

HOLOCAUST ERA ASSETS CONFERENCE Prague, June 2009

A REVIEW: SOCIAL WELFARE FOR JEWISH NAZI VICTIMS

The personal history of every victim of Nazi persecution, as well as the story of each victim's struggle to adjust to normal society after enduring hell on earth, is unique. Nonetheless, trends and patterns describing the circumstances facing Holocaust victims as a group can and need to be made detailing the assistance many of them require. This report will describe the growing challenges Holocaust victims face and what has been – and might be – done to address them.

This report has three parts. The first describes the general social circumstances of Holocaust victims worldwide – many are currently experiencing, and almost all can anticipate, the need for supportive services, including long-term care and health care, to ease the difficulties that accompany aging. The second reviews the social welfare services that the Conference on Jewish Material Claims Against Germany (“Claims Conference”) has been and continues to be involved with in assisting Holocaust victims. The final part – mindful that current funding sources are diminishing and already are proving inadequate – focuses on the collective obligation of all countries to support victims in response to their increasing needs.

I. GENERAL SOCIAL CIRCUMSTANCES

In the 64 years since the end of the Holocaust, the number of Nazi victims worldwide has declined and continues to decline as part of the human condition. Currently, it is estimated that there are approximately 600,000¹ Jewish victims of Nazi persecution dispersed around the world, with the largest number living in Israel, the United States, and the countries of the former Soviet Union (“FSU”).

¹ There are no official data on the number of Holocaust victims alive today; however, several demographic reports have been prepared over the last several years. All of these reports, such as *Holocaust Survivors in Israel: Population Estimates and Utilization of Services for Nursing Care at Home*, Presented to the Foundation for the Benefit of Holocaust Victims in Israel (Myers-JDC-Brookdale Institute Draft, June 22, 2008) indicating that the Nazi victim population of Israel currently is estimated to be 218,000, can be found at the Claims Conference website: www.claimscon.org. Current estimates suggest that the following eleven countries are home to 85-90% of Holocaust victims: Israel, United States, Russia, Ukraine, France, Germany, Canada, Hungary, United Kingdom, Belarus, and Australia.

The resilience, refusal to succumb to tragedy, and profound commitment of Holocaust victims to rebuilding their lives and making sure that what happened to them and their families is remembered, in perpetuity, is truly remarkable and reflects an extraordinary strength. Nonetheless, all victims of Nazism are now elderly, their median age is 79,² and many increasingly suffer from illness and are in urgent need of continual assistance.

Jewish Nazi victims are both part of, but distinct from, other elderly in their countries of residence. The personal history of each individual survivor as a victim of Nazi persecution, combined with memories of Nazi persecution and post-war adjustment, has created a group that has aged differently and has different, more acute, needs than other elderly. Holocaust victims are not merely a subset of the frail elderly. They are more likely than other elderly to be socially isolated and, as a result, are more likely to live in poverty and to be in poorer health.³ Indeed, the Holocaust victim's poverty is often aggravated by non-existent or weakened familial and social support networks, as often there is no spouse or adult children nearby to provide financial and emotional support. Many victims who live on their own never married (or remarried) after the war. Among those who did marry, many are childless. Certainly, extended family networks such as siblings, in-laws, and cousins are dramatically reduced in this population. Thus, the Nazi victim population, for the most part, is more socially isolated than other older adults.⁴

The majority of Holocaust victims are women, who have longer life expectancy than their male counterparts and face a higher risk of poverty.⁵ Indeed, income for older women between the ages of 67 and 80, in general, declines at rates two to three times greater than it does for older men (13-15% vs. 4-7%). This is largely due to the lower pensions that they receive, due to life-time earnings and lower rates of victims' benefits.⁶

² **See** Pearl Beck & Ron Miller, *Nazi Victims of the Holocaust: In-Home Service Needs, 2005: Review and Cost Estimate Projections*, Prepared for the Conference on Jewish Material Claims Against Germany, (April 14, 2005), at 1. In 2005, the median age of a victim was 75.

³ **See** Beck & Miller (2005), *op. cit.* at 5 **and** Laurence Kotler-Berkowitz, Lorraine Blass & Danyelle Neuman, *Nazi Victims Residing in the United States* (New York: United Jewish Communities, 2004) at 9 and 23. In addition, the general poverty is made even worse by unavailable medical care. For example, in countries of the former Soviet Union, voluntary health professionals lack basic equipment and access to medical care for the Jewish elderly is almost non-existent. **See** Spencer Foreman, M.D., *Report of Findings on Annual Visits to the FSU, 1996-1999* (December 1999), at 2.

⁴ **See** Beck & Miller (2005), *op. cit.* at 6; Kotler-Berkowitz *et al.* (2004), *op. cit.*, at 11

⁵ **See** Ron Miller, Pearl Beck & Berna Torr, *Nazi Victims Residing in the United States, Canada, Central & Western Europe. Estimates & Projections: 2008-2030. Preliminary Tables*. Prepared for the Conference on Jewish Material Claims Against Germany (November 21, 2008).

⁶ **See** Barbara A. Butrica, *How Economic Security Changes During Retirement* (Boston: Boston College, Center for Retirement Research, 2007), http://crr.bc.edu/images/stories/Working_Papers/wp_2007-6.pdf?phpMyAdmin=43ac483c4de9t51d9eb41 Accessed June 12, 2009.

Many victims live alone as a result of having lost their entire family during the Holocaust, particularly those in the FSU.⁷ Nazi victims are more likely than other elderly to suffer from certain illnesses that result in functional limitations and disability, such as osteoporosis, as well as cognitive impairments (see discussion below), and, as a result, sink further into poverty.⁸ This combination of poverty and isolation results in Holocaust victims being in poorer physical and mental health than their contemporaries without comparative wartime experiences. Health researchers have found that both immediate and long-term health problems for survivors of the Holocaust and other genocides include disease, injuries and trauma all of which are chronic, lifelong and difficult to treat, and confer an increased burden on victims.⁹

Older adults with strong social supports report the fewest health complaints and more of their needs being met regarding their care.¹⁰ In comparison, Holocaust victims – in both self-assessments and health surveys – present with higher rates of chronic co-morbidities and acute conditions than both other elderly Jews and other elderly in general.¹¹ These chronic co-morbidities and acute conditions are exacerbated by the survivors' social isolation. Survivors are

⁷ **See** Andrew Hahn, Shahar Hecht, Tom Leavitt, Leonard Saxe, Elizabeth Tighe & Amy Sales, *Jewish Elderly Nazi Victims: A Synthesis of Comparative Information on Hardship and Need in the United States, Israel, and the Former Soviet Union*. Report Prepared by the Joint Distribution Committee. (Waltham, MA: Brandeis University, 2004). **Also see** Beck & Miller, (2005), *op. cit.* at 6.; Kotler-Berkowitz *et al.* (2004), *op. cit.* at 11 **and** Jenny Brodsky, *Background Material for Meeting of Steering Committee on Holocaust Survivors* (Jerusalem: JDC Brookdale Institute of Gerontology and Human Development and WHO Collaborating Center for Research on Health for the Elderly, November 14, 2000).

⁸ As victims get older, their economic security decreases. Life-changing events during retirement, such as the onset of poor health or the death of a spouse, can cause unexpected shocks to wealth and income. More than two-fifths of older adults have significantly less income at age 80 than they did at age 67. **See** Butrica (2007), *op. cit.*

⁹ **See** Reva N. Adler, James Smith, Paul Fishman, & Eric B. Larson, "To Prevent, React, and Rebuild: Health Research and the Prevention of Genocide," *Health Services Research*, 39:6 (December 2004): 2027-2051.

¹⁰ **See** Ralf Schwarzer & Ute Schulz, *The Role of Stressful Life Events* (Berlin: Freie Universität Berlin, Department of Health Psychology, 2001). <http://userpage.fu-berlin.de/~health/materials/lifeevents.pdf>. Accessed June 23, 2009.

¹¹ In overall self-assessments, Holocaust victims report that they are in poorer health than both other Jewish and other American elderly. Kotler-Berkowitz *et al.* (2004) found that just over 60% of victims described their health as "fair" or "poor," compared to 30% of other Jewish and American elderly. In Russia, 57% of Jewish Nazi victims have some level of disability, compared to 53% of all older Russians. These differences exist in other Soviet successor states as well. Particularly noticeable are differences in vision and mobility between victims and other elderly. **See** Elizabeth Tighe, Leonard Saxe & Fern Chertok, *Jewish Elderly Nazi Victims in the Former Soviet Union. Ongoing Needs and Comparison to Conditions in Europe, Israel and the United States* (Waltham, MA: Brandeis University Cohen Center for Modern Jewish Studies and the Steinhardt Social Research Institute, December 2007), at 19-20. Health surveys in Israel found that higher rates of hypertension among victims than among all elderly Israelis (52% vs. 46%), higher rates of cancer (7% vs. 5%), and higher rates of osteoporosis (18% vs. 15%). **See** Brodsky (2000), *op. cit.* **Also see** Jenny Brodsky & Sergio DellaPergola, *Health Problems and Socioeconomic Neediness Among Shoah Survivors in Israel* (Jerusalem: Myers-JDC-Brookdale Institute and The A. Harman Institute of Contemporary Jewry of The Hebrew University of Jerusalem, April 20, 2005), **and** A. Mark Clarfield, Elliot Rosenberg, Jenny Brodsky & Netta Bentur, "Healthy Aging Around the World: Israel Too?" *Israel Medical Association Journal* 6 (September 2004): 516-520.

also more likely than other older adults to suffer from chronic pain syndrome.¹² Among the most noticeable differences are the following: Holocaust victims have higher rates of osteoporosis and hip fractures than other elderly;¹³ higher cancer rates;¹⁴ higher rates of functional limitations and disability;¹⁵ and higher rates of cognitive impairments and mental health problems, exacerbated by “trigger” events.

Cognitive impairments and mental health problems are particularly troubling among Holocaust victims. Cognitive impairment has been documented to be more prevalent in groups who have survived genocide than in the general population.¹⁶ As a natural part of the aging process, memories change over time and are reinterpreted to the present social context. For Nazi victims, however, cognitive impairment may change the impact of war trauma by confusing events of the past in time and place. In the case of Alzheimer’s Disease and other forms of senile dementia, the loss of short-term memory—and the reliance on long-term memory—can be especially painful and can place victims particularly at risk. Loss of short-term memory may, for example, mean a loss of recognition of post-war accomplishments, such as success in building new lives in new countries, raising and educating responsible and caring children, and living to see and enjoy their grandchildren. As their minds deteriorate, Holocaust victims may be unable to control the intrusion of painful, long-term memories, and traumas of years past may become their only reality.¹⁷

¹² Adler *et al.* (2004), *op. cit.*, at 2036. **See** also A. Yaari, E. Eisenberg, R. Adler, & J. Birkhan, “Chronic Pain in Holocaust Survivors,” *Journal of Pain and Symptom Management*, 17:3 (1999): 181-187.

