

## **SOCIAL SAFETY NETS**

### **I. INTRODUCTION**

More than 50 years after the end of World War II, some 830,000 to 960,000 Jewish victims of Nazi persecution are estimated to survive.<sup>1</sup> That number is substantially augmented by the number of surviving Roma, Jehovah's Witness, homosexual and disabled Nazi victims scattered primarily throughout Europe, Israel and the United States. All are at least 55 years of age, most are 65 or over, and some are well into their 80s or 90s.<sup>2</sup> All can anticipate, and many are currently experiencing, the need for supportive services and health care to ease the difficulties that come with increasing age.

As discussed below, in the regions with the largest populations of surviving "Victims or Targets of Nazi Persecution," there are vast disparities in income, medical services and assistance in daily living. Social Security and other government and private pension programs provide the aging populations of Western Europe, Israel and the United States with guaranteed minimum incomes, which generally allow a frugal, but sustainable, standard of living. The elderly in the United States also usually can receive government-supported medical and home health care, which recipients can and sometimes do supplement with private insurance. In Western Europe and Israel, government pension plans combined with publicly-supported or

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<sup>1</sup> See Annex C ("Demographics of 'Victim or Target' Groups").

<sup>2</sup> In re Holocaust Victim Assets Litig., Notice Plan at 6 (E.D.N.Y. April 30, 1999) (the "Notice Plan"); Ukeles Associates, Inc., *Paper #2: An Estimate of the Current Distribution of Victims of Nazi Persecution*, prepared for the Planning Committee of the Conference on Jewish Material Claims against Germany, Inc., (June 28, 2000) (hereinafter, "An Estimate of the Current Distribution of Victims of Nazi Persecution"), at 2-5 to 2-6. The Ukeles estimates were provided to the Special Master in draft form and have not yet been accepted or approved by the Claims Conference Planning Committee or its Board of Directors.

private health insurance provide similar assurance of at least minimally adequate income and health care. While survivors of Nazi persecution in Western Europe, Israel and the United States who rely solely on government entitlements for income and health care live a spare existence, they are usually saved from destitution, and often they have nearby friends or relatives who can provide financial aid, home maintenance and companionship. By dramatic contrast, the lives of the analogous population in the former Soviet Union and many Central and Eastern European nations generally are marked by extreme deprivation of income, medical and social support.

## **II. FORMER SOVIET UNION, CENTRAL AND EASTERN EUROPE**

### **A. The Former Soviet Union**

In the former Soviet Union, “[t]he dismantling and weakening of the welfare state have meant cuts and deterioration in services in health and education – across the board – contributing to the deteriorating human outcomes.”<sup>3</sup>

With the collapse of the Soviet Union, the plight of elderly pensioners in particular has become dire.<sup>4</sup> Approximately 60% of the elderly of the former Soviet Union are impoverished.<sup>5</sup> Dr. Spencer Foreman, President of Montefiore Medical Center, Bronx, New

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<sup>3</sup> Human Development Report 1999, United Nations Development Programme (New York: University Press 1999) (hereinafter, “United Nations Human Development Report”), at 79. *See also id.* at 85 (“In 1997 Russia’s exports to the rest of the world were \$56 billion – and its inflows of foreign direct investment \$6 billion, 30% of the total to the region. But its economic growth was a meager 0.4%.... Wages fell 48%, with the share of wage income down from 74% to 55% and that of rent and other income up almost fourfold, from 5% to 23%”).

<sup>4</sup> The broadest recent studies of the elderly population in the former Soviet Union looked specifically at the Jewish elderly population, but there is no reason to believe that other segments of the elderly population in the former Soviet Union, including other “Victims or Targets of Nazi Persecution,” fare any better.

<sup>5</sup> Spencer Foreman, M.D., Report of findings on annual visits to the FSU, 1996-1999 (December, 1999) (hereinafter, “Foreman”), at 1.

