

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

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

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

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

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

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

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

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

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

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

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

- Emergency funds are capped at \$2,500 per year per survivor. That is a cap, not a guarantee. Most survivors get less every year because of limited funds that have to be divided among many survivors with emergencies. The result is that many, many survivors' emergency needs go unmet.
- Hearing aids usually cost about \$5,000, and are not covered by Medicare. With the \$2,500 cap and lower actual amounts available, survivors often cannot get even one hearing aid, much less two in the same year. How can a hearing-impaired survivor in his or her late 80s be expected to manage with no or only one hearing aid?
- Most survivors have extensive dental needs because during the Holocaust, we had no opportunity to care for our teeth, suffered extreme malnutrition, as well as beatings and other horrible deprivations. Unfortunately, dental services are paid for from the same emergency funds that are limited to \$2,500 per year. And the dental work that many survivors need costs thousands and thousands of dollars. Some dentists give pro bono help in some cities, but this is very limited. I see and hear story after story where survivors cannot get the gum surgery, or extensive dental work they need because there is no money. This is a very, very big problem. The lack of proper dental care harms survivors' dignity, and also puts them at risk for bad nutrition and cardiac problems.
- Many poor survivors don't have a car, cannot access public transportation, or cannot drive themselves to medical appointments. The lack of transportation to go to the doctor is a real problem and there is not enough money for this. Survivors often miss their doctor appointments for lack of transportation.
- The cap on home care funds has been reduced in some areas by 50%. In some cases survivors with documented need of 24 hour care had funding cut from \$2,500 to \$1,250 per month.

- There is the elderly survivor, Mrs. K, who is very sick and is in the hospital for blood transfusions, but was refused when she asked for her AARP insurance paid which she couldn't afford – all of \$625 for a quarter
- Or, Mrs. I, who needed a refrigerator and after a six week wait, her application was denied. This was in September and she still does not have a working refrigerator for her food and medicine.
- There was the elderly survivor woman who, during one of the hottest days of this past summer, requested money for an air conditioner that cost \$500. She was told they only had enough money to give her half of the cost. Unfortunately she didn't have the rest and had to endure the unbearable summer heat without air conditioning.
- There is the survivor who was desperate for assistance to pay for a stair lift since her husband is home bound and was told they were too rich for assistance, even though their mortgage payments use up most of their income.
- Survivors are begging for home care and being refused. In one community I was told the maximum is 15 hours per week, despite the severity of the survivors' illness. These are people who are not eligible for Medicaid. If they go to an assisted living facility, they use every penny available to pay their overhead, but you have to know that aids in those facilities cost extra. The Claims Conference programs refuse any assistance to survivors for these so-called "extra" services in assisted living facilities or nursing homes.
- These many problems are illustrated by the case of a survivor from Stovnietze, Poland, who spent World War II in the Lodz and Kielce ghettos, and Auschwitz. He survived because he was a mechanic and also learned to be a bricklayer. He suffered so many injuries in the camps including terrible foot injuries from standing barefoot in the snow. Everyone but his sister perished in the camps. This survivor eventually settled in Richmond, Virginia. He worked all his life and had saved some money, but never married and had no children. But like many survivors, he was a hoarder. As he aged it got so bad he was pinned down in his home. When neighbors didn't see his car move for three days, they called the police, who had to hoist this elderly survivor out the upstairs window. He was sent to the hospital close to death. Showing signs of recovery, he got better in a nursing home until his medical coverage came to an end. He couldn't move home because it was unlivable, so he went to assisted living, at \$5,000 a month, which increased to \$6,000 as he faltered. Soon he needed aides in the facility, which cost an additional \$6,000 per month -- with no assistance from the Claims Conference or other programs. These costs were far beyond his reach financially. He had to be moved to another facility that was less expensive, where he eventually died in March 2013. However, without the help of a group of two very dedicated friends and his former employer in the small Richmond community he would never have received the attention or care he needed.
- Widows and widowers who live alone cannot get home care from Medicare if they don't spend a certain number of nights in the hospital, and after many operations are told they

