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HEALTH PROBLEMS AND SOCIOECONOMIC NEEDINESS AMONG JEWISH SHOAH SURVIVORS IN ISRAEL

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EXECUTIVE SUMMARY³

1. For some time, government and non-government organizations in Israel have expressed a desire for more information about Shoah survivors and their needs. This paper aims to present estimates on the number of Shoah survivors in Israel, and the number of needy survivors among them. Different investigators who previously had worked separately collaborated in this report to assist decision makers to develop policy and set priorities for meeting these needs.

2. There are no data available in Israel which encompass a full enumeration of all Shoah survivors and description of their characteristics. Therefore there is a need to rely on sample surveys. The figures presented here reflect a new analysis of existing data especially undertaken for this report. The data are derived from two primary sources:

(1) A large scale national *Survey of People Age 60 and Over* (henceforth the *Israeli Elderly Survey*) conducted by the State of Israel's Central Bureau of Statistics in 1997/98. The survey included interviews with approximately 5,000 people aged 60 and over, who constituted a representative sample of all elderly living in the community in Israeli urban centers. This is the first survey that attempted to identify Shoah survivors within the elderly population. In the analysis we include relevant populations not included in the original survey (such as the youngest cohorts of survivors), and the estimates were updated to include the years that elapsed from 1997/98 through the end of 2003 (mainly based on data on mortality rates and immigration to Israel). The original survey did not include persons born after 1937/38, the rural population, and persons in institutions. These omissions amount to a considerable under-count of Shoah survivors. Moreover, significant immigration – especially from the Former Soviet Union (FSU) – contributed to augment the Shoah survivor population in Israel during the intervening period.

³The authors gratefully acknowledge the comments and suggestions to a draft of the present paper by Dr. Leonard Saxe, Professor of Social Policy and Management at the Heller School and Director of the Cohen Center for Modern Jewish Studies, Brandeis University. The authors solely bear responsibility for the contents of this paper. This paper is dedicated to the memory of Dorit Tal who, as a Senior Demographer with Israel's Central Bureau of Statistics, made important contributions to the study of the elderly and Shoah survivor populations in Israel. Dorit Tal was born in 1945 in a Displaced Persons camp next to Auschwitz, and died in 2002 in Jerusalem.

(2) A national study on *The Effect of Financial Hardship on the Living Conditions of the Elderly*. This study was conducted between March and May 2003 and included interviews with 644 elderly individuals. The study was conducted by a joint team of researchers from the Myers-JDC-Brookdale Institute and the Israeli Ministry of Health. For the purposes of this report, special analysis was conducted on the needs of the Shoah survivors identified in the study. While this study is based on a much smaller sample than the *Israeli Elderly Survey*, it does support the findings of the survey carried out in 1997/98.

3. The *Israeli Elderly Survey* and the study on *The Effect of Financial Hardship on the Living Conditions of the Elderly* included questions about the respondents' experiences during the Shoah (i.e. having lived in a country that was under the Nazi regime or direct Nazi influence). In addition, *The Israeli Elderly Survey* documented where the respondent had lived between 1933 and 1945. This facilitates estimating the number of Shoah survivors, and learning about their situation and needs. We estimate the size of Shoah survivors currently living in Israel according to various alternative criteria for inclusion. This approach was chosen in the light of a lack of consensus about criteria for inclusion, namely the relevant geographical framework of countries of origin. Public discourse, and to a large extent policies for social assistance of survivors, have tended to identify the Shoah as a European phenomenon. Evaluations of survivor population size have consequently tended to focus on these European populations. Recently, it has been argued that the population should include Southern and Eastern Mediterranean (SEM) countries; therefore estimates of the size of survivors among these countries have been presented.⁴

4. We estimated the total number of Shoah survivors living in Israel in 2003 at approximately 326,900 including Jews who at that time were in Europe only. If Jews living in allied Southern and Eastern Mediterranean (SEM) countries are included, the estimated number of Shoah survivors rises to 429,600. These figures do **not** include up to

⁴DellaPergola, S., *Neediness among Jewish Shoah Survivors: A Key to Global Resource Allocation* (Jerusalem: The Hebrew University and the Jewish People Policy Planning Institute, 2004); Tighe, E.; Saxe, L.; Hecht, S.; Hahn, A., *Assessment of Methods to Quantify Neediness Among Jewish Nazi Victims*. Report prepared for the Honorable Edward Korman, Chief Judge, Eastern District of New York, April 28, 2004 (Waltham, Mass.: Brandeis University, 2004).

14,600 survivors born in 1945.

5. Criteria for the assessment of neediness in the Israeli context considered in this paper include: physical and mental health conditions, being poor or near-poor, and problems with housing. The frequency of problems related to each of these criteria was assessed separately and in various combinations. In Israel, all elderly, including new immigrants, are eligible for a basic pension benefit from Israel's Social Security, and some Holocaust survivors are eligible for economic assistance from the Treasury. The poverty estimates in this report are based on the net income from all sources including social security old age pensions, other sources of cash governmental assistance, reparation payments and special support for Holocaust survivors, and work related pensions. The data on housing problems present the situation after taking into account all kinds of support provided, thus it reflects the problems that have not been addressed. In contrast, the data on health problems and disability are indicators of need and do not represent absolute estimates of unmet needs. Israel has universal health insurance and a national program for the provision of long-term care services in the community. These systems however, do not fully address health needs and needs arising from disability.

6. The poverty level defined as half of the median income or less was statistically determined at a monthly individual income of up to 1,389 Shekels (at 1998 prices), or \$402. This amounts to a daily income of \$13. Near-poverty was determined at a level of up to 2,774 Shekels, or \$804. Under the prevailing cost of living in Israel, persons with such income levels have great difficulties in meeting basic needs such as food, heating, and utilities.

7. Immigration from the FSU was a significant factor associated with rising levels of neediness among Israeli Shoah survivors. In fact, the majority of the Jews of the FSU who left between 1989 and 2003 settled in Israel. Israel therefore inherited the burden of having to provide social assistance to a very large group of FSU immigrants who were Shoah survivors.

8. Based on estimates drawn from the *Israeli Elderly Survey*, in 2003 out of the total Shoah survivors in Israel, 75,200, excluding those from SEM countries, or 98,000 including those from SEM countries, lived below the poverty line. Of these, 50,000

immigrated from the FSU since 1990. The combined number of indigent Shoah survivors living below or near the threshold of poverty (25% above poverty line) was 137,300 excluding SEM countries, or 176,100 including SEM countries. Of these, 89,000 immigrated from the FSU since 1990. The number of survivors who were below or near the threshold of poverty and also had problems with physical/mental health and/or housing problems was 94,800 excluding SEM countries, and 124,600 including SEM countries, of whom 57,000 were recent immigrants from the FSU. The following chart shows the main findings of the present report:

JEWISH SHOAH SURVIVORS IN ISRAEL BY NEEDINESS LEVELS

Type of Problem	Estimated Total Shoah Survivors in Israel		Thereof: Immigrated from the FSU 1990+
	With SEM ^a	Without SEM ^a	
Total Number in 1997/98	362,900	283,000	92,800
Adjusted Number in 2003 ^b	429,600	326,900	118,000
Poor	98,800	75,200	50,000
Poor/near-poor	176,100	137,300	89,000
Thereof: Poor/near-poor <u>who also have</u> problems in physical/mental health <u>and/or have</u> housing problems	124,600	94,800	57,000

a.SEM = Southern and Eastern Mediterranean countries.

b.Source: *Israeli Elderly Survey*. Not including up to 14,600 survivors born in 1945.

