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Steinhardt Social Research Institute

at the Maurice and Marilyn Cohen Center for Modern Jewish Studies

Jewish Elderly Nazi Victims in the Former Soviet Union:

Ongoing Needs and Comparison to Conditions in Europe, Israel and the United States

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TABLE OF CONTENTS

LIST OF TABLES AND FIGURES

EXECUTIVE SUMMARY

More than sixty years since the end of the scourge of Nazism, victims of Nazi persecution are mostly elderly and are dispersed around the world, with the largest numbers living in the countries of the Former Soviet Union (FSU), as well as Israel, the United States, and Europe. Victims in the FSU are sometimes characterized as doubly victimized, having survived the Holocaust only to be subjected to the anti-Semitic policies of the Soviets post-Nazism. Further, while the Federal Republic of Germany recognized and accepted the need to provide compensation to survivors, those residing in the Eastern Bloc were left uncompensated. The present report is designed to describe the status of victims in the FSU.

Although it is not possible to provide full recompense to victims for the deprivations they suffered as a result of Nazism, efforts to provide health, social, and welfare support to victims—in particular, using resources from the Conference on Jewish Material Claims Against Germany, the Swiss Banks Settlement, and the International Commission on Holocaust Era Insurance Claims (ICHEIC)—bring a measure of justice for many and enable victims to live the end of their lives with a modicum of dignity and material security that otherwise would not have been possible.

The analyses reported here are based on available data about victims in the FSU, including information from the database system maintained by the JDC to track clients of its *Hesed* system. Our focus was on the four countries in the FSU—Russia, Ukraine, Belarus, and Moldova—in which the vast majority of Jews, including Nazi victims, live. Our analyses include regional comparisons among victim populations, comparisons of the characteristics of victims to other elderly populations in each of the countries, and evaluations of the countries on a variety of macro indicators.

Our analyses indicate that Nazi victims in the FSU are clearly disadvantaged and in need of a broad range of social welfare and health services in order to survive and live in dignity. Among the specific findings are the following:

- There remain a substantial number (over 114,000) of Jewish Nazi victims in the countries of the FSU.

- These victims have high rates of disability. They are more likely to have limited mobility and to live alone with no family nearby compared to other elderly.

- The situation for female victims is even more extreme. Females receive substantially lower pension payments than their male counterparts. Older female victims have disability rates that are from 10% to 40% greater than non-victims. They are also more likely to live alone, without the support of local family members. These factors, taken together, suggest that female victims face a particularly difficult struggle to support themselves with only minimal resources.

- FSU victims live in countries that are struggling to a far greater extent than the European Union (EU), United States, and Israel to provide adequate support systems for their aging populations. Adjusted for purchasing power and population size, the FSU nations have far lower GDPs than other nations where victims reside. Per capita health expenditures, taking into account cost differences between the countries by adjusting for differences in purchasing power, are much lower in the FSU, an indication that medical services available to victims are more constrained in the FSU.

- Age dependency ratios—a measure of how large the elderly dependent population is in relation to the working age population—rose rapidly in the last decade in FSU countries, an indicator of the increasing burden on social and economic protection systems for the elderly. The relative size of the aged and child populations has shifted toward the elderly in FSU countries, in contrast to the EU, Israel and the United States, where the relative size of the child and elderly populations has remained stable. Typically, a shift in the composition of the dependent population should result in a shift of resources to the population group that is increasing relative to the other, but there is no evidence that this shift is occurring in the FSU countries.

Taken together, the data on pension resources and living circumstances make clear that the economic situation for all victims in the FSU is, at best, challenging and tenuous. Faced with increasing costs for basic needs such as utilities and food and with limited pension payments, many elderly victims are forced to make difficult choices. The findings of the present report provide evidence of the serious and threatening conditions faced by victims in the FSU, as well as the challenges that confront organizations attempting to address those needs. Time seems truly of the essence with this aging, impoverished, and increasingly disabled population.