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

- Some survivors are now applying for assistance for the first time. This is because they are desperate for help, but their needs were not factored into the agency's budget and they have to wait for help which may never come. Others do not even apply because they are aware of the funding shortages.
- Survivors are re-traumatized every time they have to retell their wartime experiences and for many, the application process for assistance is emotionally brutal.
- Though there are fewer survivors every year, the agencies caseloads are increasing because more are becoming poor, they are getting more frail, and their needs are increasing due to declining health.
- It is unconscionable that survivors, who went hungry for years during the Holocaust, should go hungry in the United States, but they are.
- If a survivor moves to an assisted living facility or a nursing facility, the Claims Conference programs provide no assistance if they need help with a personal aide or with personal hygiene. If a survivor lives independently, he or she can get meals delivered or other services, but these stop if they move to a facility. In these facilities, a resident must pay extra for assistance with meds or to take a bath, but none of that is covered by the Claims Conference.
- Social workers and survivors involved in the advisory committees have heard this question far too often: "Do I take my medication or do I buy food?" There are limited funds that must cover a broad range of needs. "Should the agency take care of every need of a few survivors, or take care of some needs of many survivors?" Under the current framework, these questions are inevitable. Rationing is inevitable. Why does it have to be this way?
- There are children of survivors who are putting themselves in financial jeopardy to help care for their parents. We are grateful that the Committee recognized this problem and invited Ms. Bar-Cohen to relate her personal experience in caring for her father. These difficulties are widespread.

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

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

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

2. Minimize the paperwork: Many providers are hesitant to advocate with these agencies or the Claims Conference due to repetitive and endless forms that follow a request, often without light at the end of the tunnel.
3. Home care/ assisted living/nursing homes: Elderly survivors with multiple illnesses and functional limitations who are isolated at home with no family to assist should be entitled to 24 hour home care and options for low cost assisted living facilities. There are no reasonably priced, subsidized, assisted living care facilities geared towards the dietary and psycho-social needs of survivors. In addition for those who require nursing home, that do not have Medicaid, the rates are unaffordable and should be subsidized for this population.
4. Mental health services: We need to train and have easily accessible mental health counsellors , social workers , psychologists and psychiatrists who understand the issues facing both first and second generation survivors , whose services are financially accessible (sliding scale or free). These services are not currently or very minimally covered by health care insurance. Transportation costs need to be covered and in many cases the counsellors need to go into the patients' homes.
5. Companionship: There needs to be a centralized effort to develop regional availability of both volunteer and paid friendly visitors who are educated in the special issues of both first and second generation survivors.
6. Special Programs: A cadre of special programs around holidays, summertime should be available – a week in the Catskills with dietary laws adhered to etc.... Many survivors are all alone on Jewish holidays, have no celebrations or any moments of joy.
7. Advocacy: There needs to be regional access to health care providers, lawyers etc. who are willing to both treat and advocate for survivors and participate in establishing goals of care and act on their behalf . Financial support for these services should be subsidized.
8. Second Generation Plans: This requires an assessment of the scope of the financial, psycho-social and medical needs of this generation. There will need to be programs, support networks and services set up and accessible to address their needs.

Doing the Math to Properly Analyze Recent German Home Care Announcement

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Data on Survivors Living in Poverty

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Insurance Companies' Responsibility

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Survivors' Care Remains Germany's Responsibility

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

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

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

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

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

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

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



HOLOCAUST SURVIVORS' FOUNDATION - USA

December 11, 2007

Her Excellency Dr. Angela Merkel, MdB
Federal Chancellor
Bundeskanzleramt
Willy-Brandt-Straße 1
10557 Berlin
Germany

Dear Chancellor,

We write this letter with admiration for the direct and humane manner in which you have conducted your high office since being elected.

We are an alliance of over 50 Holocaust survivor organizations from across the United States, formed nearly a decade ago to represent and help those survivors among us who are suffering terribly and receiving little or no help in their battle against poverty.

We are approaching you now after reading of the public disagreements over the provision of funds for aging Holocaust survivors whose urgent needs are not being met. Whether the funds meant to help survivors are being hidden and hoarded for other purposes, or whether those entrusted with the allocation of these precious resources simply underestimated the amounts required to provide dignity and healthcare for survivors into the 21st century, the result is the same. It is tragic and unacceptable.

It is common knowledge that survivors in the United States are very unhappy with how survivor-related funds have been spent in the past. It is painfully obvious to us that in far too many instances resources are not going to the living survivors who are in need.

We are also distressed at the reaction, reflected in recent media reports, of many in Germany who wrongly feel that any efforts to seek additional funding to care for aged, needy survivors are simply another attempt to "fleece" your country. We are saddened that such a harsh attitude prevails in the face of the indisputable fact that survivors suffer from catastrophic medical and psychological conditions as a direct result of the horrors they suffered during the Holocaust. In fact, Madam Chancellor, as we are sure you know, these conditions are intensified by the normal aging process and require much more care and intervention than previously imagined.

Yet, no funds are forthcoming to deal with the very real and painful situation of tens of thousands of survivors living in poverty in this country and around the world. They did not do this to themselves. It was done to them willfully and relentlessly, as history has shown.