York, traveled to the former Soviet Union in four consecutive years, 1996-1999, to “observe conditions affecting elderly Jews and to assess the JDC’s [American Jewish Joint Distribution Committee] efforts to assist them through its extensive social services network.”<sup>6</sup> Reporting on his observations, Dr. Foreman concluded that while government pensions equivalent to \$25 to \$50 may have been sufficient to support a “bearable” lifestyle under the old Soviet regime, that amount no longer suffices.<sup>7</sup> Following the fall of communism, “Russia’s economic hardships and the collapse of the state-run welfare system have thrown the most vulnerable populations below the poverty line and left many without hope.”<sup>8</sup> Moreover, for people living below the former Soviet Union poverty line – \$30 per month<sup>9</sup> – no government safety nets exist to keep them from the most abject conditions.

As a result, Nazi victims in the former Soviet Union – most of whom have been ineligible for Holocaust compensation or indemnification payments<sup>10</sup> – are among the poorest in the world. Roughly a quarter of the Jewish survivors of Nazi persecution live in the former Soviet Union.<sup>11</sup> One researcher has estimated that 119,000 of these survivors are not just “poor”

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<sup>6</sup> *Id.* at 1.

<sup>7</sup> *Id.*

<sup>8</sup> Lev Krichevsky, *Jewish Centers Offer Safety Net for Elderly in Former Soviet Union*, 77 JTA Daily News Bulletin 1 (Friday, October 29, 1999).

<sup>9</sup> Mark G. Field and Judyth L. Twigg, *Introduction*, in Russia’s Torn Safety Nets: Health and Social Welfare during the Transition (New York: St. Martin’s Press 2000) (Mark G. Field and Judyth L. Twigg) (hereinafter, “Russia’s Torn Safety Nets”), at 3 (“Somewhere around 40 or more million people live below the poverty line [in the former Soviet Union], currently defined at about \$30 per month”).

<sup>10</sup> See Annex E (“Holocaust Compensation”).

<sup>11</sup> An Estimate of the Current Distribution of Victims of Nazi Persecution, at 2-4; Notice Plan, at 6; see also Annex C (“Demographics of ‘Victim or Target’ Groups”).

but “indigent,” 40,000 are “near-poor” – and, significantly, “would be considered poor anywhere else” – and 35,000 are “at least moderate income.”<sup>12</sup>

According to Dr. Foreman, “pensioners who consume as little as three quarters of a pound of beef per month, two and a half pounds of poultry and no more than a half pound of other animal protein require a minimum of 800 rubles (\$32) per month to survive.”<sup>13</sup> That pension and the meager provisions it would buy would place the recipient at the poverty line, which, as noted previously, is approximately \$30 per month.<sup>14</sup>

As described in a recent analysis by the JDC:

The fall of the Soviet Union struck the final blow to the economies and weak welfare systems of the successor states to the Soviet Union .... Jewish older persons are among those most affected by the economic decline. Governments do not have the capacity to maintain social safety nets to meet this population’s needs. For example, prior to the ruble crisis in the summer of 1998, average pensions were as low as \$9 per month in the Asian republics and \$55 per month in Russia. By all accounts, these were extremely small amounts upon which to survive. Furthermore, in many cases, the governments had fallen behind in making these meager payments. The new crisis eroded the value of pensions even further and delayed payment of pensions, resulting in increasing hardships. Average pensions now do not exceed \$20 [to \$30] in any of the countries of the former Soviet Union. Indeed, most pensions are considerably less.

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<sup>12</sup> An Estimate of the Current Distribution of Victims of Nazi Persecution, at 2-10. Ukeles stresses that “poverty” is a relative concept; as noted above, the “near-poor” in the former Soviet Union “would be considered poor anywhere else.” *Id.* Stated differently, one is who considered “poor” by his or her own nation’s standards may be comparatively well-off in contrast to a “near-poor” resident of the former Soviet Union.