9. Further indicators of neediness among Shoah survivors in Israel, gauged from different sources, include the following:

SELECTED NEEDS OF SHOAH SURVIVORS IN ISRAEL

Type of Problem	With SEM		Without SEM	
	% of Survivors	Estimated Number	% of Survivors	Estimated Number
Cannot afford the cost of calling or visiting their children ^a	20	86,000	16	52,300
Face food insecurity ^{a,b}	18	77,300	13	42,500
Must choose between food and other basic needs ^a	25	107,400	25	81,725
Need assistance in heating the apartment in winter ^{a,c}	34	146,000	32	104,600
Were found eligible for the Swiss Fund for Needy Victims of the Holocaust ^d		n.a.	38	124,000

a. Source: Berg-Warman, A., and Brodsky, J., *The Effect of Financial Hardship on the Living Conditions of the Elderly* (Jerusalem: Myers-JDC-Brookdale Institute, 2004) and special analysis on Holocaust Survivors, conducted for this report.

b. Food insecurity means insufficient food and inappropriate nutrition due to financial difficulties. The estimate includes individuals facing *severe food insecurity* (7%) that is reflected in difficulty ensuring not only appropriate balance of foods, but insufficient quantity of food; and individuals facing *moderate food insecurity* (11%) that is reflected in difficulties in being able to afford appropriate and balanced meals, and a smaller percentage of this group reports problems of inadequate quantity of food.

c. Includes individuals that report that their apartment is sometimes, often or always too cold in the winter.

d. Source: Swiss Fund for Needy Victims of the Holocaust/Shoa, *Final Report* (Bern: 2002). The criterion for inclusion was living below the poverty level. Further details appear below in this report.

10. As a test of coherence of the data, we note that the number of Israeli Shoah survivors who were found eligible by the Swiss Fund for the Needy⁵ falls within the range of types and levels of neediness estimated in the present report. The Swiss figure is slightly lower than our assessment of Shoah survivors who live in Israel and who are poor or near-poor. The Swiss report did not include eligible people from SEM countries. The methods to compute the numbers of needy survivors were entirely different and independently obtained in each report.

⁵Swiss Fund for Needy Victims of the Holocaust/Shoa, *Final Report* (Bern: 2002).

11. The following chart provides a synopsis of the new estimates prepared for this report in comparison with previously presented estimates of Shoah survivors in Israel.

ESTIMATES OF SHOAH SURVIVORS IN ISRAEL, VARIOUS SOURCES, 1997-2003

Survivors Estimate	With SEM	Partial SEM	Without SEM
Brodsky, DellaPergola, 2005^a	429,600		326,900
DellaPergola, 2004^b	508,000		388,000
Tighe, Saxe et al., 2004^c		365,000- 385,000	
Ukeles, 2003^d	-		265,000
Ukeles, 2000^e	-		340,150
Notice Plan, 2000^f	-		300,000
Spanic, 1997^g	-		370,000

a. Based on 1997/98 *Israeli Elderly Survey*, higher estimate, updated 2003. Not including up to 14,600 survivors born in 1945.

b. DellaPergola, S., *Neediness among Jewish Shoah Survivors: A Key to Global Resource Allocation* (Jerusalem: The Hebrew University and the Jewish People Policy Planning Institute, 2004).

c. Tighe E., Saxe L., Leavitt T., Hecht S., Hahn, A., *Assessment of Methods to Quantify Neediness Among Jewish Nazi Victims*, Report Prepared for the Honorable Edward Korman, Chief Judge, Eastern District of New York (Waltham, Mass.: Brandeis University, April 28, 2004). Includes SEM survivors that declared they were in countries under Nazi occupation or in countries that were Nazi ruled.

d. Ukeles Associates Inc., *An Estimate of the Current Distribution of Jewish Victims of Nazi Persecution*, (New York: 2003). The report was published by the International Commission on Holocaust Era Insurance Claims [ICHEIC]

e. Ukeles, J. (consultant), *A Plan for Allocating Successor Organization Resources*, Report of the Planning Committee, Conference on Jewish Material Claims Against Germany (New York: 2000).

f. Gribetz, J., Reig, S.C., *Special Master's Interim Report on Distribution and Recommendation for Allocation of Excess and Possible Unclaimed Residual Funds*, Annex C (New York: 2003).

g. Spanic, E., Factor, H., Strominski, V. *Shoah Survivors and Their Number Today* (Jerusalem: 1997) (Hebrew).

1. BACKGROUND

1.1 This paper aims to present estimates on the number of Shoah survivors in Israel, and the number of needy survivors among them. Investigators who previously had worked separately collaborated in this report to assist decision makers in developing adequate responses to address their needs.

1.2 This paper focuses exclusively on data and estimates concerning the Jewish Shoah survivor population living in Israel. The approach is micro-social and principally relies on the 1997/98 *National Israeli Survey of People Aged 60 and Over*. The *Survey* included interviews with approximately 5,000 people aged 60 and over, who constituted a representative sample of all elderly people living in the community in Israeli urban centers. The estimates strive to take into account certain subpopulations that were not included in the original survey (namely, individuals that were younger than 60 in 1997, individuals living in long-term care institutions, and those living in villages with fewer than 2,000 people). The estimates were updated to December 31, 2003 (mainly based on mortality rates and immigration). In the following pages, we shall present estimates of the number of Shoah survivors in Israel based on alternative definitions. Moreover, we shall present new estimates of the number of needy survivors, based on alternative criteria for defining neediness. The health-related and socioeconomic dimensions of neediness will be analyzed separately and in various combinations. This will provide new estimates of different possible thresholds of neediness. By combining different geographical definitions of Shoah survivors, and different definitions of neediness, a matrix will emerge of the size and characteristics of various alternative population groups in Israel who share the combined criteria of Shoah survivorship and neediness. These data may assist the development of policy and setting priorities for meeting these needs.

2. SOURCES OF DATA

2.1 The database for the present evaluation mostly derives from two sources. One is a representative national *Survey of People Age 60 and Over* conducted by the State of Israel's Central Bureau of Statistics (CBS) in 1997/98 (in the following: the *Israeli Elderly Survey*). A second source is a national study on *The Effect of Financial Hardship on the Living Conditions of the Elderly*, conducted between March and May 2003. The study was conducted by a joint team of researchers from the Myers-JDC-Brookdale Institute and the Israeli Ministry of Health.