We dissent with those who take the position that governmental agencies and public resources in other countries, provinces or states pay for the required care of survivors, thereby diverting funds for care of the general aging population in the U. S. or elsewhere. Although the German government admits publicly that it has a continuing direct responsibility to survivors of the Shoah, this moral obligation has not been effectively implemented.

"JUSTICE AND DIGNITY FOR SURVIVORS"

PHONE (305) 231-0221 EXT. # 243

4200 DISCAYNE BLVD MIAMI, FL 33137-3279
EMAIL: contact@hsf-usa.org

FAX (305) 231-4242

Member Organizations
(Partial List)

Amer. Assn. of Jewish Holocaust
Survivors of Greater Boston

Assn. of Holocaust Survivors from
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CANDLES, Terre Haute, IN

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Child Survivors/Hidden Children of
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Clubs in South Florida

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Organizations of So. California

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Survivors of the Holocaust of
New Mexico

Tikkvah Achshav #achshav,
San Francisco

HOLOCAUST SURVIVORS' FOUNDATION -- USA

Page 2

We urge you to take a personal responsibility in addressing these pressing challenges by assigning a person in your office to coordinate efforts to provide the necessary funds for Holocaust survivors in need of assistance.

We further propose that your government establish a fund for this purpose, with guaranteed funding to provide a dignified level of care and basic services for all Holocaust survivors, and that you ensure all agencies participating in handling such funds or delivering services recognize the unique physical and emotional needs of survivors, are committed to the efficient and effective delivery of services, and operate in a completely transparent fashion.

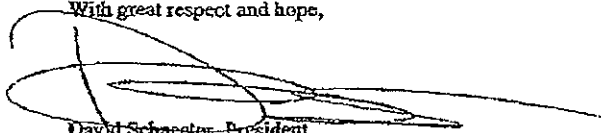
The current framework for addressing the needs of aging survivors, in which the political considerations of unrepresentative and unaccountable organizations overshadow the right of survivors to health and dignity, has not been adequate. The result is, unfortunately, not appropriate for the morally demanding, indeed, sacred responsibility of caring for survivors. We are confident that the overwhelming majority of Holocaust survivors throughout the world would confirm this view.

If the present system had been working properly, there would not have been the huge build-up over the past years resulting in over 80,000 survivors presently living at or near poverty in the U. S., and even more in Israel. No additional proof is needed.

We write, then, to ask for your direct intervention. We are confident that you will recognize these injustices and -- by executive action -- put in place the type of system we propose in cooperation with actual survivors and appropriate agencies. The aging survivors need help quickly and effectively before it is too late! Your actions would be greatly applauded and widely supported.

Naturally, our national organization stands ready to help in this endeavor. I would welcome a call from your office at (305) 231-0221, Ext. 243, and look forward to your written response as well.

With great respect and hope,



David Schneider, President
Holocaust Survivors Foundation-USA, Inc.

Approved by HSF Executive Committee:

Israel Arbeiter, Boston
Nessee Godin, Washington, D.C.
David Mennelstein, Miami
Alex Moskovio, Hobe Sound, FL

Leo Rechter, Queens
Henry Schuster, Las Vegas
Fred Taucher, Seattle
Esther Widman, Brooklyn

Holocaust Survivors' Foundation - USA
Präsident David Schaefer
4200 Biscayne Blvd
MIAMI, FL 33137-3279
USA

HAUSANSCHREIB: Dienstleitz Bonn
Ellenstraße 56, 53119 Bonn
BEARBEITET VON: RD'in Barbara Busch
Referat VB 4
TEL: +49 (0) 1886 682-2708 (oder 682-3)
FAX: +49 (0) 1886 682-2508
E-MAIL: Barbara.Busch@bmi.finance.de
TELEF: 898645
DATUM: 21. Februar 2008

BETREFF: Wiedergutmachung nationalsozialistischen Unrechts

BZNR: Ihr Schreiben vom 11. Dezember 2007

OZ: VB 4 - O 1470/08/0002

DEK: 2008/0090097

(zu Antwort Nr. OZ und NOC ansetzen)

Sehr geehrter Herr Schaefer,

vom Bundeskanzleramt wurde ich als innerhalb der Bundesregierung für Fragen der Wiedergutmachung zuständiges Fachressort gebeten, Ihr Schreiben vom 11. Dezember 2007 zu beantworten.

Zu meinem Bedauern muss ich Ihre Forderung nach Einrichtung eines Homecare-Fonds, der seit langem auch von der Jewish Claims Conference (JCC) sowie von der israelischen Regierung gefordert wird, ablehnen.

