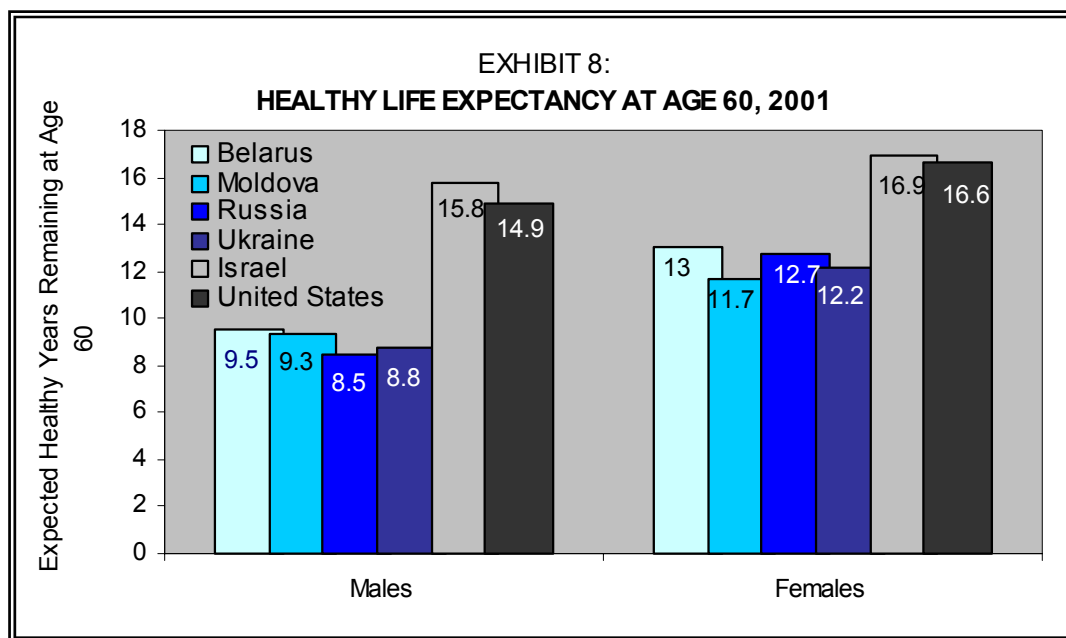
**Source:** World Bank Development Indicators

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

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

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

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



## SUMMARY

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

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

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

Prior to examining the social, economic and health outcomes for Jewish Nazi victims within regions, available data on the numbers of victims around the world were examined. Establishing a broadly accepted estimate of the Jewish Nazi victim population has proved to be a difficult task. Despite the three-year period that separated them, two studies referenced in the 2000 *Special Master's Report*,<sup>17</sup> including the 1997 Spanic Committee report and the Ukeles studies,<sup>18,19</sup> yielded similar estimates (see Exhibit 9). However, two recently completed studies done by DellaPergola<sup>20</sup> and Ukeles<sup>21</sup> for the ICHEIC have yielded divergent estimates, both in total number and in the distribution among countries.

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

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

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

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

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

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

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

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

This change in method is exemplified by comparing the approaches of the Spanic Committee and DellaPergola. The Spanic Committee identified victims as all those born before 1945 and who were under Nazi rule or occupation (or rule/occupation of nations collaborating with Nazis) or who fled from such countries. DellaPergola<sup>22</sup> describes that the Spanic Committee relied on assessments of the numbers of survivors at the end of World War II, along with adjustments for patterns of migration. Further, he notes that the estimates did not appropriately account for Jewish mortality rates. In contrast to the approach of the Spanic Committee, DellaPergola identifies victims based on year of birth before 1946 for individuals who can be identified as Jewish in the general population of each country (either through censuses or surveys), and whether they lived (or were born) in a country that was under Nazi rule. He also employs a more inclusive definition of Nazi victim, a definition that “includes all those Jewish persons who are alive today and who at least for a brief period of time were submitted in their locations to a regime of duress and/or limitation of their full civil rights in relation to their Jewish background – *whether by a Nazi occupying power or by a local authority associated with the Nazis’ endeavor* – or had to flee elsewhere in order to avoid falling under the aforementioned situations (italics added)”(p.3). With this definition, DellaPergola includes many Jews who

<sup>22</sup> Ibid note 18.