INTRODUCTION

The reign of terror engineered by the Nazis ended more than sixty years ago. Today, Jewish survivors of Nazi persecution are dispersed around the world, with the largest numbers living in countries of the Former Soviet Union (FSU), as well as Israel, the United States, and Europe. As Stuart Eizenstat (2003) has eloquently argued, any justice for those who survive is inherently imperfect. Efforts to provide health, social, and welfare support to victims—in particular, using resources from the Claims Conference, the Swiss Banks Settlement, and the International Commission on Holocaust Era Insurance Claims—bring a measure of justice to many. The present report describes the available data that can be used to understand the current status of Jewish victims in the Former Soviet Union.[1]

Although this report was commissioned by the American Joint Distribution Committee (JDC), the authors take a neutral stance. Our focus was to assess and analyze, as objectively as possible, what is known about the situation faced by victims.[2] The request for this report was driven by the difficult decisions that need to be made about how best and where to distribute funds among victims living in different areas of the world. Since humanitarian resources are limited relative to needs, competition has increased among those seeking funds to do good work in places where Nazi victims live and to provide education about the Holocaust where necessary. Where and whom to fund, how much, for what duration, with what reporting and evaluation requirements, and for what purposes are all questions that decision-makers must confront. Our contribution is to provide a review of existing data sources that can be used to draw inferences about the nature of problems facing Jewish elderly Nazi victims in the FSU. The information is intended for use in the allocation decision-making process and, as well, to enhance understanding of the situation.

By even the lowest estimates, more than one hundred thousand Jewish victims of Nazi persecution live in the FSU (see discussion of population estimates on p. 16). Many receive services through the network of *Hesed* welfare centers and other organizations which currently serve more than 200,000 elderly Jews or "non-Jewish members of Jewish families."[3] More than half of these clients are designated as Jewish Nazi victims. The JDC's work in the FSU is carried out primarily through the *Hesed* system, which provides a broad range of health and social welfare services.[4] *Hesed* is a separate legal entity with its own Board of Directors.

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

> decline in life expectancy; an increasing number of elderly people living alone; a dramatic rise in the number of impoverished elderly; an increase in the number of disabled among the retired; an increase in thyroid diseases because of the

meltdown at Chernobyl; and an increasing demand for medical care. One far too common official cause of death in many Former Soviet republics is 'lack of medicine.'

For Jews, the problems can be even worse. Many Jewish women never married or had children because the Holocaust and the war caused a shortage of Jewish men. Those who did marry became victims of the Holocaust in other ways. Their children were killed by the Nazis or died during the war. Stalin's purges further decimated the population. Blatant discrimination forced some Jews to pursue careers in far-flung underdeveloped regions of the Soviet Union. Others emigrated. The weakest were left behind. Today, because of a low birth rate and large-scale emigration, there aren't as many Jewish people to take care of their elderly as exist in the general population.[5]

It is within this context that the present report describes, with the best available data, the conditions of elderly Jewish Nazi victims in the FSU.

This report begins with a description of our methods and general comments on the quality of available information. We then provide information on macro-indicators regarding the population in the FSU. These indicators are drawn primarily from sources such as the World Bank and the World Health Organization (WHO). They provide the context for more detailed information in subsequent sections on the characteristics and well-being of Jewish Nazi victims. For comparative purposes, data are included for the United States, Israel, and the European Union (EU), the other major regions where Jewish Nazi victims currently reside. Throughout this report, we focus on four FSU countries—Russia, Ukraine, Belarus, and Moldova—where the majority of FSU Jewish Nazi victims live. Following the overview of macro indicators, the report focuses on Jewish Nazi victims, first reviewing the available data sources, and then comparing victims to the extent possible to other elderly within their own countries. For each of the analyses presented the quality of the information is assessed.