Es ist zwar richtig, dass bei höherer Lebenserwartung die Pflegebedürftigkeit zunimmt. Dies gilt jedoch nicht nur für Holocaust-Überlebende, da die Pflegebedürftigkeit in der Regel nicht verfolgungs-, sondern altersbedingt ist. Die jeweils - und auch von der amerikanischen Holocaust Survivors' Foundation - aufgeführten typischen Krankheitsbilder (z.B. verstärktes Auftreten von Osteoporose) sind auf die Mangelernährung im Kindesalter zurückzuführen, unter der weite Teile der Bevölkerung Europas gelitten haben. NS-Verfolgten, die durch verfolgungsbedingte Gesundheitsschäden Pflegeleistungen benötigen, wird nach dem Bundesentschädigungsgesetz Hilfe geleistet. Ferner unterstützt die Bundesregierung im Rahmen des Artikel 2-Abkommens mit der JCC Einrichtungen, die Pflegeleistungen für Holocaust-Opfer

erbringen. In den Jahren 1993 bis 2007 sind insgesamt 52,9 Mio. € im Rahmen der Institutionellen Förderung der JCC zur Verfügung gestellt worden. Im Rahmen der Stiftung „Erinnerung, Verantwortung und Zukunft“ sind zudem an die JCC 114 Mio. € für humanitäre Zwecke gezahlt worden. Eine weitergehende Finanzierung von Pflegeleistungen ist von Seiten der Bundesregierung nicht vorgesehen.

Die Bundesregierung ist darüber hinaus nicht für unzureichende Sozialsysteme anderer Staaten verantwortlich.

Hierfür bitte ich um Verständnis.

Mit freundlichen Grüßen

In: Auftrag
Barbara Busch

Beglaubigt



Carsten

[TRANSLATION]

Mailing address: Bundesministerium der Finanzen – Postfach [illegible], Bonn

Holocaust Survivors' Foundation – USA
David Schaecter, President
4200 Biscayne Blvd
MIAMI, FL 33137-3279
USA

[illegible]

HANDLED BY

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Barbara.Busch@bmf.bund.de
388645
February 21, 2008

RE **COMPENSATION FOR NATIONAL SOCIALIST ILLEGALITY**

REF. Your letter of December 11, 2007

No. **V B 4 _ 1470/08/0002**

DCK **2008/0090087**
(please mention in correspondence with [illegible])

Dear Mr. Schaecter:

I have been asked by the office of the Federal Chancellor, as the person responsible for questions of compensation within the Federal Government, to respond to your letter of December 11, 2007.

I regret that I must deny your claim for establishment of a Homecare Fund, which has been requested for a long time also by the Jewish Claims Conference (JCC) as well as the government of Israel.

Although it is true that with longer life expectancies, the need for care is increasing, this does not apply only to Holocaust survivors, since the need for care is, as a rule, not caused by persecution, but by age. The typical disease picture mentioned – also by the American Holocaust Survivors' Foundation – (e.g., increased occurrence of osteoporosis) are not due to the malnutrition in childhood that was suffered by large parts of the population of Europe. Those persecuted by the Nazis who need care services for health damage caused by persecution, will be provided with assistance according to the Federal Compensation Law. Furthermore, the Federal Government supports providing care services for Holocaust victims within the framework of article 2 of the agreement with the JCC

[line illegible]

institutions. In the years 1993 through 2007, a total of 52.9 million € was made available within the framework of institutional support for the JCC. Within the framework of the "Remembering, Responsibility, and Future" Foundation, 114 million € were also paid to the JCC for humanitarian purposes. More extensive financing of care services is not planned by the Federal Government.

Moreover, the Federal Government is not responsible for inadequate social systems of other states.

I request your understanding of this.

With friendly greetings,

by assignment,

Barbara Busch

Certified

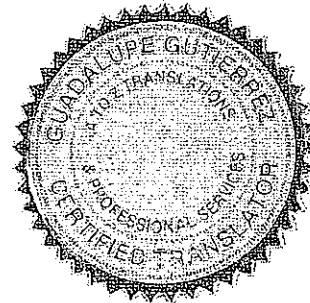
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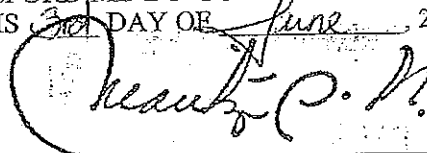
STATE OF FLORIDA)
) SS
COUNTY OF MIAMI-DADE)

BEFORE ME, A NOTARY PUBLIC IN AND FOR THE STATE OF FLORIDA AT
LARGE, PERSONALLY APPEARED MRS. GUADALUPE GUTIERREZ, A CERTIFIED
TRANSLATOR FOR AND ON BEHALF OF A TO Z TRANSLATIONS & PROFESSIONAL
SERVICES CORP., WHO, AFTER BEING DULY SWORN, DEPOSES AND SAYS THAT THE
PRECEDING IS A TRUE AND CORRECT TRANSLATION INTO ENGLISH OF THE
ATTACHED DOCUMENT(S) IN GERMAN AND THAT THE TRANSLATOR IS COMPETENT
TO TRANSLATE FROM THE FOREIGN LANGUAGE INTO ENGLISH.