2.2 The *Israeli Elderly Survey* is a large-scale study of a representative sample of the Israeli population. The survey included interviews with approximately 5,000 people aged 60 and over, who constituted a representative sample of all elderly people living in the community in Israeli urban centers. The survey did not include residents of institutions, residents of rural areas (e.g., *kibbutzim* and *moshavim*), or persons born after 1937/38. The study is based on a thorough investigation of a wide range of relevant personal, socioeconomic, and health issues. The survey questionnaire is very detailed and extends over 49 printed pages. The study is unique in that it was the first one to investigate, among other things, whether the status of "Shoah survivor" applied to the interviewees. This is not common practice in Israeli social surveys.

2.3 *The Effect of Financial Hardship on the Living Conditions of the Elderly* is a national study conducted among a representative sample of 1,490 households, using a structured questionnaire. As part of the survey, interviews were conducted with residents of Israel age 21 and over (not including those in hospitals or institutions). In order to facilitate a separate analysis of the elderly population, households of elderly were reinforced in the sample. Interviews were conducted with 644 people age 65 and over (in households with an elderly resident) representing a total of about 445,000 households with an elderly resident. Four areas were studied: housing conditions, loneliness, the treatment of selected health problems, and food security. This study also included questions that enable identification of Shoah survivors, namely if the respondent had lived in one of the countries occupied by or under the direct influence of the Nazi regime,

or had fled slightly before, or during, the Nazi occupation from a one of the regions that were occupied by Nazi regime. While this study is based on a much smaller sample than the *Israeli Elderly Survey*, it does support the findings of the survey carried out in 1997/98.

2.4 This is not the place to discuss the general validity of sample surveys as reliable sources of information about the characteristics of a population. In usual demographic research practice full population enumerations are confined to periodical population censuses, undertaken in most countries once every ten years. The frequency of Israeli population censuses has been somewhat lower (once every 11 to 13 years). Censuses are very expensive and usually cover a rather limited range of variables. Sample surveys provide a more efficient way to collect data on topics that are not usually covered in population censuses. Sample surveys, while on some accounts somewhat less accurate than full population enumerations, are nonetheless a universally accepted tool for description and inference – provided they are conducted with standard techniques by reliable bodies. Good sample surveys provide data of high reliability.

2.5 The *Israeli Elderly Survey*, conducted by the *Israeli Central Bureau of Statistics*, provides the most reliable picture possible, within the technical limits already noted, and with provision of the necessary corrections further discussed below. One well known characteristic of sample surveys is that they come accompanied by a set of criteria about the amount of statistical error that pertains to each estimate. This margin of error is known in advance. Each individual finding can be taken as the central value of a range of possible values between the upper and lower boundaries of a few percentage points of variance, as appropriate to the respective combinations of sample sizes and relevant proportions of the total. If the sample size is sufficiently large, as in this case, such statistical errors are quite minor and do not interfere with the robustness of the findings, thus allowing for scholarly interpretation and inference.

2.6 The need to use a database now several years old is explained by the lack of a more recent database including the same or similar social, economic, and health information for individual respondents based on a large-scale survey. It is an accepted practice in the social sciences to use the best data available to investigate a given topic. In

this case the survey at hand constitutes both the most recent and the most reliable source on the topic of interest. It is also common practice to adjust the available data through appropriate corrections and integrations when such adjustments are required because of the time that has elapsed since data collection, or because of the incomplete initial coverage of the target population, or because of any other imperfections that do not invalidate the source.

2.7 Procedures were implemented by the authors to adjust the original data set of the *Israeli Elderly Survey* taking into account (a) the changes that have occurred between 1998 and 2003, and (b) the uneven coverage of the target population in the initial source of data. Such adjustments take into consideration the relevant age cohorts initially not included, the rural areas originally not included, the arrival of new immigrants from relevant countries and in relevant age groups between 1997/98 and the end of 2003, and the effect of mortality rates in the intervening period. The basis for the update is the annual estimates produced by Israel's CBS of the population by age, gender and immigration.

3. ASSESSMENT OF NEEDINESS IN THE ISRAELI CONTEXT

3.1 Within the limits of the available sources of data, we can identify a number of health related and socioeconomic dimensions of neediness. In the first place, however, we point to a number of demographic characteristics that may have a direct or indirect relationship to, or may likely overlap with neediness. These include:

- (a) Aging, especially belonging to the so called old-old segment of population (aged 75 and over);
- (b) Living alone;
- (c) Having no or very few children – hence no natural source of emotional and economic support within the proximate family.

3.2 Physical and mental health problems focus primarily on the following:

- (a) Problems related to the ability to perform activities of daily living (ADL), namely washing, dressing, eating, sitting, getting into bed, and mobility inside the home;
- (b) Problems related to nursing care;
- (c) Problems related to hearing, vision, or chewing;
- (d) Problems related to physical health and requiring specialist care, such as dentistry, orthopedics (e.g., osteoporosis; broken hip);
- (e) Problems related to mental health such as depression and sleep disorders;
- (f) A frequent feeling of loneliness;
- (g) A negative appraisal of one's own health status;
- (h) Problems related to mobility outside the home.

3.3 Socioeconomic problems:

- (a) Problems related to low income, namely living at levels of poverty or near-poverty. In Israel, poverty is defined as the level of income equivalent to 50% of the median net income per standard person. For example, according to the

National Insurance Institute, in 1997, the poverty line for a household with one person was 1,315 Shekels monthly, and in 1998 it was 1,389 Shekels (equivalent to \$402, or \$13 per day). The *Israeli Elderly Survey* provides grouped income data. Therefore, all households with a monthly income up to 1,389 Shekels were considered below the poverty line. All those with an income between 1,390 and 2,774 Shekels (\$402-\$804, or \$13-27 per day) in households of two people were also considered under the poverty line. Those living alone with an income between 1,390 and 2,774 Shekels were considered near-poor. Under the prevailing cost of living in Israel, persons with such low income levels have great difficulties at meeting basic needs related to food supply, heating of their apartments, and paying bills.

- (b) Problems related to housing, namely broken windows or shutters, large cracks, wet walls or ceilings or leaks in winter, and problems with pipes or sewage.

3.4 Israel has a National Social Security System that aims at transferring resources from the better off to the needier. Without it, poverty levels in Israel would be more striking and widespread than they actually are. It is imperative to understand that for the purposes of the present study, the levels of income reported took into account all kinds of income, **including** transfer payments from the State. In contrast, the data on health problems and disability are indicators of need and do not represent estimates of unmet needs. Israel has universal health insurance and a national program for the provision of long-term care services in the community. These systems however, do not fully address health needs and needs arising from disability.