¹³ Holocaust victims are nearly twice as likely as other elderly to suffer from osteoporosis resulting in hip fractures. Such injuries often lead to continued disability and loss of independence, as many never regain their pre-fracture ambulatory status. **See** Beck & Miller (2005), at 4; Miller *et al.* (2008), at 14, 20 and 26. **See also** A.J. Foldes, J. Brodsky, & N. Bentur, *Increased Prevalence of Hip Fractures Among Nazi Victims of the Holocaust: Summary of Research Study* (Jerusalem: JDC-Brookdale Institute 2004), at 4.

¹⁴ **See** Brodsky (2000), *op. cit.* and N. Vin-Raviv, “*Incidence and Survival Characteristics of Malignant Diseases among Holocaust Survivors That Have Immigrated to Israel*” (MPH thesis, University of Haifa, 2006). Using the 1997 Israeli Elderly Survey, Brodsky found a slightly higher cancer incidence rate for Holocaust victims. In addition, Vin-Raviv, found that Holocaust victims are more likely to be diagnosed at later stages, which, in turn, reduces their five-year survival rates by 5-13%, depending on the type of cancer.

¹⁵ Holocaust victims are more likely to have self-care or mobility limitations than either other elderly Jews or other older adults in their countries of residence. Kotler-Berkowitz *et al.* (2004) found that 36% of all Nazi victims and 23% of all elderly Jews reported that “someone in household has health condition that limits activities.” Among all Americans age 65 and over, roughly one-fifth have self-care or mobility limitation. As a result, victims need constant support services to assist with the activities of daily life, such as bathing, dressing, getting in and out of bed, and toileting. There is also a greater need for durable medical equipment, adaptive devices such as canes, wheelchairs, and telephones for the hearing impaired, particularly among female victims, who are more likely to live alone and, therefore, have greater personal assistance needs than male victims.

¹⁶ Adler *et al.* (2004), *op. cit.* at 2036.

¹⁷ Paula David, “The Social Worker’s Perspective” in *Caring for Aging Holocaust Survivors: A Practice Manual*, eds. Paula David & Sandi Pelly (Toronto: Baycrest Centre for Geriatric Care, 2003).

Wartime experience also places Nazi victims at risk to suffer more from post-traumatic stress disorder, anxiety disorders and long-standing adjustment disorders than other older adults.¹⁸ Research on the Holocaust victim population has shown that their behavioral and cognitive functions are affected in both particular and more acute ways than that of the average aged population who did not have similar life experiences.¹⁹ For example, rates of clinical depression among Holocaust victims are higher than in the general population.²⁰ Concentration camp survivors under psychiatric care are almost twice as likely to exhibit suicidal “ideation,” *i.e.*, “the wish for death or the passive or active thinking and planning of ending one’s life,” than other older Jewish adults under psychiatric care who are not Nazi victims. Among Holocaust victims who have been admitted to a psychiatric facility, actual suicide attempt rates are higher than for the elderly population in general.²¹

Moreover, as victims grow older, they are confronted by events that trigger, or bring back, difficult memories which, in turn, provoke adverse emotional or physical reactions. These “trigger events” are more likely to occur when someone is ill, cognitively or physically impaired or just feeling vulnerable.²² They can even result from normal day-to-day activities or situations. For example, even food and nutrition programs combined with a socialization element geared for victims – which seem innocuous – may unwittingly create uncomfortable food-related situations. As a result, several U.S. communities have replaced the “soup kitchen” model, which requires that victims queue up for food, with a congregate meal model, in which victims are served their food.²³ Similarly, long-term care in a skilled nursing facility is the least preferred option for Holocaust victims, by both the victims themselves and the professionals involved in their care. A female Nazi victim reported to her psychiatrist that she felt that the small daily indignities she faced in the nursing home were worse than her experiences in a labor camp—she could not bear feeling like a victim again, even in small measure.²⁴ A wide range of seemingly

¹⁸ Adler *et al* (2004), *op. cit.* at 2036. **See also** J. Sadavoy, “Survivors: A Review of Late-Life Effects of Prior Psychological Trauma,” *American Journal of Geriatric Psychiatry*, 5:4 (1997): 287-301.

¹⁹ Paula David, “Aging Survivors of the Holocaust in Long Term Care: Unique Needs, Unique Responsibilities” in *Journal of Social Work in Long Term Care*. I(3) (2002).

²⁰ David K. Conn, Diana Clarke & Robert Van Reekum, “Depression in Holocaust Survivors: Profile and Treatment Outcome in a Geriatric Day Hospital Program,” *International Journal of Geriatric Psychiatry*, 15 (2000): 331-337.

²¹ **See** D. E. Clarke, A. Colantonio, R. Heslegrave, A. Rhodes, P. Links, & D. Conn, “Holocaust Experience and Suicidal Ideation in High-Risk Older Adults,” *American Journal of Geriatric Psychiatry*, 12:1 (February 2004): 65-74. **Also see** Y. Barak, D. Aizenberg, H. Szor, M. Swartz, R. Maor, & H. Y. Knobler, “Increased Risk of Attempted Suicide Amongst Aging Holocaust Survivors,” *American Journal of Geriatric Psychiatry*, 13:8 (August 2005): 701-704.

²² **See** David (2003), *op. cit.*

²³ **See** Amy J. Sindler, Nancy S. Wellman, & Oren Baruch Stier, “Holocaust Survivors Report Long-Term Effects on Attitudes toward Food,” *Journal of Nutrition Education & Behavior*, 36 (2004): 189-196.

²⁴ **See** Mark E. Agronin, “From a Place of Fire and Weeping, Lessons on Memory, Aging and Hope,” *The New York Times*, December 22, 2008, http://www.nytimes.com/2008/12/23/health/23case.html?_r=2&scp=2&sq=holocaust&st=cse. Accessed June 12, 2009.

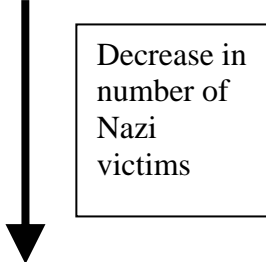
standard scenarios in institutionalization settings may serve as triggers for vulnerable Holocaust victims. These often include institutional/hospital beds with bars/railings on the side, uniformed staff (guards), showering facilities in institutional settings, etc.

For Nazi victims, unfortunately, time does not heal all wounds. Too often, their wartime injuries and horrific memories are aggravated with the passage of time and become increasingly stressful.

Moreover, demographic studies indicate that, while the absolute number of living Nazi victims will decrease, the percentage of those still living and requiring aid will increase. As such, we will certainly continue to see for the next 4-5 years an **increase** in their needs. Simply put, the assistance Holocaust victims will require will grow in the next few years.

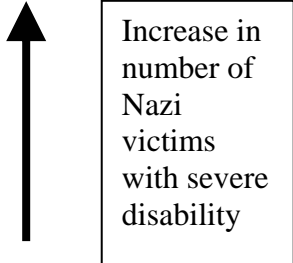
Based on a study by the Brookdale Institute in Israel,²⁵ the chart below shows the absolute number of Nazi victims living (not in institutions) in Israel. Each year, as expected, the number decreases.

Year	Number of Nazi Victims in Community
2007	228,400
2008	215,000
2009	201,700
2010	188,600
2011	175,700
2012	163,200
2013	150,700



However, during that same period, within the same population, the percentage of those severely disabled increases. As a result, the total number of severely disabled Nazi victims is projected to **increase** through 2013.

Year	Number of Nazi Victims in Community	Number of Nazi Victims in Community with severe disability
2007	228,400	14,300
2008	215,000	14,600
2009	201,700	14,600
2010	188,600	15,000
2011	175,700	15,400
2012	163,200	15,500
2013	150,700	15,600



²⁵ See *Holocaust Survivors in Israel: Population Estimates and Utilization of Services for Nursing Care at Home*, Presented to the Foundation for the Benefit of Holocaust Victims in Israel (Myers-JDC-Brookdale Institute Draft, June 22, 2008).

Further, even after the projected peak of need is reached in 2013, there will be substantial numbers of poor Holocaust victims who will have substantial social welfare and medical needs for several years beyond 2013. In fact, projections show that in 2022 the number of Holocaust victims from among the non-institutionalized Holocaust victims in Israel with the same level of poverty and disability will be 75% of what it will be in 2013. However, three years later, in 2025, the figure drops to 58%, illustrating the sharp drop anticipated thereafter. (See Appendix A.)

Notwithstanding the vast disparities among Holocaust victims in income, medical care and long-term care services in the countries in which Nazi victims reside, broadly speaking, as victims grow older, they will become increasingly frail and disabled and, wherever they reside, in greater need of ongoing medical care and other attention owing to their wartime experiences.²⁶ Further, as the demand for ongoing social services intensifies among those who are disabled, home-and community based services represent the survivors' "best chance" to avoid feeling like victims again.²⁷ In a cruel irony, the very population that is most unable to bear institutionalization is the same population with the least amount of family support to delay or avoid institutionalization. On a practical level, it is more cost effective for society to maintain Holocaust victims at home. On a moral level, society has an obligation to compensate these survivors for the paucity of familial structure which was destroyed by the hands of these very societies.

These factors, combined with the unique characteristics of Jewish victims of the Holocaust, point to the need for a wider discussion concerning the current and future needs of the Jewish victims of Nazi persecution worldwide. Holocaust victims suffer from multiple problems and needs associated with aging. They are poorer, more socially isolated and more likely to suffer from certain illnesses than other elderly, which are exacerbated because of their Holocaust-related experiences. As they age, even normal day to day activities or situations may conjure up

²⁶ The situation for Nazi victims in the FSU and other former Eastern bloc countries is and will continue to be particularly challenging and tenuous, as Holocaust victims have spent a greater number of years being persecuted – both during and after World War II – and are in poorer health and have poorer health outcomes, than victims in other countries with adequate services to help them. Smaller *per capita* GDP and lower expenditures for health-related services have resulted in a health and long-term care system that consistently underperforms when compared to Israel, the UNITED STATES or Western Europe. Following the fall of communism and the collapse of the "cradle to grave" welfare system, many vulnerable populations were left in poverty and without government support to keep them from the most abject conditions. Indeed, poverty among the elderly in Belarus, Bosnia-Herzegovina, Romania and the Russian Federation falls below the \$4/day threshold established by the United Nations Development Project (UNDP) for transitioning economies, while poverty levels in Azerbaijan, Georgia, Moldova and Ukraine hover around the \$1/day bare subsistence level that the UNDP has established for the least developed nations. At the same time, survivors living in these areas, particularly in the FSU, may need and demand a higher – or, certainly, a similar – level of care than survivors living elsewhere, but these countries are less able to support services for them. See Lev Krichevsky, "Jewish Centers Offer Safety Net for Elderly in Former Soviet Union," *JTA Daily News Bulletin*, October 29, 1999; Mark G. Field & Judyth L. Twigg, "Introduction" in *Russia's Torn Safety Nets: Health and Social Welfare during the Transition* (New York: St. Martin's Press, 2000) at 3; and Tighe *et al.* (2007), *op. cit.* at 8-12, 15 and 20.