Guadalupe Gutierrez

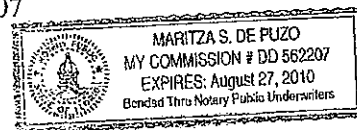


SWORN TO AND SUBSCRIBED BEFORE ME BY GUADALUPE GUTIERREZ, WHO IS
PERSONALLY KNOWN TO ME, THIS 3rd DAY OF June, 2008.



NOTARY PUBLIC, STATE OF FLORIDA
AT LARGE

Name: Maritza S. de Puzo
Commission No. DD 562207
Expires: August 27, 2010





HOLOCAUST SURVIVORS' FOUNDATION - USA

Holocaust Survivors Foundation USA Response to German Government Home Care Funding Announcement

June 2013

Member Organizations (Partial List)

Amer. Assn. of Jewish Holocaust
Survivors of Greater Boston

Assn. of Holocaust Survivors from
Former USSR, Los Angeles

C.A.N.D.L.E.S., Terre Haute, IN

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Recovery Project, Seattle

Survivors of the Holocaust of
New Mexico

Tikvah Acharay Hashoah,
San Francisco

The Holocaust Survivors Foundation USA has for many years urged Congress and the Administration to propose real, provably workable and comprehensive solutions to put an end the inconsistent and inadequate solutions of the past which have kept so many thousands of survivors locked in poverty all these decades! NOW is the historic moment for a truly comprehensive, informed, and just solution to the issues causing so much suffering among Holocaust survivors today.

Reality Check About Recent Claims Conference-Germany Home Care Announcement. In May, 2013, the Germany announced that it would supply \$800 million in home care funding through the Claims Conference for the years 2014-2017. Unfortunately, a simple analysis shows that even this seemingly large amount of money is NOT a sufficient response to the problems facing indigent survivors in need of home care. Considering this is a worldwide fund, and the number of survivors that are supposedly served every year and the cost of home care, etc., the facts show that the home care funding announced will address only a small fraction of survivors' actual home care needs.

As President Obama is fond of saying, do the math. According to the Claims Conference announcement, the home care funds provided by Germany will be \$182 million in 2014. It also says that 56,000 survivors per year are served via the Claims Conference with these German funds. <http://www.claimscon.org/?url=negotiations-05-13>. Keep in mind that this 56,000 number does not include many thousands of other survivors who have not been getting any assistance, whether because they are on waiting lists due to lack of funds, or hidden in the shadows and not coming forward to seek help because of the lack of funds, or out of pride, etc. But they must become an integral part of this calculus too.

That being said, the math shows how these dollar figures, while sounding large, are pitifully inadequate: If you divide \$182 million by the present number to be served of 56,000 survivors, the result is \$3,250 in home care funding per survivor for 2014. In South Florida, home care costs about \$15 per hour, so \$3,250 would pay for 216 hours of home care. The average survivor in South Florida, who is in her 80s, needs at least 15 hours of home care per week, and most need much more. Just going with the average, the 2014 budget will pay for less than 15 weeks per year of the average survivors' home care needs. What is the survivor supposed to do the other 37 weeks every year? What about the states like New York and others where proper home care costs more than \$15 per hour?

"JUSTICE AND DIGNITY FOR SURVIVORS"



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The cost of home care in Europe and Israel is comparable to the U.S., and even in Eastern Europe and the former Soviet Union home care is more expensive than one would assume. For example, in the Hungarian Gold Train settlement administration, the data showed that in Hungary, "home care," defined as cleaning, shopping, and cooking, cost \$9.53 per hour in 2010. "Home nursing," such as rehabilitation and physical therapy, cost \$11.89 per hour in 2010.

However one does the calculation, the conclusion is obvious -- \$3,250 per year is a drop in the bucket compared to the actual home care needs of survivors worldwide.