3.5 In updating the 1997/98 data to the end of 2003, we need to review the changes in Israel's economic situation during the intervening period. The years until 2000 witnessed economic growth and rising average standards of living. Since the last months of 2000, the new political circumstances generated an economic recession in Israel.⁶ Nonetheless, in considering possible changes in the *proportion* of the households headed by elderly persons in Israel living under the poverty line we note no differences between 1997/98

⁶Kop, Y. (ed.) *Resource Allocation to Social Services* (Jerusalem: The Taub Center for Israel Social Policy Studies, 2004) (Hebrew).

and 2003. According to the National Insurance Institute, the same percentage of the elderly households – about 22% – were living under the poverty line both in 1997/98 and in 2003.⁷ Considering, however, that Israel experienced three consecutive years of declining average income levels, the absolute real income associated with the statistical measure of poverty adjusted for inflation, declined by some 6%.

3.6 In the following we review the frequency of each of the conditions mentioned above among Shoah survivors in Israel, thus providing a range of the different measures of neediness. We first describe the incidence of the selected characteristics and conditions. We then translate those percentages into estimates of the absolute numbers of people involved. We provide specific data on the conditions of the survivors who immigrated to Israel from the FSU since 1990.

⁷*Annual Survey, 2003* (Jerusalem: National Insurance Institute, 2003).

4. ESTIMATED NUMBER OF SHOAH SURVIVORS LIVING IN ISRAEL: ALTERNATIVE INCLUSION CRITERIA

4.1 We estimate the size of the population of Shoah survivors currently living in Israel according to various alternative criteria for inclusion. This approach is followed in the light of a lack of consensus among expert demographers and decision makers about criteria for inclusion in the concept of “Shoah survivor” – namely the relevant geographical framework of countries of origin. Public discourse, and to a large extent policies for social assistance of survivors, have tended to identify the Shoah as a European phenomenon. Evaluations of survivor population size have consequently tended to focus on these European populations. Recently, it has been argued that SEM countries should be included, and estimates of the size of survivors among these groups have been presented.^{8,9,10}

4.2 The following variables were used to identify the population of Shoah survivors in the *Israeli Elderly Survey*:

- (a) the respondent's country of birth;
- (b) his or her date of immigration to Israel;
- (c) his or her ever having lived in a country that was under the Nazi regime or direct Nazi influence; and
- (d) where the respondent had lived between 1933 and 1945.

In the original analysis of the *Israeli Elderly Survey* data, the definition of a Shoah survivor was an individual who reported to have lived in one of the countries occupied by or under the direct influence of the Nazi regime at any time between 1933 and 1945 for

⁸For extensive discussion, see DellaPergola, S., *Review of Relevant Demographic Information on World Jewry*. Report submitted to The International Commission on Holocaust Era Insurance Claims (Jerusalem: The Hebrew University and the Jewish People Policy Planning Institute, 2003).

⁹DellaPergola, S., *Neediness among Jewish Shoah Survivors: A Key to Global Resource Allocation* (Jerusalem: The Hebrew University and the Jewish People Policy Planning Institute, 2004)

¹⁰ Tighe, E., Saxe, L., Leavitt, T., Hecht, S., Hahn, A., *Assessment of Methods to Quantify Neediness Among Jewish Nazi Victims*. Report prepared for the Honorable Edward Korman, Chief Judge, Eastern District of New York, April 28, 2004 (Waltham, Mass.: Brandeis University, 2004).

those of European origin and for those of non-European (Southern and Eastern Mediterranean – SEM) origin up to the year 1943. Also included in this population was anyone who had fled slightly before, or during, the Nazi occupation (that is, “displaced persons” – all of whom are from FSU countries).¹¹

4.3 In this report, to estimate more adequately the projected size of the total population of Shoah survivors in Israel by December 31, 2003, we used the original *Israeli Elderly Survey* data, and added other relevant populations not included in that survey.¹² The updating and integration included the following population groups:

(a) People who in 1997 had not yet reached the age of 60 and therefore were not included in the CBS survey. For those of European origin, we based the estimate of Shoah survivors who were 53-59 years old in 1997 (born 1938-1944) on the rate of Shoah survivors among those aged 60-64 included in the survey rather than on those aged 60 and over. This is because it stands to reason that the proportion of survivors among them would be more similar to the proportion of survivors among those aged 60-64 than the proportion among older survivors.¹³ In this paper we assume that the rate of those 53-59 years old in 1997 is the same as among those aged 60-64. If it is less, then this will lead to an overestimate. On the other hand, it should be noted that survivors born in 1945 are not included in these estimates because of the procedure followed in data processing, which therefore leads to an underestimate. Including those born in 1945 would add an additional 14,600 survivors assuming the rate of

¹¹ Brodsky, J., Be'er, S., and Shnoor, Y., *Holocaust Survivors in Israel: Current and Projected Needs for Home Nursing Care* (Jerusalem: JDC-Brookdale Institute, 2003).

¹²The estimated number of Shoah survivors after 1997 took into account mortality rates, by age and gender. We would note that although we did not use separate rates for immigrants and non-immigrants, we did construct such a model in order to assess the range of sensitivity of using separate rates. However, it yielded almost no differences in the results. Therefore, the findings presented are based on a model that uses uniform rates of mortality for immigrants and non-immigrants.

¹³In Brodsky et al. (2003) we considered alternative assumptions, namely, that the proportion of Shoah survivors among those aged 53-59 would range between 25% and 100% of the rate of Shoah survivors among those aged 60-64. The rationale for assuming a lower rate for those aged 53-59 was based on two factors: First, that only a small percentage of infants and toddlers survived the Shoah; and second, people in this age group were unlikely to have been displaced persons – that is, to have fled shortly before or during Nazi occupation. In this paper, we use the “high” estimate assuming that the proportion of Shoah survivors among this cohort would be 100% of (that is, identical to) the rate among people aged 60-64. That is because this figure is supported by the data based on CBS population estimates by country of origin, age and date of immigration to Israel. Findings based on the “low” estimate assuming that the proportion of Shoah survivors among this cohort would be 25% of the rate among people aged 60-64 are presented in the Brodsky et al. (2003) report.

survivors among them is the same as among those aged 60-64, or 3,700, assuming the rate of survivors among them is 25% of the rate among those aged 60-64.

- (b) For individuals of non-European (SEM) origin, we estimated the number of those who were 54-59 years old in 1997 (born 1938-1943 – the end of the Nazi regime in those countries).
- (c) We estimated the number of immigrants from the FSU who arrived in Israel after 1997 and until the end of 2003 based on CBS population estimates. The number of survivors among them was calculated based on the assumption that the proportion of survivors would be similar (by age and gender) to that found among immigrants from the FSU who had arrived in Israel prior to 1997.
- (d) We also included people who live in the rural sector, that is, in Israeli villages with fewer than 2,000 residents. The number of survivors among them was calculated on the basis of the assumption that the proportion of survivors would be similar (by age and gender) to that among the urban population. This may tend to underestimate the actual survivor population, since several *kibbutzim* and *moshavim* in Israel were either founded by survivors or took in a significant share of survivors among their members.
- (e) People who reside in institutions were excluded from the original survey. To update the survey, we used available institutionalization rates of elderly by origin,¹⁴ and assumed that the proportion of Shoah survivors among them would be similar (by age and gender) to that among the non-institutionalized elderly.