<sup>13</sup> Foreman, at 1-2 (describing 1999 trip to Russia). *See also* Snapshots 2000: JDC Activities in the Former Soviet Union, American Jewish Joint Distribution Committee (hereinafter, “Snapshots”), at 41-2 (“The savings of the elderly have been wiped out by rampant inflation. Though many once held responsible, even prestigious, jobs during their working lives and many more served bravely in the Soviet armed forces, their government pensions have failed to keep pace with the rising cost of living. Not only are they insufficient to meet basic needs, chronic economic crises mean that pensions are often paid several months in arrears”).

<sup>14</sup> Russia’s Torn Safety Nets, at 3.

The social and health care situation similarly reflects this deterioration. Lack of even the most basic supplies in hospitals is common. Patients must bring their own supplies, including medicine, bedding, and food in order to receive care. In addition, the overwhelming demand for services far exceeds the current governmental capabilities. Services, moreover, are usually no longer provided for free and are often too expensive for an older person receiving a pension. These changes are reflected in the low ratings received by the countries of the FSU on the United Nations' Human Development Index. Out of 174 countries, Ukraine, for example, is ranked 102<sup>nd</sup> and Georgia 108<sup>th</sup>. Ukraine fell from 80<sup>th</sup> in 1995. This puts them in league with poor, developing nations.<sup>15</sup>

The general poverty is exacerbated by inaccessible medical care. Dr. Foreman reports that in the former Soviet Union, “[a]ccess to health care for the Jewish elderly is virtually nil,” and what care is provided by volunteer health professionals is hampered by a lack of basic equipment.<sup>16</sup> Hospital care is available on an emergency basis, but patients must pay for their medications, medical supplies, linens and food, and as soon as their emergencies have been stabilized, patients must begin to pay for all hospitalization costs. The result is that few if any have access to meaningful hospitalization.<sup>17</sup>

The lack of available food and of protection from harsh winter elements often results in an irresolvable dilemma, leaving pensioners unlikely to obtain both sufficient food and adequate warmth. Elderly residents in the former Soviet Union who live in apartments in urban areas typically have indoor plumbing and enough heat to maintain reasonable comfort over the

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<sup>15</sup> 2000 Worldwide Program, The American Jewish Joint Distribution Committee, Inc. (hereinafter, “2000 Worldwide Program”), at 66. *See also* Ukeles Associates, Inc., Needs for Successor Organization Funds, June 28, 2000, prepared for Claims Conference Planning Committee, (hereinafter, “Needs”), at 6-18 (average pensions do “not cover even minimal food needs, housing rental, heating costs or medicines”).

<sup>16</sup> Foreman, at 2.

<sup>17</sup> *Id.*

winter months. Because they lack gardens, however, they are unable to supplement their inadequate food budgets. On the other hand, the rural elderly have gardens, and if they are not too frail to tend them, they are able to supplement their food budgets with homegrown produce. However, they are likely to lack indoor plumbing and adequate heat, making winter survival difficult.<sup>18</sup> Both urban and rural elderly have difficulty maintaining their homes, and many who have basic appliances, like refrigerators or washing machines, retain them as useless hulks when they can afford neither needed repairs nor replacement appliances.<sup>19</sup>

An additional problem, at least among the elderly Jewish residents of the former Soviet Union, is the lack of family support. The JDC estimates that “over 40 percent of elderly Jews have no children, and two-thirds of those who do, live in different cities or countries from those children, far from the crucial safety net their family could have provided had they lived nearby. Half the elderly live alone, 11 percent are homebound and two percent are bedridden.”<sup>20</sup> As a result, many of the elderly in the former Soviet Union, debilitated by their physical frailty, have no resources to assist them in the most basic tasks of daily living.<sup>21</sup> Those who do have family in the immediate vicinity often are called upon to give support rather than to receive it from family members who themselves are living in extreme circumstances.<sup>22</sup> The incidence of

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<sup>18</sup> *Id.*

<sup>19</sup> Amos Avgar, Nadia Singer & Maria Alesina, Accessibility to Social and Medical Services of the Jewish Elderly in the C.I.S., Institute for Communal and Welfare Workers, St. Petersburg (1997) (hereinafter, “Accessibility”), at 27.