²⁷ While institutionalization is generally resisted by the elderly, it is particularly abhorred by Nazi victims seeking to avoid memories of their personal traumatic wartime experience. See Beck & Miller (2005), *op. cit.* at 1. Also see S. Letzter-Pouw & P. Werner, "The Willingness To Enter a Nursing Home; A Comparison of Holocaust Survivors With Elderly People Who Did Not Experience The Holocaust," in *Journal of Gerontological Social Work*, 40(4) (2004).

lingering traumatic wartime memories. While the total number of Nazi victims is diminishing, as the remaining victims grow older, their need for social welfare and health care services, especially home care, is dramatically increasing.

The next section summarizes certain activities of the Claims Conference and its almost six decade battle to secure the rights of and assistance for Holocaust victims.

II. CLAIMS CONFERENCE

From its early days, the Claims Conference has vigorously pressed for the establishment and expansion of Holocaust-related compensation and other benefits programs for Jewish Holocaust victims. (A summary of the compensation programs is provided in Appendix B, attached to this report.) Over the course of its activities over the years, the priorities of the Claims Conference have evolved from rehabilitating victims in the immediate post-war period to caring for needy, vulnerable victims in the past decade, seeking to help ease the burdens they face to allow them to live out their days with a measure of dignity.

While there are many Holocaust victims who recovered fully from the trauma of the Shoah, rebuilding their lives and establishing financial independence, there are literally hundreds of thousands of Holocaust victims who today live in poverty. Many Holocaust victims are forced to choose among food, rent, and medicine, as surely all three are unattainable. In addition, there is a tier in society of near-poor, those who meagerly eek out an existence just above abject poverty but for whom economic disaster is one or two bad months away. For these victims, the funeral expenses of a spouse, unanticipated medical expenses from the sudden onset of a new condition, or changes in economics, such as increased fuel prices or a sharp drop in governmental subsidies for basic necessities, wreak havoc. Further, for those Holocaust victims with families, such as children or nieces and nephews, the economy can change the situation of the near poor survivor, who is getting small but important aid from the family member, to a source of funding for the recently unemployed family member. Any of these events can send near poor Holocaust victims spiraling downward into financial disaster, necessitating reliance on communal sources. The goal of the Claims Conference programs is to partner with agencies to provide assistance to achieve and maintain a dignified quality of life for victims. For those who suffered beyond compare, surely this is the least that we must provide.

The bulk of services provided to Holocaust victims, as is the case with all older adults, comes from government support. However, government entitlement programs contain significant gaps that condemn many Holocaust victims to live choosing between food and medicine. Simply put, there are hundreds of thousands of Jews who survived the Shoah and today are old, alone, poor, and sick.

In this light, the Claims Conference funds organizations and institutions around the world that provide essential social welfare services for Holocaust victims. The Claims Conference currently funds social service programs, with an emphasis on home- and community-based services, in 43 countries. The Claims Conference and its partner agencies have designed long-term care programs based on home- and community-based services to ensure quality of care in

an environment that will ensure that Holocaust victims live out the rest of their days in dignity and comfort. Using a “Continuum of Care” model, in which the Claims Conference works with local agencies to create and sustain services that take into account the particular conditions and needs of victims in their communities, criteria have been established that seek to ensure that the needs of Holocaust victims will be met. Continuum of Care includes case management, and continues with home care, health care, psychological services, food programs, emergency assistance, supportive communities, senior day centers, and housing security, shelter, and institutionalization.

Case Management: The starting point for quality of care in home- and community-based services is case management. Surely, in many countries in North America, Western Europe and in Israel, Nazi victims can draw upon services provided by public assistance and non-government organizations (NGOs). However, all too often, Holocaust victims do not – in fact, cannot – fully benefit from these programs. There are many reasons for this. First, it may be that they are unaware of such help. Additionally, Holocaust victims may be resistant to it for a whole range of reasons (many stemming from formative years’ experiences with being known by authorities and/or psychological perception of needing to be strong and never being able to admit frailty, knowing that it would lead to death in the camps). For some, as they become increasingly isolated because of frailty and impairment, they are physically or mentally unable to access assistance. Finally, for others, the process is overwhelming and can engender frustrating barriers such as extraordinary complexity in navigating bureaucracy, forms and delays. For poor and near-poor victims who are aging, often vulnerable and devoid of strong familial support, managing the tasks of daily living can be daunting, never mind facing the complex web of assistance programs that may keep them from living in severe privation. The reality is that in most societies public benefits, when available, are delivered in an overburdened, overly complex system. Aging elderly and frail victims often require professional guidance to understand and access the public and NGO assistance that is available to them. In professional case management, case workers are available to vulnerable clients to help guide them.

Case management consists of ongoing interaction between a social worker and a client. It begins with a comprehensive assessment of the client’s environmental, health, financial, social and physical situation. Case workers monitor the overall conditions of their clients and respond quickly to changes in their clients’ physical, psychological, medical and financial condition. In addition, the case worker connects clients with public and private programs and family resources. Even in countries and U.S. states that provide publicly-funded home- and community-based services that ensure a dignified level of in-home care,²⁸ it is essential that the case managers arranging for such care understand the particularities of Holocaust victims.²⁹

²⁸ In the United States, Medicaid programs are state-based. Some states, such as Massachusetts and New York provide a more substantial amount of home care, while others, such as Pennsylvania and Florida provide very little. Similarly, in Europe, long-term care insurance laws in Germany, and to a lesser extent Austria and the Netherlands, allow for relatively high level of care at home.

²⁹ For example, Selfhelp Community Services in New York City assigns its case workers to make home visits to survivors in New York City, complementing the home- and community-based services they receive from public funds. Case workers frequently combine their home visits with the delivery of a meal and use the visit to observe discrete changes in the client’s living conditions that may need attention.

Case workers strive to provide seamless delivery service. For example, the care of a Nazi victim receiving 12 hours of home care per week may be funded by different Claims Conference sources, other private philanthropic funds and public sources (e.g., Medicaid in the United States or *Bituach Leumi*/National Insurance Institute in Israel). It is incumbent upon the case worker to ensure that service is continuous and ideally from the same home health care agency. Further, case workers are trained to handle the special sensitivities of Holocaust victims.³⁰

Case managers also ensure that all elements in the continuum of care model are integrated. For example, a case worker at the Cummings Jewish Centre for Seniors in Montreal, Canada, ensured that a 79-year-old client with a broken arm would receive assistance with medical care, medical equipment, transportation, home-delivered meals, clothing and other services. Before the intervention of the agency's case manager, the victim did not receive any services that would enable her to remain in her home.

Home Care: Studies indicate that the largest area of unmet needs for Nazi victims continues to be home care services.³¹ As victims age, they, like general older adult populations, will experience significant limitations in their physical, mental and social functions. However, there are two differences between the general adult populations and Holocaust victims. First, as we have shown in Section I of this paper, Holocaust victims, as a result of what they endured, are more infirm, more isolated, poorer and more vulnerable to psychological distress than their counterparts who did not undergo the trauma of the Shoah. Second, nursing home and other forms of institutionalized long-term care are particularly traumatic for many victims, who often experience such care as a recurrence of their treatment at the hands of the Nazis.³² Home care services, on the other hand, allow Holocaust victims to remain in their homes as long as possible, even after they are disabled, by providing them assistance with activities of daily living, including bathing, dressing, eating and housekeeping and personal nursing care for those who need assistance with medication or medical equipment. Further, home care workers ensure that minor home modifications, such as guard rails in or near toilets and in bath tubs, ramps for the wheel-chair bound and special telephones for the hearing-impaired, are properly installed and maintained.

The provision of even minimal home care, such as a few hours of chore/housekeeping services per week, allows Holocaust victims to remain among familiar surroundings, significantly improving the quality of their daily life.³³

³⁰ As an example, the home health worker, unfamiliar with particular triggers of Holocaust victims, may become frustrated by the elderly wheel chair confined client who refuses to be pushed into the shower for bathing. While the untrained worker is simply trying to bathe the client, the Holocaust victim is experiencing severe trauma recalling the concentration camp experience and all of the associations with showers and being forced into them.

³¹ See Beck & Miller (2005), *op. cit.*, Miller *et al.* (2008), *op. cit.* and J. Brodsky, S. Be'er, & Y. Shnoor, *Holocaust Survivors in Israel: Current and Projected Needs for Home Nursing Care* (Jerusalem: JDC-Brookdale Institute, 2003).

³² Yael Danieli, "As Survivors Age, Part 1," in *National Center for PTSD Clinical Quarterly*, Winter 1994, at 3, and studies cited therein.

³³ Such home care has, in recent years, become a principal focus of Claims Conference efforts. For programs in 2004–2009, the Claims Conference obtained, through negotiations with the German government, a total of 81

Health Care: As previously mentioned, the physical and mental health needs of Holocaust victims differ significantly from other elderly. In general, their physical and mental health tends to be poorer than their contemporaries, including other elderly living in poverty. Subjective assessments of personal health by Jewish Nazi victims in Israel and the United States reflect similar disparity between Holocaust victims and non-victims. In Israel, nearly two-thirds of Jewish Nazi victims have reported that their health is “not so good” or “bad,”³⁴ whereas in the United States, just over 60 per cent per cent of Jewish Nazi victims described their health as “fair” or “poor.”³⁵ Particularly troubling are the general health conditions of Holocaust victims who have either remained in the FSU or have emigrated from the FSU to Israel, the United States, Germany and other countries. When compared to other Holocaust victims, regardless of where they currently live, their general health measures are worse.³⁶

While a number of the countries where Holocaust victims reside have universal health care for the elderly, many of these health care schemes require some cost-sharing for medical services, hospitalization, prescription drugs and durable medical equipment. These costs can add up for individuals on fixed incomes with chronic medical conditions. Further, there are many goods and services – either excluded from public coverage or with high cost-sharing requirements – that victims desperately need, such as eyeglasses, hearing aids, orthotics, prosthetic devices, incontinence pads, bed pans, wheel chairs and orthopedic beds, chairs and shoes. The Claims Conference has worked with local Jewish communities to develop health programs through its grants to help provide such critical additional assistance. However, despite these efforts, skyrocketing costs for medicines and co-pays, supplemental insurance, and items not covered under national programs make proper health care unattainable for hundreds of thousands of Holocaust victims.