4.4 The adjustments to the 1997/98 data have different impacts on the estimate of Shoah survivors in 2003. The death rate among an elderly population can be substantial and it leads to a decline in size. The main counteracting effect comes from continuing immigration to Israel, especially from the FSU, which raises population numbers. Including the younger age group (born after 1937/38), is also a major factor which increases the Shoah survivor population.

¹⁴See Be'er, S., *A National Census of Long-term Care Institution Residents, 2000, and Trends in the Institutionalization Patterns of the Elderly, 1983-2000*. RR-4-29-04. (Jerusalem: JDC-Brookdale Institute, 2004) (Hebrew).

4.5 Table 1 presents a synopsis of the number of Shoah survivors living in Israel on December 31, 2003, according to four alternative geographical definitions:¹⁵

- (a) All relevant European and non-European SEM countries, including Morocco, Algeria, Tunisia, Libya, Syria, and Lebanon;
- (b) As above, without Syria and Lebanon;
- (c) As above, including among those born in non-European SEM countries only individuals who explicitly stated they were survivors;
- (d) Only European countries; for this option, we also indicate the estimated number of survivors new immigrants from the FSU (that immigrated since 1990).

As shown in Table 1, the number of estimated Shoah survivors living in Israel at the end of 2003 according to the different inclusion criteria is 326,900 applying the most minimalist criterion (d); 347,500 applying criterion (c) (a difference of 20,600); 422,200 applying (b) (a further difference of 74,700); and 429,600 applying the maximal criterion (a) (a further difference of 7,400).¹⁶ To these should be added up to 14,600 survivors born in 1945.

4.6 A further issue of considerable relevance in the present context concerns the estimate of survivors from the FSU who immigrated to Israel. The assistance and allocation of resources to survivors from the FSU who now live in Israel is of special concern in view of the fact that – because of the political circumstances that prevailed until 1989 – this group was neglected in the past by comparison to other groups of survivors. According to Tolts, since the end of 1989, large-scale emigration from the FSU has generated a transfer of the majority of documented FSU Jewry to other countries, with Israel by far as their prime destination.¹⁷

4.7 Between 1989 and 2003, more than 1,550,000 ex-Soviet Jews and their non-Jewish household members migrated to countries outside the FSU. Most of this

¹⁵It will be noted that the birth year 1945 was not included in the estimates of those born in Europe. Consequently the figures reported below underestimate the true numbers of survivors.

¹⁶As noted, omitting the 1945 cohort.

¹⁷For detailed estimates on the number of Jewish populations in the Former Soviet Union, USA and other countries, see: Tolts, M., *Demographic Trends of the Jews in the Former Soviet Union (Final Report - Fifth Year of Study)* (Jerusalem: Division of Jewish Demography and Statistics, The A. Harman Institute of Contemporary Jewry, The Hebrew University of Jerusalem, 2004).

movement (about 952,000, or approximately 61 percent) was directed toward Israel, whereas the rest was divided mostly between the U.S. and Germany. Of all FSU immigrants to Israel since 1990, only about 7 percent left Israel without returning to it by the end of 2002.¹⁸

4.8 A substantial number of the FSU immigrants were Shoah survivors (according to the organizations providing assistance to survivors and to the definitional requirements in this study). In 1997/98, according to the *Israeli Elderly Survey*, there were an estimated 92,773 Jewish Shoah survivors in Israel who were born in the FSU and had immigrated since 1990. A correction taking into account both survey omissions (of the youngest cohorts), and the continuing immigration of the last several years puts the total estimated number of FSU Shoah survivors who had immigrated since 1990 at 118,000 in 2003. In 2003, the total number of persons originating from the FSU, including the non-Jewish members of the households, who were 58 and over (born up to 1945), and lived in Israel was 255,100. As a consequence any problems that had accumulated in the FSU in relation to health and/or socioeconomic status were transferred to Israel. Thus, the recent arrivals of new elderly immigrants have increased the social burden on those who absorb them. In addition, the stress that typically accompanies the early stages of immigrant absorption – namely the split of families between migrants and non-migrants, or between migrants to Israel and migrants elsewhere – is likely to produce negative effects on the mental and health status of the immigrants. On the other hand, they benefit from improved medical and social care.

¹⁸Adler, S., “Emigration among Immigrants from the Former Soviet Union Who Immigrated between 1.1.89 and 31.12.02” (Jerusalem: State of Israel, The Ministry of Immigrants Absorption, 2004) (Hebrew).

TABLE 1. ESTIMATED NUMBER OF JEWISH SHOAH SURVIVORS BY ALTERNATIVE INCLUSION CRITERIA, ISRAEL, 31.12 2003

Inclusion criteria	Estimated number in 1997/98	Estimated number in 2003^a	Difference in 2003
<p style="text-align: center;">(A)</p> 1) Individuals who lived in European countries occupied by Nazi regime up to the year 1945 2) Individuals who had fled slightly before, or during, the Nazi occupation (from countries occupied by the Nazi regime) 3) All non-Europeans who lived up to the year 1943 in the following countries: Morocco, Algeria, Tunisia, Libya, Syria, Lebanon Total	362,939	429,600	(A) – (B) 7,400
<p style="text-align: center;">(B)</p> 1) Individuals who lived in European countries occupied by Nazi regime up to the year 1945 2) Individuals who had fled slightly before, or during, the Nazi occupation (from countries occupied by the Nazi regime) 3) All non-Europeans who lived up to the year 1943 in the following countries: Morocco, Algeria, Tunisia, Libya Total	355,536	422,200	(B) – (C) 74,700
<p style="text-align: center;">(C)</p> 1) Individuals who lived in European countries occupied by Nazi regime up to the year 1945 2) Individuals who had fled slightly before, or during, the Nazi occupation (from countries occupied by the Nazi regime) 3) Non-Europeans who identified themselves as survivors Total	299,341	347,500	(C) – (D) 20,600
<p style="text-align: center;">(D)</p> 1) Individuals who lived in European countries occupied by Nazi regime up to the year 1945 2) Individuals who had fled slightly before, or during, the Nazi occupation (from countries occupied by the Nazi regime) Total Thereof: FSU immigrated 1990+	282,968 92,773	326,900 118,000	(D) – (Zero) 326,900

a. Source: 1998/98 *Israeli Elderly Survey* updated to 2003. The figures do not include people born in 1945, numbering up to 14,600. The figures are based on a "high estimate" of survivors from European countries (see footnote 13). If we were to use the "low estimates" the figures will be the following: row A=367,700; B=360,300; C=285,600; D=265,000.