<sup>20</sup> Snapshots, at 41. *See also id.* (“The massive Jewish emigration from the FSU over the last decade contains a tragic paradox: the infirm elderly, who might have benefited from better services in other countries – whether Israel or elsewhere – were mostly unable or unwilling to undertake the arduous process of emigration. Thus, those who have remained will most likely stay and must have their needs met locally”).

<sup>21</sup> Accessibility, at 7.

<sup>22</sup> Foreman, at 2.

living alone increases with age, so that of persons aged 55-59, only 17% live alone, but of persons over 80, 43% live alone.<sup>23</sup>

**B. Central and Eastern Europe**

Although affecting far fewer people, an analogous situation exists in Central and Eastern Europe, where the small remaining Jewish population<sup>24</sup> also lives in isolation and deprivation. Many survivors have suffered the rapid erosion of the value of their pensions; others receive no pension at all, and few if any government-sponsored safety nets exist to keep them from abject poverty.

The shrinking Jewish population remaining in this region – Albania, Bosnia Herzegovina, Bulgaria, Croatia and Slovenia, Poland, Slovakia, Romania, Yugoslavia and Macedonia – reflects a grim standard of living for elderly pensioners. Elderly Jews and other survivors of Nazi persecution living in Central and Eastern Europe, like those in the former Soviet Union, endured further hardship. Once they had outlived the Nazis, they were “immediately plunged into the trauma of living under Communism.”<sup>25</sup> Nazi survivors “throughout the former East Bloc were denied direct compensation from Germany during the Cold War. Since the collapse of communism, some of the governments in the region have made token one-time payments made possible by funds from Germany. These payments, however, are a fraction of what survivors have received in non-communist countries, although East Bloc survivors’ medical needs and economic blight are exponentially worse.”<sup>26</sup>

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<sup>23</sup> Accessibility, at 14.

<sup>24</sup> See Annex C (“Demographics of ‘Victim or Target’ Groups”).

<sup>25</sup> U.S. and Allied Efforts to Recover and Restore Gold and Other Assets Stolen or Hidden by Germany During World War II: Preliminary Study, United States Department of State (May 1997) (hereinafter, “Eizenstat Report”), at x.

<sup>26</sup> Edward Serotta, Commentary, *Double Victims: Jews of Eastern Europe*, The Los Angeles Times, (footnote continued on next page)

With the demise of communism, the elderly survivor population finds itself living on pensions insufficient to meet the most basic necessities of life. “State pensions and other stipends are meager and require ‘topping up’ in order to meet bare necessities.”<sup>27</sup> One researcher estimates that approximately 21,000 elderly Nazi victims in Eastern Europe are “poor,” 13,000 are “near-poor,” and 12,000 are “at least moderate income.”<sup>28</sup> The JDC has stated that the “overwhelming demand for services far exceeds governmental capabilities, especially in Romania, the countries of the former Yugoslavia, Bulgaria and the countries of the former Soviet Union.”<sup>29</sup>

### **III. THE UNITED STATES, WESTERN EUROPE AND ISRAEL**

#### **A. The United States**

In the United States, government entitlements generally assure a minimum income provided through the Social Security Administration. There also is an adequate level of health care provided through Medicare, a program designed to aid the elderly, and Medicaid, which supplements Medicare for needy elderly persons. These programs are intended to ensure that the majority of elderly residents maintain a sustainable, although hardly lavish, standard of living.

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May 15, 1997, at 9. In the Czech Republic and Hungary, many Nazi survivors recently have begun to receive pensions which have alleviated their more pressing needs. *See* Annex E (“Holocaust Compensation”).

<sup>27</sup> Needs, at 6-24.

<sup>28</sup> An Estimate of the Current Distribution of Victims of Nazi Persecution, at 2-10. Approximately 9,000 elderly Nazi victims receive either cash assistance or other aid from the JDC; eligibility for such programs is based upon financial need. Needs, at 6-24.