Claims Conference grants also emphasize preventative medicine: Many Holocaust victims living on their own have personal emergency alert systems and have received home modifications, such as installation of safety devices and prophylactic, or non-slip aids, such as handrails in bathrooms and toilets, as discussed above, in the section on in-home services (at p. 10). Further, many agencies have begun to provide subsidies for medical treatment or have established clinics that rely on the *pro bono* medical services of professionals who are sensitive to the needs of Holocaust victims.³⁷

million Euros for in-home services for Nazi victims. This amount includes 30 million Euros for services in 2009. These funds were allocated for programs to 42 agencies assisting Holocaust victims in 17 countries.

³⁴ See Brodsky *et al.* (2003), *op. cit.*

³⁵ Kotler-Berkowitz *et al.* (2004), *op. cit.*

³⁶ See Tighe *et al.* (2007), *op. cit.* Also see Ukeles Associates, Inc., *Special Report. Nazi Victims in the New York Area: Selected Topics, 2002*. Prepared for UJA-Federation of New York. The Jewish Community Study of New York 2002. (New York: UJA-Federation of New York, 2003), at 23. The UJA study found that no respondents from the FSU thought that their health was excellent, while 85% reported “fair” or “poor” health.

³⁷ In 2007, over 820 Holocaust survivors in Romania received assistance for medical expenses through the Federation of Jewish Communities of Romania. In Bosnia-Herzegovina, La Benevolencia established a community pharmacy, which dispersed medication to nearly 200 survivors in 2008.

Dental Services: Even when universal health care is available for the elderly, dental care, which is a key component of maintaining physical health, is often overlooked. Dental disease is a prime example of the disease, injuries and trauma discussed above, which victims of the Holocaust endure as a result of their substantial malnutrition during war-time years. Poor dental care leads to bacterial infections, which in turn exacerbate the co-morbidities that older adults have, such as cardio-vascular disease. At the same time, other co-morbidities, such as diabetes, affect oral health.

Poor dental health is particularly acute for victims who spent the post-war years in Eastern Europe or the FSU, regardless of where they live today. Moreover, other poor and near-poor victims in countries with significant health care for older adults often suffer from a gap in entitlements. In the United States, for example, the Medicare program does not include dental care and dental care under Medicaid is severely limited.

Hence, the Claims Conference has worked with its partner agencies to establish dental services that address the needs of Holocaust victims. For example, the Jewish Family and Children's Service of Greater Boston established a dental clinic that provided extensive services to 90 Holocaust victims in 2008. Such dental care programs include emergency treatment for relief of pain and infection, x-rays to assess state of oral health, and provide for the cost of dentures and denture repairs. Through the Foundation for the Benefit of Holocaust Victims in Israel, the Claims Conference has subsidized dentures for thousands of Holocaust victims. The Claims Conference also assists victims who cannot afford the high cost-sharing requirements of many public dental care programs.

Psychological Services: Holocaust victims' special psychological needs have been known for many years. As mentioned above, loss of cognitive function, particularly short-term memory, regardless of degree, is particularly traumatic for survivors and post-war accomplishments are often overshadowed by wartime experiences.³⁸ Moreover, the "natural" decline of social and familial supports—the loss of a spouse, the high level of international geographical mobility of adult children of survivors resulting in a split of networks across different countries,³⁹ declining income as a result of both smaller household size and declining health, is often debilitating both physically (manifest in increased loss of mobility) and psychologically (presented as clinical depression) for victims. After a lifetime of pursuing activities and making decisions in concert with others, whether they were family members or

³⁸ See Adler *et al.* (2004), *op. cit.* and David (2003), *op. cit.*

³⁹ As noted above, adult children of Holocaust victims in the FSU are more likely to live in other countries than the children of victims in other countries. This does not mean, however, that children are geographically proximate. For nearly Jewish demographic studies have noted increased geographical mobility of adults, so that even when Holocaust victims and their adult children live in the same country, they are sometimes thousands of miles apart, particularly in the United States, where retirement communities abound in states such as Arizona and Florida. See, for example, Sidney Goldstein & Alice Goldstein, *Jews on the Move. Implications for Jewish Identity* (New York: SUNY Press, 1996) **as well as** Sergio DellaPergola, *Neediness Among Jewish Shoah Survivors. A Key to Global Resource Allocation* (Jerusalem: The Hebrew University and the Jewish People Policy Planning Institute, 2004).

friends in the best of times, or other concentration camp inmates in the worst of times, victims suddenly find themselves painfully alone. Elderly persons have the highest rates of suicide among any age group, but aging Holocaust victims are at increased risk of attempting suicide.⁴⁰

Many of the Claims Conference's partner agencies serving this population have also provided therapeutic interventions including counseling and Jewish spiritual care, support groups for Holocaust victims, and support programs for family members and caregivers. Through Claims Conference support, 9,000 Holocaust victims in Israel receive psychological counseling through the organization Amcha, and 3,000 are members of Amcha's day clubs.

Food Programs: Food programs are an essential component of home- and community-based services. Many Holocaust victims are at risk of food insecurity – that is, limited or uncertain availability of, or ability to acquire, adequate and safe foods – and hunger.⁴¹ Inadequate diets may contribute to or exacerbate disease.⁴² Moreover, food programs decrease the isolation of victims, either by combining a home-delivered hot meal to a client (meals-on-wheels) with a friendly visit from a case worker or trained volunteer, or by inviting clients to congregate meals, with victims and others, which are frequently held at local Jewish communal centers.⁴³ In addition, in the “warm home” model, small groups of Holocaust victims gather at one victim's house for a meal. Beyond the nutritional value, socialization occurs as warm home participants are usually clustered (organized by social welfare agency) around common war time experiences and locations. Other food programs include food vouchers/cash grants that enable victims to purchase groceries and the provision of food packages, which are particularly important for those living in areas in the FSU and other parts of Central and Eastern Europe, as well as the homebound.

For example, throughout the FSU, a network of Jewish social service agencies called Hesed organizations (Hesed is Hebrew term for acts of loving kindness) are providing, with Claims Conference funding in 2009, more than 353,000 hot meals in communal settings, more than 508,000 meals-on-wheels, 169,000 fresh foods sets, and 148,000 food packages. In addition, the Claims Conference is working with Jewish communal organizations in many other countries that provide hunger relief, including dozens of communal meal settings (soup kitchens) in Israel and

⁴⁰ Barak *et al, op. cit.* (2005). See also Y. Barak & H. Szor, “Lifelong posttraumatic stress disorder: evidence from aging Holocaust survivors,” *Dialogues in Clinical Neuroscience* 2000; 2:1-6; S. Robinson, “The current mental state of aging Holocaust survivors,” *Gerontology* (Israel) 1996; 73:39-41; **and** S. Robinson, M. Rapaport-Bar-Sever & J. Rapaport, “The present state of people who survived the Holocaust as children,” *Acta Psychiatria Scandinavia* 1994; 89:242-245.

⁴¹ S. A. Anderson, “Core indicators of nutritional state for difficult-to-sample populations,” *Journal of Nutrition*, 120 (11s):1557-1600 (1990).

⁴² F. M. Torres-Gil, “Malnutrition and the Elderly,” *Nutrition Reviews* 54(1):S7-S8 (1996).

⁴³ S. B. Roberts, “Energy regulation and aging: Recent findings and their implications,” *Nutrition Reviews*, 58(4):91-97 (2000).

even food delivery programs in Western countries such as the United States, Australia, Canada and the United Kingdom.⁴⁴

Emergency Assistance: Emergency Assistance programs provide short- term financial assistance to victims in acute or crisis situations. Funds are applied toward housing costs to prevent eviction, utility payments to prevent shut-offs, emergency relocation, dental care, medical care, home care, client transportation and other services such as winter clothing and funeral expenses. Emergency funds are used as a stop-gap measure until a victim can receive public funds or a long term solution can be found. For example, emergency home care would include short-term nursing hours, as opposed to long-term care, after a hospital stay. The goal of the program is to be flexible enough to respond to whatever the problem is.

Client Transportation: In order for Holocaust victims to avail themselves of many of the various services described, they must have access to reliable transportation. Client transportation programs enable victims to obtain social services outside of the home, such as respite care and Café Europa programs, as well as participate in other social, recreational and cultural events, congregate meals, religious services, medical appointments, shopping and other errands.⁴⁵ By helping Holocaust victims get out and about, particularly those with vision and hearing difficulties who are afraid to go out on their own, the client transportation programs relieve victims' feelings of isolation and enable them to feel more independent.

Socialization Programs: An Israeli study⁴⁶ found that Holocaust victims expressed a strong desire to participate in social activities and to receive emotional and social support. The need to find meaning and feel connected, especially with other victims who can understand and share experiences from the past and present, is critical. Surprisingly, only 19 per cent of the victims surveyed reported attending social clubs, though many others expressed interest. To counter this trend, most agencies serving Holocaust victims, and in many instances victims themselves, have formed socialization programs, commonly known as Café Europa. Café Europa programs provide Jewish Nazi victims with an opportunity to socialize within a support network. Further, speakers provide information on a range of topics from compensation and restitution issues to older adult health care issues to general interest topics. Such groups are meeting in virtually every place that Holocaust victims live from Buenos Aires to Budapest. In

⁴⁴ As examples, in Brooklyn, New York, the Jewish Community Council of Greater Coney Island served 12,127 meals to 1,440 Holocaust victims as part of its Sunday Senior Program in 2006. It also delivered 5,957 meals to Holocaust victims at home. The Jewish Centre of Aging in Sydney, Australia served 25,700 meals in 2006, either at the Centre or through its home-delivered Kosher Meals-on-Wheels program. For list of additional programs, see the Claims Conference website at www.claimscon.org or the Claims Conference Annual Report.

⁴⁵ In Brooklyn, New York, the Jewish Community Center of Greater Coney Island provided more than 8,561 trips to 1,045 clients during 2007. In Toronto, Canada, the Circle of Care Transportation Service boasts a fleet of four vehicles, six drivers, and operates 4.5 days per week, as well as in the evenings for special outings. The service provides about 800 rides monthly. In the Czech Republic, a handicapped accessible van enables Holocaust victims with limited mobility to participate in communal meals and get to medical appointments.

⁴⁶ Jenny Brodsky & Yaron King, *A Survey of Disabled Victims of Nazi Persecution and Disabled Veterans of War against the Nazis*. (Jerusalem: JDC-Brookdale Institute of Gerontology and Human Development, November 1997).