5. NEEDINESS PROFILES OF SHOAH SURVIVORS IN ISRAEL

5.1 As noted above, in 1997/98 the Israel CBS undertook the *Israeli Elderly Survey*. Some of the results were analyzed in previous reports.¹⁹ We focus here on the characteristics of Shoah survivors among the total elderly. One general observation is that the characteristics of the Shoah survivors tend to remain relatively stable regardless of the different geographical criteria for inclusion adopted. An exception is the group of FSU immigrants whose profiles significantly differ from the others. In an Appendix, we provide a table summarizing major socio-demographic, economic and health characteristics of Shoah survivors.

5.2 Table 2 shows the frequency of health problems, of income and housing problems and of the combinations among them. According to the original data of the *Israeli Elderly Survey*, approximately 40% of the survivors were poor or near-poor (23% were poor, that is had an income below the poverty line, and 18% were near-poor, that is had an income of some 25% above poverty line (see rows 1-3 in Table 2). Approximately 30% experienced housing problems²⁰ (see row 4). Approximately 40% of the survivors experienced physical or mental health problems,²¹ with minor differences according to their geographical definition (see row 5). FSU survivors who immigrated since 1990 had noticeably higher percentages with poor economic conditions.

5.3 Another level of neediness is obtained by combining poverty or near-poverty in terms of income with the simultaneous presence of mental or physical health impairments and or housing problems (see rows 6-8 in Table 2). The combination of being poor and having problems in physical/mental health and/or housing problems (see row 6 in Table 2) reaches 16-17% of the survivors (but 27% of the FSU immigrant survivors). The proportion of near-poor with these additional problems (see row 7) reaches 13% of the

¹⁹Brodsky, J., Be'er, S., and Shnoor, Y., *Holocaust Survivors in Israel: Current and Projected Needs for Home Nursing Care* (Jerusalem: JDC-Brookdale Institute, 2003).

²⁰Have at least one of the following problems: broken windows or shutters, large cracks, wet walls or ceiling or leaks in winter, problems with pipes or sewage.

²¹Have at least one of the following problems: feel alone frequently, subjective appraisal of health as bad, disabled in mobility outside the home (cannot go out without help or homebound), disabled (cannot perform without help) activities of daily living (ADL), visited a mental health clinic during past six months, reported depression during past six months, suffered a hip fracture.

survivors (but 22% of FSU immigrant survivors). Consequently the proportion of poor or near-poor with multiple problems (see row 8) reaches 29% of the survivors (but 48% of the FSU immigrant survivors).

TABLE 2. PERCENT OF JEWISH SHOAH SURVIVORS WITH SELECTED COMBINATIONS OF HEALTH AND SOCIOECONOMIC PROBLEMS BY ALTERNATIVE INCLUSION CRITERIA, CBS SURVEY OF JEWISH POPULATION 60+, 1997/98

	Type of problem	(A) Origin: Europe, Morocco, Algeria, Tunisia, Libya, Syria, Lebanon	(B) Origin: Same as (A) without Syria and Lebanon	(C) Origin: Europe & non- European that identified themselves as survivors	(D) Origin: Europe	(E) Thereof: FSU immigrated 1990+
	N. in 1997/98	362,939	355,536	299,341	282,968	92,773
1	Poor ^a	23	23	23	23	42
2	Near-poor ^b	18	18	19	19	33
3	Poor/Near-poor ^c	41	41	42	42	75
4	Housing problems ^d	29	30	28	28	35
5	Physical/mental health problems ^e	41	41	39	38	40
6	<u>Poor and multiple problems:</u>					
	Poor <u>and</u> problems in physical/mental health	13	13	12	12	19
	Poor <u>and</u> housing problems	9	9	9	8	14
	Poor <u>and</u> problems in physical/mental health <u>and/or</u> housing problems	17	16	16	16	27
7	<u>Near-poor with Multiple problems:</u>					
	Near-poor <u>and</u> problems in physical/mental health	10	10	10	10	15
	Near-poor <u>and</u> housing problems	6	6	6	6	12
	Near-poor <u>and</u> problems in physical/mental health <u>and/or</u> housing problems	13	13	13	13	22

	Type of problem	(A) Origin: Europe, Morocco, Algeria, Tunisia, Libya, Syria, Lebanon	(B) Origin: Same as (A) without Syria and Lebanon	(C) Origin: Europe & non- European that identified themselves as survivors	(D) Origin: Europe	(E) Thereof: FSU immigrated 1990+
8	<u>Poor/near-poor with Multiple Problems:</u>					
	Poor/near-poor <u>and</u> problems in physical/mental health	23	23	22	22	34
	Poor/near-poor <u>and</u> housing problems	15	15	15	14	25
	Poor/near-poor <u>and</u> problems in physical/mental health <u>and/or</u> housing problems	29	29	29	29	48

Source: *Israeli Elderly Survey*.

a. Under poverty line. The estimate of those under poverty line is based on the assumption that all of those with an income up to 1,389 Shekels are under poverty line (up to 24.3% of average wage) and all those in households of 2 people with an income up to 2,774 Shekels are under poverty line (up to 38.9% of average wage). These assumptions are based on the poverty line in 1997 according to number of standard persons in a household, *Annual Survey, 1997/98* (Jerusalem, National Insurance Institute: 1998).

b. Estimate of those that are not under the poverty line, but have an income up to 2,774 Shekels – 50% of average wage (have an income of around 25% above poverty line).

c. Includes both those under poverty line (row 1 in Table 2) and the near-poor (row 2 in the Table).

d. Have at least one of the following problems: broken windows or shutters, large cracks, wet walls or ceiling or leaks in winter, problems with pipes or sewage.

e. Have at least one of the following problems (list of 7 items): feel alone frequently, subjective appraisal of health as bad, disabled in mobility outside the home (cannot go out without help or homebound), disabled (cannot perform without help) in activities of daily living (ADL), visited a mental health clinic during past six months, reported depression during past six months, suffered a hip fracture.

5.4 An estimate of the absolute number of Shoah survivors with the various dimensions of neediness can be obtained by applying the percentages of neediness as obtained from the 1997/98 survey to the updated estimates of the survivors by the end of 2003. In Table 3 we apply the percentages in Table 2 to the absolute numbers based on the estimates shown in Table 1. These estimates are based on the assumption that the specific rates of neediness did not change during the projected period between 1997/98 and 2003.

5.5 The number of Shoah survivors below the threshold of poverty is estimated to be between 75,000 (without SEM countries) and 99,000 (with SEM countries) (see row 1 of Table 3). In addition, between 62,000 (without SEM) and 73,000 (with SEM) can be defined as near-poor (see row 2 in Table 3). Thus, between 137,000 (without SEM) and 176,000 (with SEM) are poor or near-poor (see row 3 in Table 3).

5.6 According to the level of neediness as defined by the combination of poverty or near-poverty with the simultaneous presence of mental or physical health impairments and/or housing problems, between 95,000 (without SEM countries) and 125,000 (with SEM countries) Shoah survivors would qualify (see bottom part of row 8 in Table 3).

5.7 The high diffusion of neediness among survivors from the FSU living in Israel must be stressed once again. FSU survivors constitute roughly one third of the total of European survivors in Israel, but they usually constitute half or more, and on some accounts much more, of the total needy survivors from Europe.