Here is another important number: some 50,000 survivors live below or near the poverty line. According to the Claims Conference in 2010, the number in Israel was 74,000, and in the former Soviet Union there were 90,000 survivors living in poverty. Granted, every survivor does not need home care today, but compare the 56,000 currently receiving home care funding to the 50,000 poor survivors in the U.S. alone, much less the 234,000 living in poverty worldwide, and divide the funding levels announced, and you can see that the one billion dollar sum spread over the next four years is NOT remotely sufficient for home care for survivors. Let's not forget that emergency services (food, medicine, medical care, dental care, hearing aids, eyeglasses, rent and utility subsidies, transportation, etc.) are equally important and MUST be funded adequately as well, and which is also not remotely the case today.

Familiar Pattern. The May 2013 announcement is not made on a blank slate. It is at least the third such announcement in the past 5 years, beginning in June 2008, and each was presented with great fanfare and gave the impression of an unbelievable magnitude of dollars for home care for survivors. But when you peel away the numbers, with each successive announcement, the annual amount of home care funding raised substantially, which proves the true failure of previous negotiations to address the actual scope of the survivors' home care needs. (This issue was addressed by HSF counsel Samuel J. Dubbin in his 2008 Senate Foreign Relations Committee testimony and answers to Committee questions, at pages 5-11.) When you consider how paltry the actual impact of the "huge" numbers announced this week is, you have to ask how many survivors suffered without the care they needed and died lacking the dignity they deserved over the entire preceding decade?

At least, this is the way the survivors view the current and past announcements. Forget the fanfare and the press releases – do the math. Unfortunately, these announcements and the surrounding hype continually derail serious investigations or analyses of the resources actually obtained, and habitually blunt movement for more effective results.



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San Francisco

In 2007, HSF asked German Chancellor Merkel to dedicate a permanent source of funding to guarantee assistance for all survivors in need – just as Chancellor Adenauer promised in the 1950s. Her government responded with a truly terrible letter saying essentially that it isn't Germany's fault that the U.S. doesn't have comprehensive health care, or that old people have diseases like osteoporosis. This correspondence is attached, including the response after six months from what appears to be a low level bureaucrat. Pressure from survivors has caused this situation to improve, but not nearly enough.

In 2011, we wrote to Secretary of State Clinton seeking Stuart Eizenstat's dismissal as "Special Advisor for Holocaust Issues" because of his conflict of interest as a Claims Conference official. In that letter, we noted among other issues the harm that has been caused by the Claims Conference's periodic begging and scraping for increases in funding, resulting in grand announcements but leaving thousands of survivors without the help they need (pages 6-7 of HSF letter). The 2013 announcement is more of the same, and tens of thousands of survivors will continue to suffer because too many policymakers will assume these "grand" numbers will do the job. They won't.

Objections to Older Americans Act Amendments. The same principle applies to the proposed amendments to the Older Americans Act and the Jewish Federations recent press release touting that plan. They imply – wrongly – that Holocaust survivors are asking for help from the U.S. government or U.S. taxpayers for kosher food when so many needy Americans are losing their benefits, so many injured U.S. veterans are not getting the financial or medical care they deserve, and the sequester has caused even more pain and suffering across the land. This is not what survivors are seeking.

We survivors have consistently demanded that Germany, and culpable companies like Allianz, Generali, and other insurers, provide the necessary funds for the care of those survivors now living in poverty. This is the proper allocation of responsibility, and it is also consistent with the commitment made in the 1950s by German Chancellor Adenauer, who promised to care for survivors to their last breaths because of the horrors the predecessor German government inflicted. The facts on the ground prove this promise has not been kept. However, the hype behind the Federation legislation would let Germany off the hook despite its historic role as perpetrator causing the lifelong personal, medical, and emotional suffering and poverty among survivors.

Further, what amount of funding is actually proposed with this amendment? How many survivors would be helped if it passes? Has anyone seen these numbers? These questions should be the subject of Congressional inquiry.

"JUSTICE AND DIGNITY FOR SURVIVORS"



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Tikvah Acharay Hashoah,
San Francisco

Survivors do not want to be associated with a special pleading bill and a public grab for U.S. taxpayer funds, or a plea to private Jewish philanthropy. Survivors know that the aging U.S. baby boom population is and will in the future place enormous demands on the American taxpayer and Treasury. (10,000 baby boomers in the U.S. turn 65 every day.) They also understand that local Jewish communities are stretched to care for others including other Jewish elderly who deserve tzedekah from the community.

All of this fanfare only serves to obscure the widespread suffering and damage that remains unaddressed, which leads us back to the point that the HSF leadership have been trying to make all these years.