MACRO-LEVEL INDICATORS

Examination of the economic status, health status, and needs of population subgroups clearly depends on good micro-level data for subgroup members in each country. Much can be learned, however, from macro-level, or national indicators, which provide information on the demographic imperatives and economic constraints that affect the lives of each country's inhabitants.

Detailed technical literature is available on the methods and hazards associated with making international comparisons based on macro-level indicators.[6] A central problem in making comparisons is that international measures of poverty or standards of living are defined differently depending on the nation. Decisions about poverty can also be generous or limited with respect to the purchasing power in a particular country. To overcome this difficulty, researchers and international donors often use Purchasing Power Parity exchange rates (PPP). Such rates take into account the local prices of goods and services. Other issues include differences in living standards for urban and rural poor and the choice between using income or consumption as a welfare indicator.[7]

In a previous report,[8] we described how the FSU countries have much smaller economies per capita relative to countries such as the United States and Israel. Health expenditures were also substantially lower in the FSU. Combined with larger age-dependency ratios (a greater proportion of elderly relative to the working age population), and a greater number of years spent in poor health, these factors indicate higher levels of burden of care. The present report provides an update to these data in order to examine whether trends are changing.

Population Indicators

The population indicators that are most useful for examining the needs of and resources available to Nazi victim populations are the percentage of the population that is 65 and over and the number of women 65 and over per 100 men of the same age. The 65+ population is often viewed as a dependent population, one that places a burden on governments and working populations because of pension costs and high health care needs. Thus, countries with large and growing elderly populations relative to the rest of the population (especially to the working age/taxpaying population) are seen as shouldering a greater burden of care than those with smaller elderly populations. The ratio of older women to older men is an indicator that is associated with marital status; higher ratios of older women to older men suggest that fewer older people have spouses, and, by extension, that more are living alone. Living alone may increase the financial, psychological, social, and health vulnerabilities of victims and is therefore related to a greater need for supportive services.

Population indicators for the four FSU countries that account for most of the clients and victims served by *Hesed* centers are displayed in Table 1.[9] Also included in the table are data for the other three major territories where Jewish Nazi victims reside—the EU, Israel, and the United States. All indicators in this section are based on data from the World Bank's World Development Indicators[10] (WDI) or from the WHO[11] online databases. For each indicator, the data are reported for the latest year in which data are available. The first column displays the total population in each country. The second column indicates the percentage of the population that is aged 65 years and older. The third column is the percentage of women in the total population. This can be compared to the fourth column, which is the percentage of women among the total population aged 65 years and older. The fifth column represents the 65+ female population in terms of the number of women per 100 men.

- *The percentage of the population that is 65+ in the FSU is substantially higher than in Israel and the United States.* The discrepancy is greatest in Ukraine, where 16% of the population is over 65 years of age. This is nearly 60% greater than the elderly population in Israel and 30% greater than in the United States. Moldova appears an exception with proportions of elderly similar to Israel and the United States.

- *The most striking differences are in the numbers of elderly women relative to elderly men across regions.* In the FSU, elderly women outnumber elderly men by approximately two to one compared to less than 1.5 to one in the EU, Israel, and the United States. Such differences are attributable, in large part, to wartime losses in these countries. High numbers of elderly women relative to elderly men can have noteworthy consequences for a country, as it is indicative of large numbers of elderly women living alone without help or support and of widespread incidence of poverty in elderly households.

***Table 1**: Population indicators, 2005.*

	Population	Percentage 65+	Percentage Women	Percentage Women 65+	Number of Women 65+/per 100 men
Belarus	9,775,591	14.7	53.73	65.9	194
Moldova	4,205,747	10.1	52.2	62.9	169
Russian Federation	143,151,280	13.8	53.6	66.6	200
Ukraine	47,110,920	16.1	54.2	65.2	187
FSU 4 Country Total or Average	204,243,538	14.3	53.7	65.2	195
European Union	313,895,259	17.7	51.1	51.6	107
Israel	6,909,000	10.1	50.5	57.4	135
United States	296,496,640	12.3	50.8	58.0	138

Source: *World Bank World Development Indicators, World Bank HNP Stats online database.*

Since our earlier report in 2004, the overall population in FSU countries declined, while the percentage of the population that is 65 years of age and older increased. This is likely a result of emigration patterns, with younger individuals more likely to emigrate. It is also a function of increasing life expectancy.