Los Angeles, for example, Holocaust victims and college students meet to discuss victims' lives before, during and after the war. These programs provide victims with a social framework and comfortable environment where they can be entertained and make friends among their peers. The sense of doing things collectively is extremely important to the Holocaust victim population and the isolation many feel now is in complete contrast to how they felt when they were younger, even in the worst of circumstances. As one Holocaust victim noted, "When we had to stand at attention for hours, we stood together, propping up one another when weak. When we dug ditches we did it together, one holding and moving the arms and shovel for another who didn't have strength that day. We were desperate, but never alone."⁴⁷

Community-Based Programs (Supportive Communities and Senior Day Centers): Supportive Communities Community-based efforts to maintain Holocaust victims in their homes and add dignity to their lives are important pieces in the continuum of care. In neighborhoods with substantial numbers of Nazi victims, the supportive communities model helps to address the needs of aging and increasingly frail victims. Through joining a neighborhood association, members are provided with services such as personal emergency alert systems, home modifications, counseling, security and socialization programs. For elderly living alone the knowledge that someone will check in on them on a regular basis is a comfort and can be life-saving. In Israel, the Claims Conference is providing subventions for any low-income Holocaust victim who wishes to participate in one of the several hundred supportive communities throughout the country.

Senior Day Centers Similarly, senior day centers provide activities to combat loneliness and isolation associated with old age. Programs are combinations of health and social services designed to help prevent the premature placement into long term care facilities, offer participants opportunities to socialize, enjoy peer support, and receive medical and social services in a stimulating environment while sustaining independence and provide assistance to families and caregivers (often spouses who themselves may be Holocaust victims) who are responsible for an impaired older adult. The support given at the senior day center allows participants to preserve their precious independence while providing beneficial respite to family members and caregivers. The Claims Conference offers subventions toward the cost of participation for thousands of low-income Holocaust victims who attend one of 140 senior day centers across Israel.⁴⁸

Housing Security, Shelter, and Institutionalization: Notwithstanding these home- and community-based efforts, the Claims Conference recognizes that, despite efforts to keep Holocaust victims at home as long as possible, as this population gets older and more infirm, many will no longer be able to remain in their homes, particularly if they live alone. In Israel, the Claims Conference funds capital projects that shelter and/or provide institutional settings for Holocaust victims. This includes support for old age homes, psychiatric hospitals, senior day care centers, geriatric centers and hospitals, sheltered housing, and nursing units on kibbutzim. The lack of affordable stable housing for many elderly further exacerbates the

⁴⁷ Auschwitz survivor as quoted in Agronin, *op. cit.*

⁴⁸ It should be noted that well over half of the Senior Day Centers in Israel were established with Claims Conference funding as well.

economic pressure felt by Holocaust victims. As housing costs drain individual savings and inflate the cost of living, the struggle of the near poor is intensified. Understanding the enormity of the finances required to address these issues, the Claims Conference's only possible response has been to provide emergency cash assistance to help alleviate a crisis situation while case managers help to develop a care plan. Additional facilities for congregate living and sheltered housing are required.

Despite the Continuum of Care that these services are geared to provide, there remain many unmet needs. In the past decade, Holocaust victims have seen the average public pension benefit decline in the majority of countries in which they live, raising the risk of more of them falling into poverty. Even in Western Europe, there has been a notable drop in the generosity of pension benefits in several countries, including Belgium, Denmark, Greece and the United Kingdom. In Israel, the value of the old-age pension benefit has declined as well and the government introduced higher eligibility standards for elder care programs. These phenomena have also occurred in Central and East European countries as they transitioned to market systems. The net result has been massive changes to public pension systems, hurting most those who were already living close to poverty.

Most of the activities of the Claims Conference have been funded by Successor Organization funds (proceeds from restituted unclaimed property in the former East Germany) as well as other sources (see discussion below). Since 2005, the Federal Republic of Germany also began to address these needs (see fn. 33 above). Claims Conference funding for social welfare programs has had a huge impact on Holocaust victims; however, the needs are beyond current Claims Conference resources. Further, the funding sources that, for example, support current Claims Conference allocations for social services will not last nearly as long as Holocaust victims are in need. Substantial, additional funding sources will have to be developed.

III. ADDRESSING THE CURRENT AND FUTURE NEEDS OF NAZI VICTIMS

The work which must be done to assist Holocaust victims in their waning years is far from complete. As Jewish victims of Nazism enter the last chapter of their lives – lives shaped by the appalling experiences and terror they were forced to endure during the Holocaust – many require special care to address their health and other needs. These victims, including those who succeeded in rehabilitating themselves after the war against the greatest odds and with minimal if any assistance, have, in the latter years of their lives, found themselves in distress and without adequate resources to meet their essential needs, including the costs of medication and other critical services.

The identification of the many challenges Nazi victims must inevitably confront in their remaining years, and helping to educate governmental and social service leaders to respond to their special plight, as well as providing financial and planning assistance throughout the world, must be a central mission of the Prague Conference and its aftermath. Providing crucial assistance to these elderly people in need who, understandably, are not capable of coping with the consequences that human malevolence together with time have wrought, must become an

international commitment. Care for these Holocaust victims over the next two decades cannot be the exclusive obligation of any particular country or organization, but the collective responsibility of all.

Over the years, the Claims Conference has applied proceeds of sales of property it has obtained in the former East Germany as the Successor Organization to general social welfare services which assist Nazi victims. In addition, the Claims Conference has distributed and continues to administer social service grants from a number of other Holocaust-related benefits programs, including the following: Swiss Banks Settlement, through funds allotted to the Looted Assets Class; the “Hungarian Gold Train” Settlement; the International Commission on Holocaust Era Insurance Claims (ICHEIC); and international Nazi Persecutee Relief Fund from governments of Austria, France, Spain, and the United States.⁴⁹

For services in 2009, the Claims Conference has allocated a total of approximately \$170 million.

The funds are from the following sources:

Successor Organization	\$92,000,000
German Government	\$39,000,000
ICHEIC (Insurance Settlements)	\$20,000,000
Swiss Banks Settlement	\$ 5,000,000
Hungarian Gold Train Settlement	\$ 4,200,000
Other	\$ 9,800,000

However, many of these sources of funding are running out:

⁴⁹ The Hungarian Gold Train Settlement (“HGTS”) concluded a class action lawsuit brought by Jewish Hungarian Holocaust survivors against the U.S. government regarding the handling of property contained on the “Hungarian Gold Train.” The Hungarian Gold Train was a train taken into custody by the U.S. Army in Austria, in May 1945, as it transported personal property which had been illegally taken by the Hungarian government from the Jews of Hungary. As part of the HGTS, the U.S. government agreed to pay \$25 million, of which \$21 million is being used to fund social service programs for the benefit of eligible Jewish Hungarian Holocaust survivors over a five-year period. The Claims Conference administers the distribution of these funds for survivors of Hungarian descent worldwide.

The Claims Conference has been administering social welfare grants on behalf of the International Commission on Holocaust Era Assets Insurance Claims (ICHEIC) to agencies in 32 countries which provide essential social services to needy Jewish victims of Nazism. The ICHEIC funds were used primarily to provide home care, as well as other services enabling Holocaust victims to remain living in their own homes, which include provision of food packages, hot meals, medical equipment and medications.

The Nazi Persecutee Relief Fund, an international fund created as a result of the 1997 “Nazi Gold Conference,” provided resources for the relief of needy victims of Nazi persecution who had received very little or no compensation for their persecution. Contributions, from approximately 20 countries, were channeled through non-governmental organizations, including the Claims Conference.

<u>Source of Funding</u>	<u>Estimated End Date</u>
Successor Organization	4 -5 years (Claims Conference has already indicated intention to allocate \$117 million annually for these purposes from SO funds in 2010-2012)
German Government	Subject to annual negotiations
ICHEIC (Insurance Settlements)	December 31, 2009
Swiss Banks Settlement	June 30, 2011
Hungarian Gold Train Settlement	December 31, 2010
Other	December 31, 2009

It must be noted that there are several other sources of funding available from restitution sources, such as the German Foundation “Remembrance Responsibility and the Future” Future Fund, Fondation pour la Memoire de la Shoah, and similar funds in other European countries, such as Austria, Netherlands, *et alia*. While these funds may go on in perpetuity, each provides a much smaller amount of annual funding, only a portion of which is devoted to social welfare needs of Holocaust victims. In addition, there has been a restitution body created in Israel, “The Company for Restitution of Holocaust Victims Assets,” which may have significant sums available for distribution.

Funding derived from unclaimed assets within the control of the Claims Conference has overwhelmingly been used for the social welfare needs of needy Holocaust victims. Indeed, funds generated from properties in East Germany have been used for social welfare needs of Holocaust victims regardless of country in which they currently live or country of origin. This act of Jewish solidarity has enabled tens of thousands of poor elderly Holocaust victims to live their final days with some dignity.

As the funds from available sources deplete, long before there is a substantial decrease in the pressing needs of Holocaust victims, alternate and additional sources of funding must be found. It is for this reason that we call upon signatory countries and the EU to establish fund(s) to provide for the social welfare needs of vulnerable Holocaust survivors.

We must not abandon these people, again.

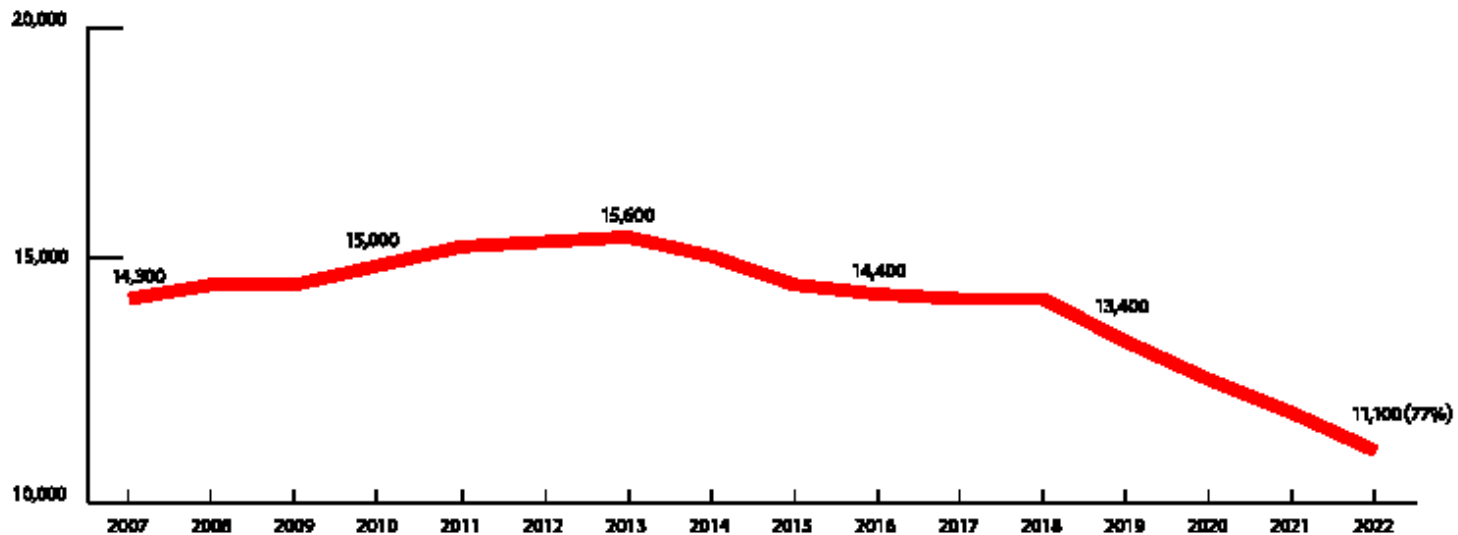
Toward the goal of enabling Holocaust victims to live their remaining years with the dignity they deserve, the Claims Conference recommends that the Participating States, as well as the European Union, support and encourage, as a high priority, the following actions:

1. The establishment of an international assistance fund, or of discrete national assistance funds, for Nazi victims, in which all countries would participate and which would provide funding for critical services required by the most vulnerable of elderly Holocaust victims – such as hunger relief, medicine, or home care – and access to the medical and social support programs offered in their home countries;
2. Efforts to ensure passage and implementation of Nazi victim assistance legislation which, among other matters, improves the social and legal status of Holocaust victims in their home countries and which exempts from taxes or needs-based benefits any Holocaust-related assistance received by Holocaust victims or their heirs;
3. Strengthening and otherwise improving existing programs which care for Holocaust victims;
4. The establishment or the reinforcement of programs which provide payments that acknowledge – even if only symbolically – the suffering endured by Holocaust victims and ensuring that such payments are linked to inflation and cost of living increases; and
5. The establishment of a center which would be responsible for researching the current status of assistance programs for Holocaust victims, disseminating information about such programs, facilitating international cooperation regarding aid for Holocaust victims and otherwise lobbying on their behalf.

Time is truly of the essence and is not an ally in this necessary and correct mission to assist the aging, substantially impoverished and increasingly disabled Nazi victim population.

Appendix A

Estimated Holocaust Survivors Eligible for Foundation Assistance (Homecare), Based on Use of Foundation Assistance in November 2007* Projection



Source: Myers-JDC-Brookdale Institute, *Holocaust Survivors in Israel: Population Estimates and Utilization of Services for Nursing Care at Home*, Table 7, June 22, 2008

* Note that the estimates in table 7 are based on the utilization rates that we received from the Foundation and were accurate in November 2007. The number of Survivors receiving assistance from the Foundation increased since then, and stands at about 15,600. In the near future, Brookdale will receive the updated data from the Foundation and accordingly will update the projections based on the new data.

Appendix B

SUMMARY:

CLAIMS CONFERENCE INVOLVEMENT IN HOLOCAUST-RELATED COMPENSATION PROGRAMS

A. BACKGROUND

In 1951, Konrad Adenauer, the first Chancellor of the Federal Republic of Germany, declared to a special session of the Bundestag:

“Unspeakable crimes have been committed in the name of the German people which impose upon them the obligation to make moral and material amends, both as regards the individual damage which Jews have suffered and as regards Jewish property for which there are no longer individual claimants.”

Not long after this acknowledgment of Germany’s responsibility to Jewish victims of Nazi persecution, representatives of 23 major national and international Jewish organizations, from eight nations, met in New York. While emphasizing that no indemnity, however, large, “can make good the destruction of human life and cultural values,” or atone for the murder of the Jews during the Holocaust, this group established the Conference on Jewish Material Claims Against Germany – the Claims Conference.

Organized to seek material restitution for Jewish victims of Nazi persecution, the Claims Conference had two fundamental objectives: (i) to obtain support for the relief, rehabilitation and resettlement of Jewish victims of Nazi persecution, including assistance in rebuilding Jewish communities and institutions devastated by the Nazis; and (ii) to obtain indemnification for injuries inflicted on individual victims of Nazi persecution and restitution for properties confiscated by the Nazis.

Following extensive negotiations, the Federal Republic of Germany, Israel and the Claims Conference, in September 1952, signed the “Luxembourg Agreements,” which served as the basis for the German federal indemnification and restitution programs for Nazi victims. In the agreements, West Germany made a commitment to enact laws which would compensate Nazi victims for damage arising from Nazi persecution, and agreed to pay DM 3 billion to Israel in the form of goods and services. West Germany also allocated DM 450 million to the Claims Conference which, during the period 1952-1964, it distributed to help rebuild Jewish communities devastated by the Nazis, revive Jewish cultural life in Europe, and assist individual Jewish Nazi victims with relief, rehabilitation and resettlement services in 40 nations.

Since that time, the Claims Conference has continued to vigorously press for the establishment and expansion of Holocaust-related benefits from Germany and others.

B. HOLOCAUST-RELATED COMPENSATION PROGRAMS

1. GERMANY

As a result of negotiations with the Claims Conference, which continue to this day, Germany has helped establish and fund a number of Holocaust-related annuities and other compensation programs. While the Claims Conference typically administers such compensation programs – processing applications, actively assisting claimants in establishing eligibility by helping to search for necessary documentation and making payments – the German government always determines their eligibility criteria.⁵⁰

a. BEG

The Federal Republic of Germany enacted the *Bundesentschädigungsgesetz*, or BEG, a series of indemnification laws which established the primary compensation program for Nazi victims in the 1950s. These laws were intended to compensate individuals persecuted for political, racial, religious or ideological reasons, and who suffered physical injury or loss of freedom, property, income, professional and financial advancement as a result of such persecution.

These indemnification laws, however, failed to cover all Nazi victims. Eligibility, for example, was limited to Nazi victims who were former or current German citizens, or who had a recognized status as refugees and stateless persons, who resided in the West, and who filed claims by the 1965 (later extended to 1969) deadline.

To address certain shortcomings of the German indemnification program and try to provide additional Holocaust-related compensation for Jewish victims of Nazism, especially those in need, the Claims Conference became an advocate for expanding the BEG and for establishing other compensation programs for Jewish Nazi victims. As a result, the Claims Conference has negotiated over twenty separate agreements with German and Austrian government and industry. These programs have led to compensation payments, collectively, to more than 500,000 Jewish victims of Nazi persecution. Today, approximately 200,000 Nazi victims continue to receive payments from programs negotiated by the Claims Conference, in addition

⁵⁰ The Claims Conference helps to locate relevant evidence at a wide variety of archives, including German indemnification agencies, the International Tracing Service, concentration camp records, archives in the former Soviet Union, the Russian Red Cross, the U.S. Holocaust Memorial Museum and Yad Vashem in Israel. Such research not only assists survivors with their compensation claims, but has added to the known history of the Shoah, helping to ensure that survivors' stories remain after they are gone. Focusing on Holocaust-related compensation, in other words, also has become part of the process of bringing about the restitution of history.

to the 48,000 Nazi victims, living in Israel, who receive pensions from the Israeli Ministry of Finance.⁵¹ Several of the compensation programs are described in the following pages.

b. HARDSHIP FUND

Many who survived the Holocaust escaped the Nazi onslaught by fleeing to the East. After the war, however, they were forced to remain in the Soviet bloc countries, either unaware of or unable to apply to the BEG, the German federal indemnification program. By the time these victims of Nazi persecution, who had received no Holocaust-related compensation while behind the Iron Curtain, finally managed to immigrate to the West, they had missed the BEG claims deadline or otherwise did not qualify under the German law.

Unable to reopen the BEG filing deadline, the Claims Conference nonetheless was able to persuade Germany to compensate the growing number of Jewish Nazi victims who were émigrés from Soviet bloc countries. Ultimately, the Claims Conference was successful in pressing the Federal Republic of Germany to establish, in 1980, the “Hardship Fund.” Many of those eligible for the Hardship Fund were Jewish victims of Nazism who had emigrated from communist controlled countries to the West after 1969, had “suffered in their health because of National Socialist violence and therefore (are) in a hardship situation,” and had not been able to file for BEG pensions from Germany before its deadline expired.

While the German government determined its eligibility criteria, the Claims Conference administers the Hardship Fund – by processing applications, responding to inquiries, helping to locate documentation, and making one-time payments of 2,556 Euros to eligible Jewish victims. Estimating that 80,000 victims would benefit, Germany initially committed DM 400 million to the Hardship Fund in 1980. However, in light of subsequent events, including the collapse of communism in Europe and the Soviet Union and the related, mass immigration from Soviet bloc countries to the West, approximately 325,000 Nazi victims (180,000 of whom live(d) in Israel) have been approved for a Hardship Fund payment, amounting to over \$850 million paid. In addition, the Claims Conference continues to approve of approximately 5,000 Hardship Fund applications annually.

Leningrad Fund. In 2008, the Claims Conference concluded an agreement with Germany which provided for one-time Hardship Fund payments to certain Jewish victims of the Nazi siege of Leningrad. As a result, Jewish individuals who were in Leningrad at some time during the siege, between September 1941 and January 1944, or fled from Leningrad during that period, are eligible for a 2,556 Euro payment, as long as they meet the other eligibility criteria of the Hardship Fund. This program represents the first time that Germany has recognized the persecution of Jews who endured any part of the 900 day siege of Leningrad.

c. ARTICLE 2 FUND

⁵¹ For 2009, the government of Israel has increased benefits earmarked for Holocaust survivors including expanded eligibility for pension payments, additional benefits for recipients of the Claims Conference Article 2 Fund, special payments to Holocaust survivors who meet poverty guidelines.

Unlike West Germany, which acknowledged its obligation to Holocaust victims, the communist regime of the German Democratic Republic flatly denied any such responsibility. However, as West and East Germany addressed issues related to their proposed union, the Claims Conference was determined that the newly unified Germany be required to compensate victims of the Holocaust who had not previously received indemnification.

With the active support of the U.S. government, Claims Conference negotiations led to a commitment from Germany for additional Holocaust-related compensation. Thus, Article 2 of the Implementation Agreement to the German Unification Treaty (of October 3, 1990) reads, in part, as follows:

“The Federal Government is prepared, in continuation of the policy of the German Federal Republic, to enter into agreements with the Claims Conference for additional Fund arrangements in order to provide hardship payments to persecutees who thus far received no or only minimal compensation according to the legislative provisions of the German Federal Republic.”

The resulting program – known as the Article 2 Fund – is administered by the Claims Conference pursuant to guidelines determined by the German government. Eligible survivors – who had been in concentration camps or ghettos, in hiding, or lived under false identity for specified periods of time, and whose current income was below specified levels – receive a monthly pension of 291 Euros.