As outlined above, the announced "\$1 billion breakthrough" is really meaningless unless it is placed in the context of the actual needs worldwide, and the facts show the amounts are far too small. This comes as no surprise when you juxtapose the above math with the admissions made by Reuven Merhav of the Claims Conference and Herbert Block of the JDC in a March 2013 email, that the Prague Conference mechanism had achieved no progress at all since 2009 on the issue of survivors' needs:

After over three years of existence, and with a promising beginning of a fine declaration and a well-worded declaration with the EU, our pages are quite empty; no point in repeating what had been said time and again, but [the institute's] chief aim was certainly not [to] arrange conferences, in which XX countries will compare notes and design desirable goals, without making practical operational measures and the financial means necessary to accomplish them. . . .

These facts all reflect the lack of seriousness and urgency that the reigning organizations have devoted to the life-and-death problems of Holocaust survivors in need. Survivors and our families do not trust the Claims Conference for these and other reasons – including its outrageous spearheading of the effort to deny our legal rights to enforce family insurance policies which is very important for us survivors. .

Proposed Solution. The HSF is urging the survivors' Congressional allies, and the White House, to raise these facts with German Chancellor Merkel, and make a concrete and solemn proposal that Germany and the insurers such as Generali, Allianz, AXA, and others commit to an immediate, comprehensive, and permanent funding stream for all vital services for Holocaust survivors who need the assistance, before thousands more are forced to suffer further indignities solely because they were simply damned to be born Jewish in Europe in the early 20th Century. The amounts it would cost would be minimal compared to Germany's resources -- but would provide a vital lifeline to survivors who need it.

"JUSTICE AND DIGNITY FOR SURVIVORS"



HOLOCAUST SURVIVORS' FOUNDATION - USA

Member Organizations (Partial List)

Amer. Assn. of Jewish Holocaust
Survivors of Greater Boston

Assn. of Holocaust Survivors from
Former USSR, Los Angeles

C.A.N.D.L.E.S., Terre Haute, IN

Child Survivors of Arizona

Child Survivors/Hidden Children of
The Holocaust

Coalition of Holocaust Survivor
Clubs in South Florida

Council of Nazi Holocaust Survivor
Organizations of So. California

Habonim Cultural Club, Miami

Holocaust Child Survivors &
Friends of Greater Hartford

Holocaust Survivors Club of
Boca Raton

Holocaust Survivors of
Greater Detroit

Holocaust Survivors of
Greater Pittsburgh

Holocaust Survivors of
South Florida

Holocaust Survivors Group of
Southern Nevada

Houston Council of
Jewish Holocaust Survivors

The Jewish Holocaust Survivors &
Friends of Greater Washington

Jewish Survivors of Latvia, Inc.
New York

National Assn. of Jewish Child
Holocaust Survivors, Inc.

New American Jewish Social Club,
Miami

New Cracow Friendship Society,
New York

Survivors of Atlantic City, NJ

Survivors of the Holocaust Asset
Recovery Project, Seattle

Survivors of the Holocaust of
New Mexico

Tikvah Acharay Hashoah,
San Francisco

The responsible course of action today is a new, independent effort that Germany (and the insurers and others) would commit the funds needed for comprehensive care to be transferred en bloc to HHS for distribution to responsible, certified local care-giving agencies, using structured tight overhead scales. This was done with the Soviet Jewry immigration model that has been successful for 25 years. We know this can work since a similar smaller matching grant program between HHS and Jewish Federations was very successful having been created by our colleague Mark Talisman, when aid was needed for the resettlement of Soviet Jews in the '70s & '80s. (Of course HSF supports a commitment by Germany for survivors in other countries.)

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

Needless to say this was not achieved in the intervening 16 years. The grandstanding, irrational peripatetic bi-annual announcements of the results of the Claims Conference-German secret negotiations have got to stop as the means of caring for survivors once and for all. It should be replaced by the serious solution sought by the survivors who have pleaded for this for nearly 15 years of agony and endless suffering and inability to lift their brothers and sisters in need into a reasonably comfortable and dignified quality of life, and having watched as so many survivors died in agony these past 15 years. The above suggested process is the only way once and for all to set the process right and kill poverty among their ranks before it is too late.

The next step could be a Congressional investigation and hearings - perhaps a joint House-Senate hearing -- conducting a comprehensive analysis of the conditions of survivors in the U.S., a detailed explanation of how and where the recently announced \$1 billion in home care funding will be spent, along with an accounting of the expenditures under past programs of the Claims Conference and the Swiss Bank settlement expenditures of over \$200 million, of which 75% was allegedly used for needy Nazi victims in the Former Soviet Union, etc. Some inquiry into the structure, operations, policies, program management, and expenditures of the Claims Conference is also needed - either directly by Congressional committees or perhaps via the General Accountability Office.