<sup>29</sup> JDC Proposal to the Government of the Netherlands Seeking a Distribution from the Nazi Persecutee Relief Fund, November 1999, at 2 (on file with the Special Master).



Average year 2000 Social Security payments in the United States are \$749 monthly for an elderly widow(er) living alone and \$1,348 for a retired couple both of whom receive benefits.<sup>30</sup> In some cases, additional pensions are financed through private pension funds that amass employee and employer contributions during a person's working life and are paid out at or during retirement, and retirees who have contributed to Social Security during their working lives for a required number of years receive a monthly pension payment above the minimum.

In addition, as noted previously, several sources of health care are available to the aging population in the United States. A minority, generally those with a relatively high level of income and education, purchase health care insurance from private insurance companies. Most rely on the two primary sources of government support, Medicaid and Medicare, to fund their health care needs.<sup>31</sup>

In 1998, long-term nursing home care in the United States cost approximately \$40,000 per year per individual, a substantial share of which was paid out-of-pocket.<sup>32</sup> Much of that amount was paid by individuals through private insurance, family support, or a combination of the two. The remainder was paid by Medicare and Medicaid, which in 1995 alone paid some \$51 billion in long term care for persons over 65.<sup>33</sup>

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<sup>30</sup> Social Security: Understanding the Benefits, SSA Publication No. 05-10024, January, 2000, at 36. These figures reflect the Cost of Living Adjustment that became effective as of January 1, 2000.

<sup>31</sup> See Health Insurance Association of America, Who Buys Long-Term Care Insurance? (Life Plans, Inc. 1995) (hereinafter, "Who Buys Long-Term Care Insurance?") (report of 1994 study undertaken to identify and distinguish between purchasers and non-purchasers of long-term care insurance).

<sup>32</sup> William J. Scanlon, Director of Health Financing and Systems Issues for the Department of Health, Education and Human Services, United States General Accounting Office, Testimony before the Special Committee on Aging of the U.S. Senate, March 9, 1998 (hereinafter, "Scanlon GAO Testimony"), at 1.

<sup>33</sup> See Scanlon GAO Testimony, at 3 ("The elderly and their families represent the largest single group of purchasers of long-term care, spending almost \$36 billion dollars out-of-pocket, or almost 40 percent of the total \$91 billion expenditures for long-term care.... This spending does not include  
*(footnote continued on next page)*

With respect to the United States Jewish community, a study of Jewish population surveys indicates that “[of] households with an ‘elderly’ member (typically 65 and over), on average, 12%-13% required home health care .... Almost all of those requiring home health care received it (from sources that were not Jewish). The average gap – those reporting a need for home health care but not receiving it was only about 1% [citations omitted].”<sup>34</sup> In the United States, the requirements of the elderly for home care services are addressed by several sources, including “informal care provided by family members,” “personal resources to pay for privately funded services,” “resources in the general community – such as Medicare for those 65 and over, with acute medical needs, and Medicaid for those whose incomes are below the poverty line, as well as assistance from non-sectarian agencies,” “resources in the Jewish community – typically old age homes, (subsidized) housing for independent living, counseling and care management, and recreation, culture and education (community centers); often day care programs; and some assisted living, home care and transportation,” and “specific programs or funding for Nazi victims, typically provided by the Claims Conference.”<sup>35</sup>

As a result of the Social Security system’s provision of a minimum pension for elderly persons who do not otherwise qualify for other or higher pension payments, at least minimal health care services provided through Medicare and Medicaid, and the availability of

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the substantial unpaid support provided to the elderly by family and friends. Studies have found that about 65 percent of disabled elderly living in the community rely exclusively on unpaid sources for their care. Public funding for long-term care comes primarily from Medicaid, which finances almost one-third of long-term care – \$28.5 billion in 1995 – and Medicare, which funds one-fourth – \$22.7 billion”).

<sup>34</sup> Needs, at 6-20.