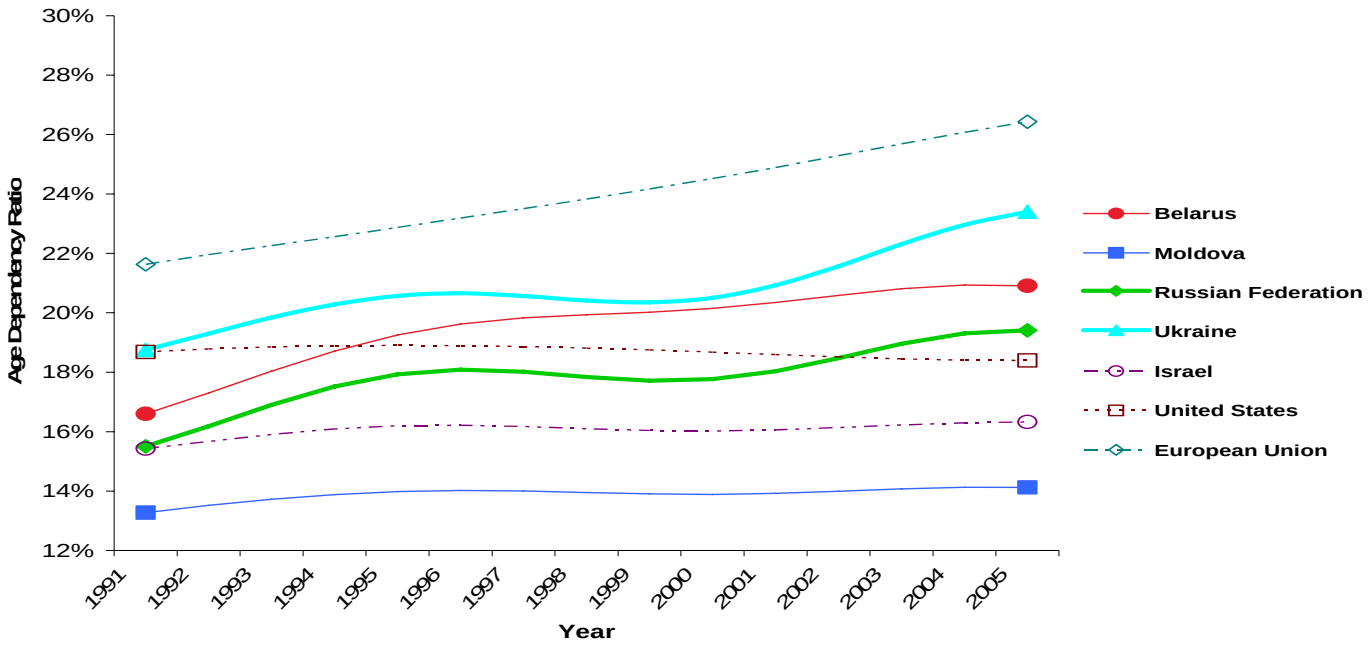
Age Dependency Ratios

Increases in the elderly population can burden national economies, particularly if the rates of increase are not commensurate with those of the working age population. This is reflected in age dependency ratios. Using population distribution data found in the WDI, age dependency ratios (based on elderly status) were calculated for each country for the 1991 – 2005 period (see Figure 1). This age dependency ratio is designed to assess the burden of the elderly population on the working age population. It measures the relative size of the age 65+ population (the dependent population) and the working age population (usually defined as ages 15-64). A dependency ratio of 20, for example, means that there are 20 people age 65+ for every 100 in the 15-64 age group.