Payments under the Article 2 Fund began in August 1995 and, as of December 2008, the Claims Conference had approved more than 78,200 applicants for such monthly pensions and has paid approximately \$2.5 billion.

d. CEEF

In 1998, the Central and Eastern Europe Fund (“CEEF”), another consequence of Claims Conference negotiations with Germany was established. Under the CEEF, victims of Nazi persecution – currently living in Central and East Europe, or countries of the former Soviet Union – for the first time, received compensation for their suffering during the Holocaust. The CEEF is administered by the Claims Conference and is governed by the Article 2 Fund eligibility criteria mandated by Germany.

As of January 1, 2010, the monthly payment under the CEEF will increase to 240 Euros for all beneficiaries. 23,547 Holocaust survivors in Central and East European countries and the former Soviet Union have been approved for CEEF pensions as of December 31, 2008 and a total of approximately \$350 million had been paid out to them.

e. BUDAPEST FUND

In the summer of 2008, the Claims Conference secured funding from Germany for certain Jewish survivors of the Nazi occupation of Budapest. In recognition of the imprisonment and suffering in Budapest, Jewish survivors who currently reside in Eastern Europe and have not previously received any payments from Holocaust-related compensation programs are eligible for a one-time payment of 1,900 Euros from the Claims Conference Budapest Fund. Through this program, an estimated 6,500 survivors will, in total, be paid approximately 12.3 million Euros.

f. FOUNDATION FOR FORMER SLAVE AND FORCED LABORERS

Beginning in 1998, several class action lawsuits, brought by former slave and forced laborers, were filed in the United States against German companies. The lawsuits charged, among other claims, that the companies had used slave and forced labor during World War II and had Aryanized properties. Following protracted negotiations, which included the Claims Conference, the legal actions were resolved, in 2000, and a global settlement of the claims reached. As a result of the global settlement, Germany adopted legislation effectuating the Foundation “Remembrance, Responsibility and Future” (“German Foundation”), a fund of approximately \$5 billion (DM 10 billion), to which both the German government and more than 5,000 German companies contributed, to compensate surviving former slave and forced laborers under the Nazis.

The agreement to establish such a fund was the culmination of years of effort to compel the government and businesses of Germany to acknowledge their uses of slave and forced labor during World War II.

(i) Slave and Forced Labor Program

Once the German government and German industry agreed to establish the \$5 billion foundation, it became the responsibility of the Claims Conference to administer and process applications (in eight different languages) from, and make payments to Jewish survivors around the world who established they had been slave or forced laborers, except those in the Czech Republic, Poland and the former Soviet Union, where separate national foundations handled the Jewish claims. The Claims Conference also assisted survivors in obtaining documentation of persecution histories and in preparing claims – through a network of social service and Jewish communal organizations around the world. By the time the Claims Conference made its final payments for the German Foundation program,

on December 31, 2006, it had distributed \$1.2 billion to 146,136 Jewish survivors and 19,952 heirs of survivors.⁵²

⁵² Under this Program for Former Slave and Forced Laborers, along with the Swiss Banks Settlement programs (describe at pp. 10-12), the Claims Conference made payments to claimants in a total of 75 countries.

(ii) Fund for Victims of Medical Experiments and Other Injuries

The Claims Conference also administered the German Foundation's Fund for Victims of Medical Experiments and Other Injuries for Jewish claimants (except for victims of medical experiments residing in the Czech Republic, Poland and the former Soviet Union). In researching applications submitted to this program, the Claims Conference uncovered significant new evidence that had not been previously documented, about medical experimentation in the Third Reich.⁵³ The Claims Conference research of previously unrecorded experiments not only enabled many victims to be declared eligible for compensation, but also led to the compilation of the most comprehensive list in existence of Nazi medical experiments. This project rescued a piece of history that would otherwise have been forever lost with the last of the survivors.

By the conclusion of this program, the Claims Conference made payments to approximately 2,500 Jewish victims of Nazi medical experiments of 6,700 Euros (about \$8,600) each, for a total of 16.6 million Euros (about \$20.7 million).

g. GHETTO FUND⁵⁴

As a result of additional negotiations with Germany, in September 2007, Germany announced the establishment of a new fund which would issue one-time payments of 2,000 Euros to Holocaust survivors who performed voluntary work in ghettos, subject to other eligibility criteria imposed by the German government. The German government expects that 50,000 survivors will likely be eligible for payment.

The Claims Conference is not involved in the administration of these symbolic, one-time, Ghetto Fund payments.

⁵³ The documentation indicated that 178 different types of medical experiments were conducted in more than 30 camps and ghettos. The Nazi actions, which include Dr. Josef Mengele's infamous experimentation on twins and dwarves, were gruesome and included experiments performed without anesthesia, injections to attempt to change the color of people's eyes, sterilization, injection of infectious diseases and poisons, and unnecessary amputations and organ removals.

⁵⁴ Since 1997, the German government has awarded pensions to Holocaust survivors, based upon work they performed for some form of remuneration in Polish ghettos, similar to Lodz, during World War II. In 2002, this pension program was expanded through supplemental German legislation – the *Gesetz zur Zahlbarmachung von Renten aus Beschäftigungen in einem Ghetto* – known as the Ghetto Pension or ZRBG. Under the ZRBG, a former resident of any European ghetto which was incorporated into or annexed by the German Reich qualified for a Ghetto Pension, providing certain work-related conditions were met. However, since its beginning in 2002, the Ghetto Pension program was plagued with difficulties. The Claims Conference, in conjunction with U.S. legislators and the Israeli government, actively pressed German authorities to resolve the problems associated with the Ghetto Pension, particularly its high rejection rate. For example, as of late 2007, 64,000 of the 70,000 applications submitted had been denied. The result was the establishment of the Ghetto Fund.

2. SWITZERLAND: SWISS BANKS SETTLEMENT

In 1996 and 1997, a series of class action lawsuits against certain Swiss banks and other financial entities brought by Holocaust survivors claimed, among other matters, that the Swiss financial institutions collaborated with and aided the Nazi regime, by knowingly retaining and concealing assets of Holocaust victims, and by accepting and laundering illegally obtained Nazi loot and profits of slave labor.

The lawsuits were settled in 1999 and a \$1.25 billion Settlement Agreement for the Swiss Banks litigation was signed and endorsed by 17 major Jewish organizations.⁵⁵ The Settlement Agreement established the following five classes of claimants who would share in the \$1.25 billion settlement fund: the Deposited Assets Class – Nazi victims and their heirs who had accounts in Swiss banks; Slave Labor Class I – claimants who performed slave labor for German and other companies which may have transacted their profits through Swiss entities; the Refugees Class – individuals who were denied entry into or expelled from Switzerland, or were mistreated in Switzerland; Slave Labor Class II – claimants who performed slave labor for Swiss entities; and the Looted Assets Class – claimants whose assets were seized by the Nazis and handled through Switzerland or Swiss entities. Eventually, a de facto sixth class of beneficiaries was created consisting of Nazi victims and their heirs who had purchased insurance policies between 1920 and 1945 from certain insurance companies. A distribution plan for the \$1.25 billion settlement was approved by the presiding Court. Under the supervision of the Court and its Special Master, the Claims Conference assumed responsibility for and

⁵⁵ During the course of the lawsuits and settlement discussion, the findings of the Volcker and Bergier commissions, established to explore Switzerland's role during the Holocaust era, were instructive to the ultimate settlement and distribution recommendations made. The Independent Committee of Eminent Persons – known as the Volcker Committee – arose out of an agreement among the Swiss Bankers Association, the World Jewish Restitution Organization and the World Jewish Congress in 1996. The final report of the Volcker Committee showed the following: some 6.8 million Swiss bank accounts were open or opened the period 1933-1945; documents relating to approximately 2.7 million of the accounts had been destroyed; thus, records relating to approximately 4.1 million Holocaust-era Swiss accounts still existed. While the Committee determined that 36,000 of these accounts had a “probable or possible relationship to victims of Nazi persecution” with a value of approximately \$643 million to \$1.36 billion, including interest, the Swiss Federal Banking Commission authorized the Swiss Banks to “publish [21,000] accounts that are deemed by the Volcker Committee to have a probability of being related to victims of the Holocaust” and to “create a central database containing [the approximately 36,000] accounts the Volcker Committee considers to be probably or possibly related to Holocaust victims.”

The Swiss Parliament established the Bergier Commission in 1996 to “examine the period prior to, during and immediately after the Second World War” and to specifically investigate how money and assets found their way into Switzerland in connection with Nazi politics. The Commission concluded that the Swiss National Bank played a significant role in handling Reichsbank gold, that it did not act in good faith in engaging in gold transactions with the Nazis, and that the commercial banks played a less significant, but equally noteworthy role. The Commission also condemned the Swiss decisions to encourage Germany to mark the passports of Jewish persons with a “J” stamp in 1938, to seal its borders to “racially” persecuted persons in 1942, and to refuse “to help people in mortal danger.” In its final report, the Bergier Commission concluded that the Swiss Banks had failed to adequately survey dormant accounts or locate heirs of unclaimed accounts after the war.

implemented several direct compensation programs related to the settlement, including Slave Labor Class I and the Swiss Refugees Class.⁵⁶

a. SLAVE LABOR CLASS I

As compensation for the profits obtained from the use of slave labor, which the Nazis transacted through Swiss banks, symbolic payments were made to Jewish and other former slave laborers. Each eligible survivor who received a German Foundation payment for slave or forced labor from the Claims Conference, also received a \$1,450 Slave Labor Class I payment from the Swiss Banks Settlement. The Claims Conference made payments to the Jewish claimants around the world who qualified for Slave Labor Class I. By the end of the program, in May 2008, the Claims Conference had sent 173,926 Jewish survivors and heirs of survivors a total of approximately \$252 million.

b. SWISS REFUGEES CLASS

The Claims Conference also compensated Jewish refugees who had fled to Switzerland to escape the Nazis and were turned back at the border, who had been expelled from Switzerland, or who had been mistreated while in the country. By the program's conclusion, in 2005, the Claims Conference had paid a total of \$10.6 million to 3,858 former Swiss refugees. In undertaking research about and paying a group of Holocaust survivors whose experiences had never before been formally recognized, this program enabled a previously shrouded aspect of the Holocaust, hidden in the myth of Swiss neutrality, to emerge through the heretofore untold stories of thousands of survivors.

3. AUSTRIA

Although its original mandate called for the Claims Conference to engage with Germany regarding Holocaust-related benefits, in 1953, the Claims Conference formed the Committee for Jewish Claims on Austria, to pursue compensation and other assistance for Nazi victims from Austria.⁵⁷

In 1956, Claims Conference negotiations with Austria led to the enactment of the Assistance Fund Act (*Hilfsfondsgesetz* or *Hilfsfonds*). The *Hilfsfonds* provided a one-time payment to Austrian

⁵⁶ The Claims Conference also was involved in allocating certain of the Swiss Banks Settlement funds to organizations which provided assistance to Holocaust survivors. By the end of 2007, at the direction of the Court monitoring the Settlement, the Claims Conference had distributed approximately \$33.1 million to organizations around the world which provided social welfare services to Jewish Holocaust survivors.