<sup>35</sup> *Id.* at 6-21. However, the “publicly funded safety net for older Americans varies by state.” *Id.* Some states “such as New York, Massachusetts and California have a strong commitment to community-based care. Others, such as Florida and Pennsylvania have little commitment to support of home and community-based care.” *Id.* at 6-22.

family members able to help, the elderly population in the United States generally receives a level of income and care that allows them to live out their lives largely free of severe privation.<sup>36</sup>

**B. Western Europe and Israel**

**1. Pensions**

As in the United States, elderly persons living in Western Europe and Israel usually have access to both government-funded and private health care insurance as well as state-funded pension support to assure a minimum income. In France, Italy, Germany, Great Britain and Israel, retirees can receive pension money from both public and private pension funds and individual savings.<sup>37</sup> Each of these countries has a government-run pension system that protects against extreme poverty in old age.

“Western European societies typically have relatively strong social safety nets.”<sup>38</sup>

Residents of European nations generally are entitled at least to a minimum stipend for life, unaffected by any other retirement provisions an individual privately might make. That is, recipients who have paid into the government pension system will receive a pension payment based on their earned income over some number of years. If they have not worked for the requisite number of years, or have earned so little that their accrued pension funds do not yield a sufficient stipend, each government has an income support benefit that is intended to assure

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<sup>36</sup> Although there are no firm statistics concerning the economic welfare of Nazi victims living in the United States, Ukeles estimates that 17,000 of these survivors are “poor,” 21,000 are “near-poor,” and 89,000 are of “moderate income.” An Estimate of the Current Distribution of Victims of Nazi Persecution, at 2-11. Many survivors of Nazi persecution living in the United States have received and/or continue to receive compensation from Holocaust indemnification and restitution programs, particularly from Germany. See Annex E (“Holocaust Compensation”).

<sup>37</sup> *Pension Burdens and Life Insurance as a Partial Solution*, 52 International Insurance Monitor No. 2, at 14-19 (Chase Communications Group, 2nd Quarter 1999) (hereinafter, “*Pension Burdens*”).

<sup>38</sup> Needs, at 6-25; see also An Estimate of the Current Distribution of Victims of Nazi Persecution, at 2-10.

every elderly person, regardless of prior earnings history, an amount sufficient to maintain an adequate lifestyle.<sup>39</sup>

In France, Italy and Great Britain, the public pension system has a flat-rate, guaranteed minimum and an earnings-related portion which is based on contributions during the individual's working life.<sup>40</sup> These countries "provide at least an indexation to prices and thus keep real pensions constant. Germany goes one step further and indexes pensions to net wages," thus providing pensioners with an income that maintains a constant and stable relationship to the working generation.<sup>41</sup> With respect to Jewish survivors of Nazi persecution in particular, it has been estimated that, in Western Europe, approximately 19,000 are "poor," 41,000 are "near-poor," and 36,000 are "of moderate income."<sup>42</sup> There are "relatively few" Nazi victims in Western Europe who are in need.<sup>43</sup>

The overall economic picture in Israel is similar to that of Western Europe. While many elderly Jews may live in difficult circumstances, those who have emigrated "from

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<sup>39</sup> The Social Security Administration, Social Security Programs Throughout the World (August, 1999) at 130-33, 140-43, 184-87, 368-71.

<sup>40</sup> *Pension Burdens*, at 15-16.

<sup>41</sup> *Id.* at 16.

<sup>42</sup> An Estimate of the Current Distribution of Victims of Nazi Persecution, at 2-10. As for the rest of the world (including Australia and South America), it is estimated that 9,000 Holocaust survivors are "poor," 12,000 are "near-poor," and 22,000 are of "moderate income." *Id.* at 2-11.