- *Age dependency ratios are substantially higher in the FSU than in Israel or the United States. In addition, ratios in Russia and the Ukraine, where the majority of Nazi victims reside, show upward trends over the past 10-12 years while ratios in the United States and Israel declined or remained relatively stable.*

- *Age dependency in the EU is greater than all other regions and has steadily increased.*

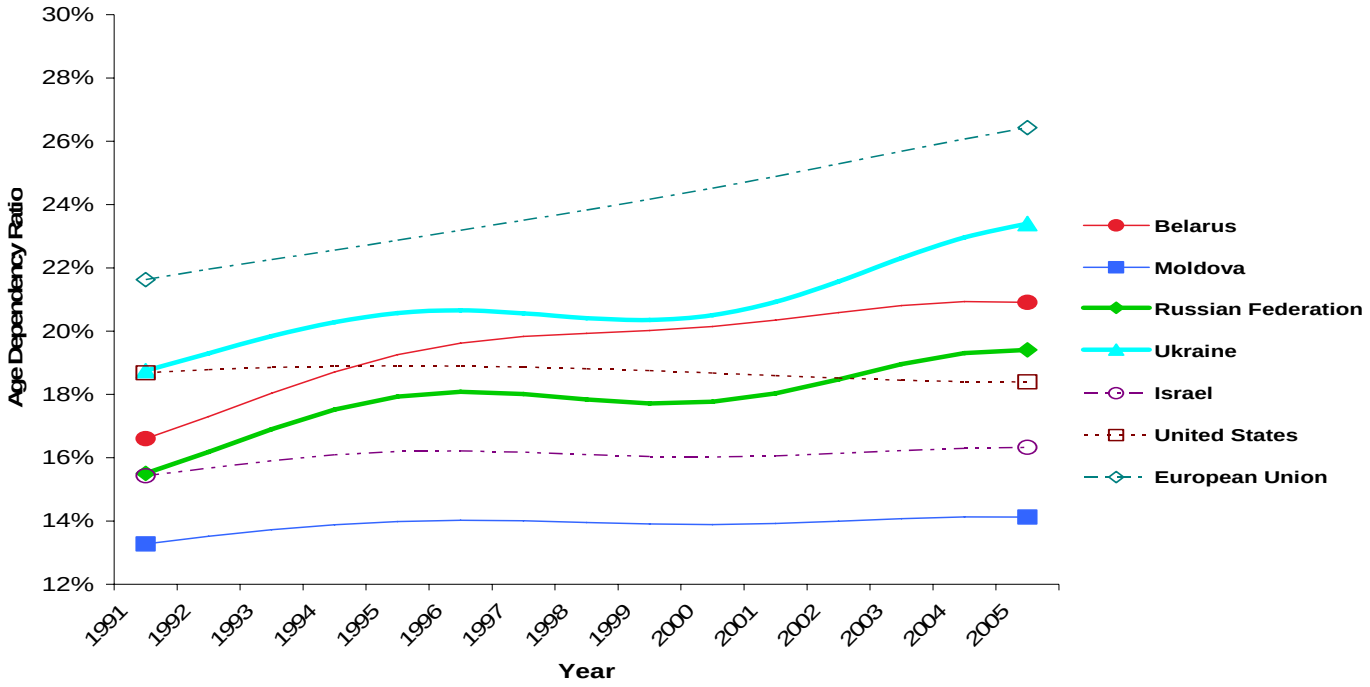
Figure 1: *Age dependency ratios, 1991 – 2005*



It is also important to assess trends in the composition of the dependent population (elderly + children) in the six countries. Major shifts in the composition of the dependent population, for example, when the percentage of the elderly within the dependent population increases, raises the potential for misallocation of resources between the two age groups. There may be an increasing burden on social and economic protection systems for the elderly, particularly the health care and pension systems, in countries where this type of change occurs. Governments need to reallocate resources in response to the demographic change, but may not do so in a timely fashion or at all.