⁵⁷ In large part, the establishment of the Committee for Jewish Claims on Austria was the result of Germany's refusal to accept any obligations for Austria. While Germany maintained that Austria also was guilty of Nazi crimes, Austria invoked the Moscow Declaration of 1943, in which the Allies regarded Austria as an occupied country, not as a Reich collaborator.

victims of National Socialism, who resided outside of Austria and had not received previous benefits under another Austrian compensation law. By 1976, the Hilsfonds had paid out a total of 115 million Euros. The Claims Conference reached a further agreement with the Austrian government and business community in 2001, which resulted in the establishment of three funds – providing limited compensation for confiscated property and for deficiencies in social welfare benefits – described below:

a. AUSTRIAN NATIONAL FUND FOR NAZI VICTIMS

Established in 1995, the National Fund provided a one-time payment of 5,087 Euros to approximately 27,000 victims of Nazi persecution in or from Austria, totaling 197 million Euros. A subsequent agreement negotiated with the Claims Conference in 2001 provided supplemental payments of \$7,000 for loss of rental apartments, business leases, household furniture and/or personal belongings for surviving, former Austrian Jews. Through May 2008, the 20,500 supplemental payments which were made amounted to a total of \$143.5 million.

b. GENERAL SETTLEMENT FUND

This fund provided \$210 million to deal with issues that the Austrian National Fund did not address, such as claims for real estate, liquidated businesses, bank accounts, securities, mortgages, insurance policies, and the loss of education and jobs. The General Settlement Fund also entertained claims for the return of Jewish communal and private property, as well as for Jewish cultural items which had been confiscated and were held by the Austrian government. As of May 2008, the 9,900 payments made amounted to \$87 million.⁵⁸

c. SOCIAL WELFARE BENEFITS

The 2001 Claims Conference agreement with Austria provided Jewish Holocaust victims of Austrian descent, living abroad, with nursing care payments similar to those received by victims of Nazi persecution living in Austria. As a result, increased nursing payments, totaling approximately \$1 million monthly, are being made to 1,500 Jewish Austrian victims. The 2001 agreement also entitled certain Austrians living abroad with the right to an Austrian pension. Thus, an additional 900 Austrian Nazi victims born between 1933 -1938 and living outside of Austria receive a total of \$280,000 in monthly pension payments.

Apart from the Holocaust-related benefits provided by these compensation and restitution programs, Austria also made \$11.4 million available to the Claims Conference for direct payments to certain former slave and forced laborers who worked in Austria in the period 1938-1945, with any remainder to be applied to Holocaust victims in the greatest need in Eastern Europe and the countries of the former Soviet Union, as additional slave labor compensation. In addition, from 2004-2007, the Claims Conference made annual allocations from its Austrian

⁵⁸ The payments, however, only represent between 10-15% of the estimated value of properties in question.

Holocaust Survivor Emergency Assistance Program to local social service agencies totaling \$11.5 million. This funding was the result of agreements the Claims Conference struck with the Bank of Austria and the Austrian Ministry of Social Affairs.

C. PROPERTY RESTITUTION IN THE FORMER EAST GERMANY

Over the past fifteen years, the Claims Conference also has provided funding for programs and projects around the world which assist Jewish victims of Nazi persecution. The funds are allocated to institutions and organizations which shelter and provide essential social services for elderly, needy Nazi victims, with a small share earmarked for projects for the research, education and documentation of the Shoah to ensure preservation of its history and the broad dissemination of its lessons. These allocations are funded primarily from the proceeds of the sale of unclaimed Jewish property in the former East Germany for which the Claims Conference is the legal successor.

1. CLAIMS CONFERENCE AS SUCCESSOR ORGANIZATION

In 1990, the new government of a reunified Germany passed legislation to restitute property that had been nationalized by the former East German Communist regime. The Claims Conference negotiated intensely to include in this legislation the restitution of Jewish property that was either sold after 1933 under duress or confiscated by the Nazis. As a result, original Jewish owners and heirs gained the right to file claims for property in the former East Germany. The German government imposed an application deadline, which, under pressure from the Claims Conference, was extended twice to Dec. 31, 1992 for real estate claims, and June 30, 1993 for claims for movable property. Following publication by the German government of the legislation, tens of thousands of owners and heirs filed claims and recovered assets as a result of these negotiations carried out by the Claims Conference. The Claims Conference also negotiated to become the legal successor to individual Jewish property and property of dissolved Jewish communities and organizations that went unclaimed after Dec. 31, 1992. In the absence of a claim from an entitled heir, if the Claims Conference filed a claim and successfully proves the original Jewish ownership of the property, it is entitled to recover property. Before the deadline, the Claims Conference conducted a massive research effort to identify all possible Jewish properties.

Had the Claims Conference not taken this step, Jewish assets that remained unclaimed after the filing deadline would have remained with the “aryanizers,” the owners at the time, or reverted to the German government.

The resulting Successor Organization of the Claims Conference sells recovered property or receives compensation and has been responsible for more than \$1 billion in grants, primarily to social welfare agencies around the world that assist the neediest and most vulnerable Jewish victims of Nazi persecution and that engage in Shoah research, education

and documentation. These grants provide the major funds to help provide a “social safety net” for Nazi victims around the world.

At this juncture, the Claims Conference already has sold the largest and most valuable of the former East Germany properties which have been recovered. The remaining properties the Claims Conference seeks to sell will generate significantly less revenue than previously recovered assets. Further, the compensation awards it will receive for properties which cannot be returned in rem will, generally, be much smaller in amount than the proceeds which would be obtained from the sales of the same properties if they were restituted. Much of the remaining income of the Claims Conference, as Successor Organization, will derive from compensation payments (rather than from the sales of restituted properties). Current projections for future Successor Organization income for 2008 and onward are, deducting estimated payment of Goodwill Fund applications (see below), roughly between \$250 and \$400 million at the current exchange rate.

2. GOODWILL FUND

The Claims Conference also maintains a Goodwill Fund to make payments to certain original owners or heirs who did not file claims by the German government deadline of 1992, but who filed applications with the Claims Conference by March 31, 2004 and certain applicants who filed thereafter.

As of December 31, 2008, the Claims Conference had paid out approximately 554 million Euros under the Goodwill Fund.

3. ALLOCATIONS

As noted, a Claims Conference priority has been to care for needy, vulnerable Jewish victims of Nazi persecution, seeking to help ease the burdens they face and allow them to live out their days with a measure of dignity. Toward this end, the Claims Conference has funded organizations and institutions around the world which provide essential social services for Jewish victims of Nazi persecution. The allocations have been applied to, among other projects, the construction and renovation of sheltered housing and nursing homes in Israel, food packages in the former Soviet Union, home care and other social welfare services which assist victims throughout the world. Hundreds of thousands of victims worldwide have benefited from such assistance.

While funds have been received from various sources over the years, the allocations today are primarily supported through the recovery and sale by the Claims Conference of unclaimed Jewish property in the former East Germany. The vast majority of such allocations from Successor Organization funds are dedicated to social care programs for elderly, needy Jewish victims of Nazi persecution. A small percentage of Claims Conference institutional allocations goes to support Holocaust research, education and documentation. Such grants represent part of the effort to ensure that the memory and lessons of the Holocaust are preserved for current and future generations. In addition to Successor Organization derived monies, other sources of funding for the social welfare programs have included the following:

- During 1981-1994, German government grants were committed to the Claims Conference, in conjunction with the funding of compensation programs the Claims Conference administered, for distribution to institutions which shelter or provide social care to elderly Nazi victims, including old age homes, psychiatric institutions, and social welfare agencies.
- Daimler-Benz (1988-1997) and Volkswagen (1992-2002) funds were applied to grants to Jewish institutions providing shelter or social care for elderly victims of Nazi persecution. A humanitarian fund established as part of the negotiations leading to the establishment of the German Foundation “Remembrance, Responsibility and the Future” was used (2001-2002) to provide essential social services for elderly, needy Nazi victims.
- The Austrian Government Fund (1991-2003) was used for institutional projects benefiting elderly Jewish victims of Nazi persecution from Austria.

D. CONCLUSION

Since its formation in 1951, the Claims Conference has continually sought to secure Holocaust-related benefits for Jewish victims of Nazi persecution. That effort continues to this day as in its regularly scheduled meetings with representatives of the German Ministry of Finance and other German government officials, the Claims Conference continues to press a number of issues of concern to Jewish victims of Nazism.

For example, at its annual negotiations with the German government in June 2008, the Claims Conference obtained an additional, estimated \$360 million for programs for Holocaust victims over the next decade. These monies represent increased payments for existing programs, the expansion of programs to cover more victims through liberalized eligibility criteria, funding for home care, and payments for two groups of Jews whose experiences during the Shoah – in the siege of Leningrad and the Budapest Ghetto (see pp. 6, 8) – had never before been acknowledged by Germany.⁵⁹

In sum, the German government has provided more than \$60 billion in satisfaction of claims under laws and/or programs established as a result of negotiations with the Claims Conference. More than 278,000 victims have received life time pensions under the German federal indemnification laws, with tens of thousands of these Nazi victims continuing to benefit

⁵⁹ Thus, for example, as of June 2008, monthly payments to 65,800 survivors worldwide who are recipients of Article 2 Fund and CEEF pensions were raised 8 percent. In addition, the Claims Conference secured an agreement making certain Jewish Nazi victims – who were citizens of West European countries when persecuted and had received previous payment from a compensation agreement Germany had reached with one of a number of West European countries – eligible for an Article 2 Fund pension, if they had been in a concentration camp or ghetto, or if they received payment from certain German sources based on loss of a family member. Such Nazi victims (known as “Western Persecutes”) had not previously qualified to receive compensation from the Article 2 Fund, CEEF or the Hardship Fund.

from the pensions. Hundreds of thousands more Jewish Nazi victims received one-time payments or pensions under other German funded, Holocaust-related compensation programs, such as the Article 2 Fund, CEEF or Hardship Fund. Further, Claims Conference negotiations have resulted in the establishment of Holocaust-related funds from German and Austrian industry, and the Austrian government. Further, the Claims Conference has sought to address the needs of the aging Jewish victims of Nazi persecution through grants to social service organizations, primarily funded today from the proceeds of sales of unclaimed Jewish property located in what formerly was East Germany. In this way, hundreds of millions of dollars have been distributed to agencies which help Nazi victims in need, in over 50 countries.