<sup>43</sup> Needs, at 6-25.

countries affected by the Shoah (including all of Russia) receive supplementary payments from the National Insurance Institute, including income maintenance allowances, general disability allowances, and old age pensions with supplementary income. These payments move many or most of these individuals out of poverty.”<sup>44</sup> Ukeles estimates that approximately 65,000 Israeli Holocaust survivors (of approximately 326,000 in total) are “poor,” 140,000 are “near-poor,” and 120,000 are “of moderate income.”<sup>45</sup> The Swiss Fund for Needy Victims of the Holocaust/Shoa has determined that 120,000 Israelis were eligible for payments as “needy” – *i.e.*, receiving a monthly income from all sources of no more than NIS 3,500 (approximately \$875) per month.<sup>46</sup>

## **2. Health Care**

In addition to the principle of guaranteed minimum income for every elderly resident, Western European countries and Israel have government-supported health care systems that are intended to provide at least minimally adequate health care to their elderly residents. In Israel, the “National Health Insurance Law provides for a standardized basket of medical services, including hospitalization, for all residents.... Medical Services are supplied by the country’s four comprehensive health insurance schemes, which must accept all applications regardless of age or state of health.”<sup>47</sup>

Similarly, all European Union member states, including France, Italy, Germany and Great Britain, have comparatively generous state-sponsored health care systems. All have

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<sup>44</sup> An Estimate of the Current Distribution of Victims of Nazi Persecution, at 2-9.

<sup>45</sup> *Id.* “The definition of poverty in Israel is similar to that used in most European countries: it is ½ of the median income. Because of the relative strength of Israel’s safety net, there is a great discrepancy between poverty measured before income transfers and after.” *Id.* at n. 16.

<sup>46</sup> See Annex K (“Swiss Humanitarian Fund”).

<sup>47</sup> Facts About Israel: Health and Social Services, *available at* <http://www.israel-mfa.gov.il>, at 2-3 (visited March 28, 2000).

comprehensive systems of “social protection,” including health care, and some provide stipends to cover the cost of caring for an elderly or otherwise disabled relative.<sup>48</sup> These countries therefore focus upon maintenance of the same levels of pensions and health care programs, considering the anticipated demographic shifts that will see increasing numbers of elderly and diminished numbers of employed people whose contributions fund retirement and health care benefits. Indeed, “[c]ontinental Europeans ... argue vigorously that their welfare state is what defines them as Europeans: an emblem of the values of solidarity and social cohesion that set them apart from individualistic Americans.”<sup>49</sup>

#### **IV. THE IMPACT OF DISPARATE STANDARDS OF LIVING**

The safety nets of government support in the United States and Western Europe are accompanied by life expectancy figures suggesting that adequate income and the availability of health care coincide with increased life spans. Since 1990, the United Nations has issued a Human Development Report which “develop[s] and construct[s] several composite indices to measure different aspects of human development,” including a “human development index” (HDI).<sup>50</sup> The HDI “reflects achievements in the most basic human capabilities – leading a long life, being knowledgeable and enjoying a decent standard of living,” and “[t]hree variables have been chosen to represent those dimensions – life expectancy, educational attainment and income.”<sup>51</sup>

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<sup>48</sup> V. Kendall, *Social Protection in Europe – National Prerogative or an EU Concern?*, EIU European Trends (The Economist Intelligence Unit Ltd., February 12, 1996).

<sup>49</sup> *Europe Politics: the New Shape of the Political Left*, EIU Viewswire (The Economist Intelligence Unit Ltd., February 14, 2000).

<sup>50</sup> United Nations Human Development Report, at 127.

<sup>51</sup> *Id.* at 127-28.

The following chart is derived from the United Nations data, showing life expectancies at birth and “real GDP per capita (PPP\$)” for selected nations with comparatively high numbers of Nazi victims.<sup>52</sup> These statistics indicate that residents of the former Soviet Union and Central and Eastern Europe are among the most disadvantaged:

***Life Expectancy at Birth and Real GDP Per Capita – 1997***<sup>53</sup>

<b>Nation and HDI Rank</b>	<b>Life Expectancy at Birth</b>	<b>Real GDP Per Capita (PPP\$)</b>
1. Canada	79.0	22,480
2. Norway	78.1	24,450
3. United States	76.7	29,010
5. Belgium	77.2	22,750
7. Australia	78.2	20,210
8. Netherlands	77.9	21,110
10. Great Britain	77.2	20,730
11. France	78.1	22,030
14. Germany	77.2	21,260
16. Austria	77.0	22,070
19. Italy	78.2	20,290
23. Israel	77.8	18,150