- *Since 1990, the dependent population in the four FSU countries skewed substantially toward the elderly.* Since 2000, there are steady and steep increases in all four countries (see Figure 2). In Ukraine, for example, the elderly percentage of the dependent population increased from 37% in 1991 to 44% in 2000 to over half (52%) as of 2005. There are similar increases in Russia (33% to 47%), Belarus (32% to 49%) and Moldova (23% to 35%). In contrast, the elderly percentage of the dependent population remained nearly constant in Israel (23% to 26%) and the United States (36% to 37%).

Figure 2 *Elderly dependents as percentage of all dependents, 1991 - 2005.*



ECONOMIC INDICATORS

The EU, Israeli and U.S. economies substantially exceed the economies of each of the FSU countries examined (see Table 2). In 2005, GDP in the United States was 30 times greater than Russia and nearly 250 times that of the Ukraine. The GDP in Israel in 2005 was nearly 3 times greater than that of Ukraine.

- *Adjusting GDP for population size, EU, Israeli and US economies continue to surpass the FSU economies.* The 2005 per capita GDP in the EU is nine times greater than Russia and 22 times greater than in Ukraine. The U.S. per capita GDP is 15 times higher than in Russia, 20 times higher than in Belarus, nearly 40 times higher than in Ukraine, and almost 90 times higher than in Moldova. Israel, with a per capita GDP slightly less than half that of the United States, had a per capita GDP over seven times higher than in Russia.

- *Compared to the FSU four-country average of $8,608, the per-capita GDP adjusted for purchasing power is over four times higher in the United States, slightly over three times higher in the EU and over two times higher in Israel.* Of course the gap is much greater in countries such as Moldova.

Table 2: Economic indicators, 2005.

	GDP (billions)	GDP per capita	GDP per capita, PPP
Belarus	$18.26	$1,868	$7,051
Moldova	$1.8	$429	$1,707
Russian Federation	$349.85	$2,444	$9,747
Ukraine	$45.19	$959	$6,086
FSU 4 Country Total or Average	$415.10	$2,032	$8,608
European Union	$6,638.27	$21,148	$25,944
Israel	$127.17	$18,406	$22,960
United States	$11,140.59	$37,574	$37,437

Source: World Bank Development Indicators

HEALTH EXPENDITURES

The level of a country's health expenditures affects both life expectancy and the quality of life.[12] Expenditures in the EU, Israel, and the United States greatly exceed those in the FSU (see Table 3).

- *Per capita health expenditures in 2004, the most recent year that data are available, were not as great as in 2000; nevertheless, after adjusting for purchasing power, the differences between per capita health expenditures in the United States, EU and Israel, and the four FSU countries are very large ($6,096, $2,334 and $1,972 vs. $138 to $583 in the FSU).*[13]

- *The Israeli, EU, and United States health expenditures (9% to 15%), measured as a percentage of GDP, are 1.5 to 2.5 times FSU levels of approximately 6%.*

- *There is a relative scarcity of private health care resources available to supplement public resources in the FSU countries.* Health care expenditures in the public sector in the FSU countries, range from 3.7% to 4.6% of GDP, substantially lower than in the other regions. In addition, in the United States, the ratio of private health expenditures to public expenditures, has increased compared to relatively low percentages of health care expenditures in the private sector in the FSU countries.

Table 3: Health expenditure indicators, 2004.