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

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

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

## **DATA SOURCES AND ISSUES**

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

### *FORMER SOVIET UNION*

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

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

## DATA DESCRIPTION

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

Data collected on each client includes:

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

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

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

## STRENGTHS/LIMITATIONS

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

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

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

But there are some disadvantages as well:

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

## *ISRAEL*

Our primary source for Israeli data is the *Survey of People Age 60 and Over*, an interview survey of approximately 5,000 people age 60 and over which was conducted in 1997-1998 by the Central Bureau of Statistics in cooperation with the JDC-Brookdale Institute and other private and governmental sponsors. Since we have not yet received this database,<sup>24</sup> we rely on published descriptions of this survey and its findings. Brodsky<sup>25</sup> provides tabulations of key survey results comparing Nazi victims to other Israelis and Brodsky et al.<sup>26</sup> make projections for the 2002-2020 period of the Jewish Nazi victim

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

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

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



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

## DATA DESCRIPTION

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

The survey, conducted in-person and in the preferred language (Hebrew, Russian, or Arabic) of the respondent, included information on housing (ownership, condition of housing, heating); care givers; financing of care; relationships with family and friends; health (general health, specific problems, mobility, personal functioning (Activities of Daily Living – ADLs<sup>28</sup>); sleeping and memory; utilization of health and welfare services (visits to doctors, specific diagnoses and tests performed); Nazi victim status; and income sources (pensions, social security).

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

## STRENGTHS/LIMITATIONS

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

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

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

<sup>29</sup> Ibid note 25.

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

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

## UNITED STATES

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

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

As a result of this process, eight datasets were identified that included relevant information – the NJPS 2000-2001<sup>33</sup> and seven community surveys (Bergen, NJ, 2001,<sup>34</sup> Miami, FL, 1994;<sup>35</sup> South Palm Beach, FL, 1995;<sup>36</sup> West Palm Beach, FL, 1999;<sup>37</sup> Los Angeles,

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<sup>30</sup> Ibid note 26.

<sup>31</sup> Ibid note 26.

<sup>32</sup> <http://www.jewishdatabank.org>.

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

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

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

CA, 1997,<sup>38</sup> & Broward County, FL, 1997<sup>39</sup>) – that we could analyze for information for Nazi victims.<sup>40</sup> We examined available reports from the UJC and other sources for each of these datasets. However, for the purposes of this report we conducted our own, independent analyses. Several additional community surveys (Chicago, IL; Jacksonville, FL; Sarasota, FL & Pittsburgh, PA) were conducted in 2001, 2002, and 2003, but datasets are not yet available for analysis. In addition, we reference some findings from a recent survey conducted by UJA-Federation of New York that are reported in a special report on Nazi victims in the New York area.<sup>41</sup> Although their data were not available for primary analyses, we have included some of their published estimates in the following sections.

### **NJPS 2000-01 DATA DESCRIPTION**

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

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

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

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

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

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

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

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

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

## COMMUNITY SURVEYS

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

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

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

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

## STRENGTHS/LIMITATIONS

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

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

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

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

## **SUMMARY OF THE MULTIPLE SOURCES OF DATA**

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

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

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

## COMPARISONS OF NAZI VICTIM TO OTHER JEWISH ELDERLY WITHIN REGIONS

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

### FORMER SOVIET UNION

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

served by *Hesed* centers accounts for a very large percentage of both the victim and other Jewish elderly populations. DellaPergola<sup>45</sup> estimates that there are 201,084 elderly Jews in Russia, Ukraine, Belarus, and Moldova born before 1946, of which 139,903 are Nazi victims. In the last year, *Hesed* centers in these four countries served 166,226 elderly who identify themselves as Jewish,<sup>46</sup> of whom 120,701 are Nazi victims, 83% and 86%, respectively, of the estimated elderly Jewish and Nazi victim populations.<sup>47</sup> *It is important to note that the Hesed Center's estimate that 30% of those clients who do not identify themselves as Jews (all non-victims) are actually Jewish, but choose not to identify themselves as Jews. This would add 13,172 to the number of Jews served by Hesed Centers, for a total of 179,398 or 89% of the DellaPergola estimates for elderly Jews in the four countries.* Whichever numbers are used, it is clear that *Hesed* centers serve a large percentage of the Jewish Nazi victim and other elderly Jewish populations. Exhibit 12 compares the Nazi victim population to other Jewish *Hesed* clients.<sup>48</sup>

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

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

<sup>45</sup> Ibid note 18.

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

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

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

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

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

## ISRAEL

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

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

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

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



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

## UNITED STATES

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

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

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<sup>50</sup> Brodsky, J., personal communication.