<sup>52</sup> “Real GDP per capita (PPP\$)” is defined as the “GDP [Gross Domestic Product] per capita of a country converted into US dollars on the basis of the purchasing power parity exchange rate.” *Id.* at 255. “Purchasing power parity (PPP)” is defined as follows: “At the PPP rate, one dollar has the same purchasing power over domestic GDP that the US dollar has over US GDP .... PPP rates allow a standard comparison of real price levels between countries....” *Id.*

<sup>53</sup> *Id.* at 134-36; *see also id.* at 85 (in the former Soviet Union, “[b]etween 1989 and 1996 male life expectancy declined by more than four years to 60, two years less than the average for developing countries”); *Snapshots*, at 41 (“life expectancy throughout the FSU has actually declined in recent years – to 58 in Russia alone – a development virtually unprecedented in the modern world”).

<b>Nation and HDI Rank</b>	<b>Life Expectancy at Birth</b>	<b>Real GDP Per Capita (PPP\$)</b>
33. Slovenia	74.4	11,800
36. Czech Republic	73.9	10,510
39. Argentina	72.9	10,300
42. Slovakia	73.0	7,910
44. Poland	72.5	6,520
47. Hungary	70.9	7,200
54. Estonia	68.7	5,240
60. Belarus	68.0	4,850
62. Lithuania	69.9	4,220
63. Bulgaria	71.1	4,010
68. Romania	69.9	4,310
71. Russian Federation	66.6	4,370
74. Latvia	68.4	3,940
76. Kazakhstan	67.6	3,560
85. Georgia	72.7	1,960
91. Ukraine	68.8	2,190
92. Uzbekistan	67.5	2,529
104. Moldova	67.5	1,500



Public expenditure on health, expressed as a percentage of a country's Gross Domestic Product ("GDP") by Western European, United States and Central and Eastern European governments, suggests a disparity similar to that for life expectancy:<sup>54</sup>

***Public Expenditure on Health as % of GDP, 1990-97***<sup>55</sup>

<b>Country</b>	<b>% of GDP Spent</b>
Germany	8.1
France	7.7
Great Britain	5.7
USA	6.6
Switzerland	7.1
Netherlands	6.2
<u>Average</u>	<u>6.9</u>

<b>Country</b>	<b>% of GDP Spent</b>
Belarus	5.2
Latvia	3.5
Lithuania	5.0
Romania	2.9
Russian Federation	4.1
Ukraine	3.9
<u>Average</u>	<u>4.1</u>

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<sup>54</sup> The source of these data is a World Bank study of health, nutrition and population strategy. The World Bank considers life expectancy at birth to be one good general indication of a population's welfare or quality of life. The World Bank, Entering the 21<sup>st</sup> Century: World Development Report 1999/2000 (hereinafter, "Entering the 21<sup>st</sup> Century"), Selected World Development Indicators: Quality of Life, at 273-75.

<sup>55</sup> Entering the 21<sup>st</sup> Century, at 242-43.

**V. CONCLUSION**

Substantial numbers of elderly Nazi victims around the world continue to live in poverty, some of whom would be greatly in need were it not for the important social safety nets that exist in their nations. This is particularly so for those in Israel, where survivors who are considered “poor” nonetheless have access to many sophisticated social welfare systems and where others, in fact, would be considered “poor” if not for these programs.

However, the elderly living in the former Soviet Union and in many Central and Eastern European nations generally lead lives of severe deprivation, exacerbated by the fall of communism and the resulting collapse of the pension and social welfare programs of the Soviet state. First under the Nazis, then under communism (when they were denied Holocaust-related restitution or indemnification), and most recently, in the difficult post-communist era, their economic suffering has continued for more than 50 years, and those who remain cling to a life of meager food, inadequate clothing and virtually no health care.