TABLE 3. ESTIMATED NUMBERS OF JEWISH SHOAH SURVIVORS WITH SELECTED COMBINATIONS OF HEALTH AND/OR SOCIOECONOMIC PROBLEMS BY ALTERNATIVE INCLUSION CRITERIA, CBS SURVEY OF JEWISH POPULATION 60+ ADJUSTED AND UPDATED TO DECEMBER 31, 2003^a

	Type of problem ^b	(A) Origin: Europe, Morocco, Algeria, Tunisia, Libya, Syria, Lebanon	(B) Origin: Same as (A) without Syria and Lebanon	(C) Origin: Europe & non- European that identified themselves as survivors	(D) Origin: Europe	(E) Thereof: FSU immigrated 1990+
	N. in 2003^c	429,600	422,200	347,500	326,900	118,000
1	Poor	98,800	97,100	79,900	75,200	49,600
2	Near-poor	77,300	76,000	66,000	62,100	38,900
3	Poor/Near-poor	176,100	173,100	145,900	137,300	88,500
4	Housing problems	124,500	126,700	97,300	91,500	41,300
5	Physical/mental health problems	176,100	173,100	135,500	124,200	47,200
6	<u>Poor and multiple problems:</u>					
	Poor <u>and</u> problems in physical/mental health	55,800	54,900	41,700	39,200	22,400
	Poor <u>and</u> housing problems	38,700	38,000	31,300	26,200	16,500
	Poor <u>and</u> problems in physical/mental health <u>and/or</u> housing problems	73,000	67,600	55,600	52,300	31,900
7	<u>Near-poor with Multiple problems:</u>					
	Near-poor <u>and</u> problems in physical/mental health	43,000	42,200	34,700	32,700	17,700
	Near-poor <u>and</u> housing problems	25,800	25,300	20,800	19,600	14,200
	Near-poor <u>and</u> problems in physical/mental health <u>and/or</u> housing problems	55,800	54,900	45,200	42,500	26,000

	Type of problem ^b	(A) Origin: Europe, Morocco, Algeria, Tunisia, Libya, Syria, Lebanon	(B) Origin: Same as (A) without Syria and Lebanon	(C) Origin: Europe & non- European that identified themselves as survivors	(D) Origin: Europe	(E) Thereof: FSU immigrated 1990+
8	<u>Poor/near-poor with Multiple Problems:</u>					
	Poor/near-poor <u>and</u> problems in physical/mental health	98,800	97,100	76,400	71,900	40,100
	Poor/near-poor <u>and</u> housing problems	64,400	63,300	52,100	45,800	29,500
	Poor/near-poor <u>and</u> problems in physical/mental health <u>and/or</u> housing problems	124,600	122,400	100,800	94,800	56,600

Source: *Israeli Elderly Survey* updated to 2003.

a. These estimates are based on the assumption that the specific rates of neediness did not change during the projected period, that is between 1997/98 and 2003.

b. See footnotes to Table 2.

c. Not including up to 14,600 survivors born in 1945.

5.8 Some further estimates of neediness may be gauged from other general surveys that have covered the Israeli elderly. A special analysis prepared for this report based on a recent survey²² of unmet needs among Israeli elderly indicated that 34% of survivors (with SEM countries) or 32% of survivors (without SEM countries) report their apartment is too cold in winter²³. If we relate this percentage to the Shoah survivors estimated in the present report, the equivalent absolute figure of those in need of winter relief would be 104,600 (without SEM countries) and 146,000 (with SEM countries). By the same token, 25% of the Holocaust survivors (both, with and without SEM countries) reported that they must choose between food and other basic needs, corresponding to 81,700 survivors (without SEM) and 107,400 (with SEM); 13% (without SEM countries) and 18% (with SEM countries) reported that they face food insecurity²⁴, corresponding to 42,500 (without SEM) and 77,300 (with SEM); and 16% (without SEM) and 20% (with SEM) reported that they cannot afford the cost of calling or visiting their children, corresponding to 52,300 survivors (without SEM) and 86,000 (with SEM).

5.9 Summing up, Table 3 presents a matrix of estimates by combining various definitions of the survivor population, and various levels of health and socioeconomic neediness. The data in Table 3 and the further data discussed in this paper present a good example of what policy decision makers generally require: a range of relevant options out of which they will single out the one they deem the more appropriate based on their own definitional and allocation criteria.

²²Berg-Warman, A., Brodsky, J., *The Effect of Financial Hardship on the Living Conditions of the Elderly* (Jerusalem: JDC-Brookdale, 2004).

²³ Includes individuals that report that their apartment is sometimes, often or always too cold in the winter.

²⁴ Food insecurity means insufficient food and inappropriate nutrition due to financial difficulties. The estimate includes individuals facing *severe food insecurity* (7%) that is reflected in difficulty ensuring not only appropriate balance of foods, but insufficient quantity of food; and individuals facing *moderate food insecurity* (11%) that is reflected in difficulties in being able to afford appropriate and balanced meals, and a smaller percentage of this group reports problems of inadequate quantity of food.

6. CONCLUSIONS

6.1 This paper has reviewed the main direct sources of information on Israel’s elderly population combining information about Shoah survivorship with health and socioeconomic neediness. Pre-existing estimates were updated and certain subpopulations that were not included in the previous analysis were added. The following chart provides a synopsis of the new estimates prepared for this report in comparison with previously circulated estimates of Shoah survivors in Israel.

TABLE 4. ESTIMATES OF SHOAH SURVIVORS IN ISRAEL, VARIOUS SOURCES, 1997-2005

Survivors Estimate	With SEM ^a	Partial SEM ^a	Without SEM ^a
Brodsky, DellaPergola, 2005^b	429,600		326,900
DellaPergola, 2004^c	508,000		388,000
Tighe, Saxe et al., 2004^d		365,000- 385,000	
Ukeles, 2003^e	-		265,000
Ukeles, 2000^f	-		340,150
Notice Plan, 2000^g	-		300,000
Spanic, 1997^h	-		370,000

a.Southern and Eastern Mediterranean countries.

b.Based on 1997/98 *Israeli Elderly Survey*, higher estimate, updated 2003. Not including up to 14,600 survivors born in 1945.

c.DellaPergola, S., *Neediness among Jewish Shoah Survivors: A Key to Global Resource Allocation* (Jerusalem, The Hebrew University and the Jewish People Policy Planning Institute: 2004).

d. Tighe, E., Saxe L., Leavitt, T., Hecht, S., Hahn, A., *Assessment of Methods to Quantify Neediness Among Jewish Nazi Victims*, Report Prepared for the Honorable Edward Korman, Chief Judge, Eastern District of New York. (Waltham, Mass.: Brandeis University, April 28, 2004). Includes SEM survivors that declared they were in countries under Nazi occupation or in countries that were Nazi ruled.

e.Ukeles Associates Inc., *An Estimate of the Current Distribution of Jewish Victims of Nazi Persecution*, (New York: 2003). The report was published by the International Commission on Holocaust Era Insurance Claims [ICHEIC]

f.Ukeles, J. (consultant), *A Plan for Allocating Successor Organization Resources*, Report of the Planning Committee, Conference on Jewish Material Claims Against Germany (New York: 2000).

g.Gribetz, J., Reig, S.C., *Special Master’s Interim Report on Distribution and Recommendation for Allocation of Excess and Possible Unclaimed Residual Funds*, Annex C (New York: 2003).

h.Spanic, E., Factor, H., Strominski, V., *Shoah Survivors and Their Number Today* (Jerusalem: 1997) (Hebrew).