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

**EXHIBIT 14:  
 SURVEY COMPARISONS BETWEEN NAZI VICTIMS (NV) AND OTHER ELDERLY JEWS: UNITED STATES<sup>a,b</sup>**

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

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

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

Among the most noteworthy comparisons:

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

## COMPARISONS OF NAZI VICTIMS ACROSS REGIONS

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

## DEMOGRAPHIC COMPARISONS

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

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

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

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

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

## HEALTH STATUS

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

EXHIBIT 16: CROSS-NATIONAL HEALTH STATUS COMPARISONS FOR NAZI VICTIM POPULATIONS				
	Disability status	Vision & Hearing Status <sup>a</sup>	Mobility Status	Health Assessment
<b>FSU<sup>b</sup></b> <b>(four countries)</b>	38% disabled to some degree	60% (V) 24% (H)	25% limited mobility or bedridden	-- <sup>c</sup>
<b>Russia</b>	54% disabled to some degree	66% (V) 24% (H)	26% limited mobility or bedridden	-- <sup>c</sup>
<b>Ukraine</b>	23% disabled to some degree	55% (V) 24% (H)	26% limited mobility or bedridden	-- <sup>c</sup>
<b>Belarus</b>	33% disabled to some degree	45% (V) 21% (H)	17% limited mobility or bedridden	-- <sup>c</sup>
<b>Moldova</b>	22% disabled to some degree	69% (V) 29% (H)	21% limited mobility or bedridden	-- <sup>c</sup>
<b>Israel</b>	21% unable to perform at least 1 ADL	29% (V) 29% (H)	<b>Mobility outside home</b> – 14% are unable to leave the house w/out help of another person, can't go out at all, or in wheelchair <b>Mobility inside home</b> – 2% need assistance of another person, or are in wheelchair, or are bed-bound	Self-assessed:  Very good – 3% Good – 32% Not so good – 50% Bad – 15%
<b>United States<sup>d</sup></b>	26% of victims live in households with someone who has disability – unable to determine % of Victims (Bergen).  30% live in households with disability, 10% disabled themselves (West Palm Beach).	NA	Unable to determine from NJPS	Self-assessed (NJPS): Excellent – 9% Good – 30% Fair – 34% Poor – 27%  In NY, there is a difference between victims in Russian speaking and non-Russian speaking households. <sup>e</sup> Excellent 0% (R) 12% (NR) Good 15% (R) 36% (NR) Fair 57% (R) 46% (NR) Poor 28% (R) 6% (NR)
<b>Table Notes:</b> a) % vision impaired (V) and % hearing impaired (H) b) FSU estimates are for Russia, Ukraine, Belarus, and Moldova. c) No data based assessment of victim health. There are many site visit reports documenting poor health among victims. d) US estimates from NJPS unless stated otherwise. e) Russian speaking household health status may be an indication of victim health status in countries they came from.				

## LIVING SITUATION

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

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

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

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

## ECONOMIC STATUS

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

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

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

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

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



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

## SAFETY NET

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

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

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

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

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

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

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

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

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

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

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

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

Even with these limitations, there are two issues regarding the different pension systems presented in the SSA database described above. First, the mix of public and private pensions in both the United States and Israel places these two nations well ahead of the FSU countries with their cash strapped public systems. We can assert this by merely referencing the descriptions of the retirement and other social security systems in the countries reviewed.<sup>57</sup> Second, the USA practice of indexing benefits to inflation suggests a more generous system than nations whose benefit structures erode with inflation, although here it should be noted that some of the FSU countries have introduced pension reforms that do involve indexing, although the base for making these changes is still far less generous than in the more developed Israel and USA contexts. For example, in a 1999 paper by Anita Schwartz<sup>58</sup> of the World Bank reports that in Belarus, after pension reform, benefits were adjusted when average wage increases exceeded 15 percent. In Russia, adjustments are made on a quarterly basis pegged to a cost of living formulation. Nonetheless, when indexing is put in the context of the level of benefits, as well as the mix of public and private pensions, the value and generosity of benefits in Israel and the USA are far ahead of the FSUs.

## SUMMARY

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

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

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

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

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

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

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

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

## CONCLUSION AND RECOMMENDATIONS

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

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

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

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

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

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

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

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

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## **ABOUT THE RESEARCH TEAM**

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

### **MAURICE AND MARILYN COHEN CENTER FOR MODERN JEWISH STUDIES**

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

### **THE INSTITUTE FOR SUSTAINABLE DEVELOPMENT**

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

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