January 10, 2014

Holocaust Survivor Needs

Prepared by Barbara Paris, MD, FACP

Vice-Chair Medicine & Director of Geriatrics

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

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

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

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

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

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

Summary points:

- 1 Coordination of services: Although there are many agencies that provide various "pieces of the pie" (Self-help, JASA, Met council, Bikur Holim) there is no coordinated effort or umbrella that can help a health care provider, patient or family coordinate all of these agencies, easily access their services and assure that the patient's needs are being met by a combination of these services. There is no central way for a given provider, patient or family to even know what array of services currently exist for survivors in a given neighborhood.
2. Minimize the paperwork: Many providers are hesitant to advocate with these agencies or the Claims Conference due to repetitive and endless forms that follow a request, often without light at the end of the tunnel.
3. Home care/ assisted living/nursing homes: Elderly survivors with multiple illnesses and functional limitations who are isolated at home with no family to assist should be entitled to 24 hour home care and options for low cost assisted living facilities. There are no reasonably priced, subsidized, assisted living care facilities geared towards the dietary and psycho-social needs of survivors. In addition for those who require nursing home, that do not have Medicaid, the rates are unaffordable and should be subsidized for this population.
4. Mental health services: We need to train and have easily accessible mental health counsellors , social workers , psychologists and psychiatrists who understand the issues facing both first and second generation survivors , whose services are financially accessible (sliding scale or free). These services are not currently or very minimally covered by health care insurance. Transportation costs need to be covered and in many cases the counsellors need to go into the patients' homes.
5. Companionship: There needs to be a centralized effort to develop regional availability of both volunteer and paid friendly visitors who are educated in the special issues of both first and second generation survivors.
6. Special Programs: A cadre of special programs around holidays, summertime should be available -- a week in the Catskills with dietary laws adhered to etc.... Many survivors are all alone on Jewish holidays, have no celebrations or any moments of joy.
7. Advocacy: There needs to be regional access to health care providers, lawyers etc. who are willing to both treat and advocate for survivors and participate in establishing goals of care and act on their behalf . Financial support for these services should be subsidized.

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

Addendum:

Cases:

Case 1

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

Case 2

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



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Prepared for Jack Rubin

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Introduction

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

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

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

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

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

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

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

SUMMARY CONCERNS AND ISSUES WITH CURRENT FUNDING

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

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

Concerns and Issues with current funding:

- A survivor may not receive MORE than a total of 25 hours a week of in-home care.
- The average number of hours provided to a survivor is 16 per week, determined by a comprehensive professional assessment.
- A professional *diagnostic tool* is used to assess the need for in-home care for each survivor. This tool “scores” the CURRENT (snapshot) needs of the survivor and determines the number of in-home hours of care, per week. If there is a sudden change in functioning of the survivor, a re-assessment can be performed, which most likely will change the score and thus more hours; although STILL only up to a total maximum of 25 hours a week.
- The capacity and ability to “secure” additional hours for a survivor would be helpful when there is an *emerging* medical/psychiatric situation, where it would be helpful to be more proactive and establish additional hours to *mitigate* against such crises from occurring.
- Of those we currently serve, approximately 25% (40-45 clients) could benefit from **more than** the maximum 25 hours allowable– to keep them in their own homes for as long as possible – alleviating the emotional distress of inappropriate placement in more costly skilled care facilities
- Proactive in-home care to caregivers by providing respite and support would be critical to alleviate a health crisis or caregiver burnout
- For those who live alone – additional hours for socialization and monitoring would mitigate against the isolation and It is recognized that, “social isolation has been linked to an increased risk for morbidity, mortality, and cardiovascular disease” (Hawkey et al., 2003, Sorkin et al., 2002), and more recently, Wilson et al, 2007 states that “social isolation has been shown to increase risk for dementia and Alzheimer’s disease among older adults”.

NEEDS OF SURVIVORS

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

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

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

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

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

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

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

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

3. CURRENT SITUATION – demographics and description of those we serve:

- We currently have more than 380 open active cases (caseload)
- Forty (40%) percent of our survivors receive in-home care at this time
- Average hours of in-home care (both medical and nonmedical) provided: 16 hours a week
- 70% of those we are currently serving live alone
- 35 % reside with caregivers, at risk themselves for illness and incapacity form the stressors of caregiving
- 75% of our current survivors are female
- It is estimated that of the current home care caseload, 45% could use more hours to “stave off” a crisis from occurring by having greater support in-home

- Approximately 25% of the home care caseload would benefit from more than the maximum number of hours allowable through the grant (maximum of 25 hours a week), to prevent inappropriate institutionalization
- Each year, for the past 5 years, we have opened between 50 and 70 new cases of survivors who need help

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