6.2 In evaluating the numbers submitted in the present report it should be appreciated that the intervening aging process normally experienced by any population group – in this case elderly Shoah survivors – can only produce in the course of time a worsening of the frequencies of various health problems, probably also negatively affecting the socioeconomic sphere.

6.3 It is interesting and significant to note that the Swiss Fund for Needy Victims independently located 124,000 Shoah survivors in Israel that were eligible for economic support (not including SEM countries).²⁵ This figure basically fits with the central values within the range of Shoah survivorship neediness estimated in the present report – that is, the number of Shoah survivors that are poor or near-poor and have other additional health or housing problems (see bottom of row 8, in Table 3). The Swiss data were based on the evaluation of individual applications, whereas our study independently evaluated the best available survey data.

6.4 The conclusions reached from this new analysis of the evidence bring new insights to the previous efforts at assessing the extent of neediness among Shoah survivors in Israel. We believe these new insights will provide helpful support to any future decisions regarding the welfare of Shoah survivors. The data presented in this report are subject to further elaboration that the authors are willing to provide upon request.

²⁵Swiss Fund for Needy Victims of the Holocaust/Shoa, *Final Report* (Bern: 2002). The report specifies the following criteria and procedures: "The Federal Council's Executive Ordinance [...] remains rather general when indicating those potentially falling within the scope of the Swiss Fund beneficiaries. The Fund itself was of the view that persons were victims of the Holocaust if they had been subject to systematic persecution by the Nazis or their allies, the objective of this persecution being to exterminate them. [...] Furthermore, given that this was a humanitarian initiative, only those persons who were in need were eligible for assistance from the Fund. A person was considered as being needy if he or she was living on or below the poverty line." (p. 45). "The vast majority of the beneficiaries spent the modest amounts provided by the Fund to purchase medicine, to obtain medical treatment, to buy food, and to pay their heating bills." (p. 64).

**APPENDIX. SELECTED HOLOCAUST SURVIVORS CHARACTERISTICS
ISRAEL CBS SURVEY OF JEWISH POPULATION 60+, 1997/98 - PERCENTAGES**

Characteristics	Survivors - alternative inclusion criteria				
	(A) Origin: Europe, Morocco, Algeria, Tunisia, Libya, Syria, Lebanon	(B) Origin: Same as (A) without Syria and Lebanon	(C) Origin: Europe and non- European self- identifying as survivors	(D) Origin: Europe	(E) Thereof: FSU immigrated 1990+
N. in 1997/98	362,939	355,536	299,341	282,968	92,773
Demographic and Socioeconomic Characteristics					
Gender					
Men	43	43	42	42	38
Women	57	57	58	58	62
Age					
60-69	43	43	39	38	47
70-79	41	41	44	45	38
80+	16	16	17	17	14
75+	33	33	35	36	27
Years of School					
0-4	16	16	11	9	7
5-8	26	26	26	25	16
9-12	32	31	32	33	25
13+	27	27	32	33	52
Married	60	60	59	58	54
Type of household					
1. Alone	24	24	24	24	10
2. Spouse	44	44	45	45	30
3. Spouse and child	14	14	11	10	14
4. Child no spouse	9	9	9	9	20
5. Other	10	10	11	11	26
No. Children					
0	7	7	8	8	8
1	20	20	24	25	31
2-3	52	53	58	61	57
4+	21	20	11	7	4
Health Problems					
Subjective appraisal of health:					
1. Very good	3	3	3	3	-
2. Good	34	33	33	33	18
3. Not so good	48	48	49	50	65
4. Bad	16	15	15	14	17
Feels lonely frequently	18	18	17	17	18
Vision Problems	32	32	30	30	29
Hearing Problems	27	27	27	27	25
Chewing Problems	30	30	28	27	33
Mobility disabled outside home^a	16	16	14	14	16

Characteristics	Survivors - alternative inclusion criteria				
	(A) Origin: Europe, Morocco, Algeria, Tunisia, Libya, Syria, Lebanon	(B) Origin: Same as (A) without Syria and Lebanon	(C) Origin: Europe and non- European self- identifying as survivors	(D) Origin: Europe	(E) Thereof: FSU immigrated 1990+
Has difficulty <u>or</u> cannot perform one or more of the ADL ^b activities without help	23	23	21	21	23
Cannot perform one or more of the ADL activities without help	9	9	8	8	11
Hospital past 6 months	14	14	14	14	14
Emergency room past 6 months	16	16	17	15	14
Social Worker past year	15	15	16	15	19
Mental Health Clinic past six months	2	2	2	2	2
Family doctor past six months	87	87	87	87	84
Nurse past six months	64	64	62	61	45
Specialist doctor past six months	51	52	52	52	49
Dentist past year	31	31	31	31	27
Reported Depression during past 6 months	12	12	12	12	9
Sleeping problems ^c	84	84	84	84	88
Selected reported health problems:					
Osteoporosis	17	17	17	18	18
Hip fracture	5.5	5.4	5.0	5.1	2.6
Socioeconomic problems					
Income in Shekels^d					
Up to 1,389	12	12	12	12	20
1,390- 2,774	30	30	31	31	55
2,775- 4,159	22	22	21	21	20
4,160- 5,549	12	12	11	11	4
5,550- 8,324	14	14	13	14	1
8,325+	10	10	11	11	-
Problems with apartment^e	29	30	28	28	35

a. Needs assistance of another person/homebound.

b. ADL = washing, dressing, eating, sitting, getting into bed, and mobility inside the home.

c. Takes pills and/or difficulties in getting asleep and/or wakes-up in the middle of night.

d. Level of income of individual + spouse in 1997 @ \$1=3.4513 Shekels: up to 1,389 = individual poverty level = \$402; up to 2,774 Shekels = up to 50% of approximate average wage = \$804; up to 4,159 Shekels = up to 75% of approximate average wage = \$804-\$1,205; up to 5,549 Shekels = up to approximate average wage = \$1,205-\$1,608; up to 8,324 Shekels = up to 50% more than approximate average wage = \$1,608-\$2,412; 8,325 Shekels or more = \$2,412 or more.

e. Have at least one of the following problems: broken windows or shutters, large cracks, wet walls or ceiling or leaks in winter, problems with pipes or sewage.