	Health Expenditure per capita (current US$)	Health Expenditure per capita, PPP (current US$)	Health Expenditure Private (% of GDP)	Health Expenditure Public (% of GDP)	Health Expenditure Total (% of GDP)
Belarus	$147	$426	1.6	4.6	6.2
Moldova	$46	$138	3.2	4.2	7.4
Russian Federation	$245	$583	2.3	3.7	6.0
Ukraine	$90	$427	2.8	3.7	6.5
FSU 4 Country Average	$200	$530	2.4	3.7	6.2
European Union	$2,969	$2,334	2.4	7.2	9.2
Israel	$1,534	$1,972	2.6	6.1	8.7
United States	$6,096	$6,096	8.5	6.9	15.4

Source: World Bank and World Health Organization

LIFE EXPECTANCY AND MORTALITY

Life expectancy data, a proxy for the breadth and effectiveness of a country's health care system and living conditions, are displayed in Table 4. The most recent year of data available is for 2005.

- *Life expectancy is significantly lower—by more than 10 years— in each of the FSU countries (66 to 68) than in the EU (80), Israel (80), or the United States (78).*

- *The country differences in life expectancy are particularly large for males.* Life expectancy for Israeli males is 19 years longer than for males in Russia and 16 years longer than males in Ukraine. Differences in life expectancy are not as large for females, but female life expectancy in the EU, Israel and the United States is still 6-10 years longer than in the FSU countries.

Table 4: *Life expectancy, 2005.*

	Total	Men	Women
Belarus	68.5	62.9	74.4
Moldova	68.3	64.5	72.2
Russian Federation	65.5	58.9	72.4
Ukraine	68.0	62.2	74.0
FSU 4 Country Average	66.3	60.0	72.9
European Union	79.7	76.8	82.8
Israel	79.7	77.7	81.8
United States	77.7	74.9	80.7

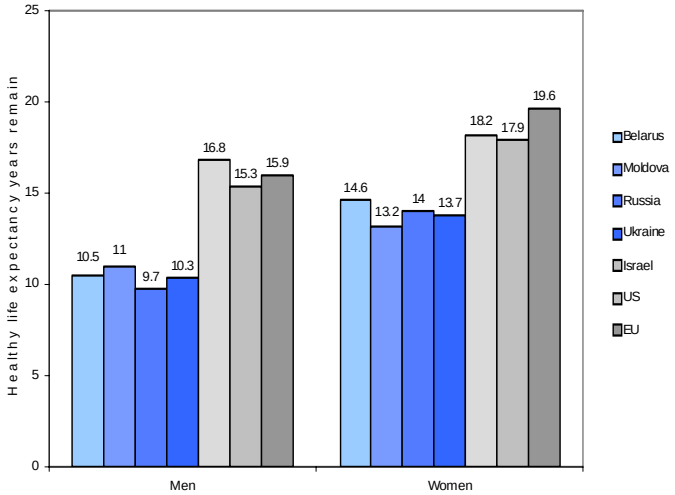
Source: World Bank Development Indicators

As part of our analyses, healthy life expectancy (HLE) at age 60 was also examined. The WHO calculates country-specific estimates of HLE where actual life expectancy is adjusted for time spent in poor health. Figure 3 compares the gender-specific HLE at age 60 in the four FSU countries, the EU, Israel, and the United States.The most recent data available is for 2002.

- *Men aged 60 years in the FSU countries are expected to have only 10-11 additional healthy years compared to 17 years in Israel, 15 years in the United States, and 16 years in the EU.*

- *Women aged 60 years in the FSU can expect more healthy years than men (13-14 years vs. 10-11 years), but still have fewer average healthy years of life left compared with women aged 60 in the EU, Israel, and the United States, who live on average an additional 18 to 20 years.*

Figure 3: *Healthy life expectancy at age 60, 2002.*



Summary

The population, economic, and health indicators discussed above highlight the elements of the national context that affect the lives of Jewish Nazi victims in the FSU. The evidence makes clear that victims in the FSU live in countries that are much poorer overall than are the countries in which other victims of Nazi persecution reside. This is true even when per capita GDP is adjusted for purchasing power differentials. The weaker economies of the FSU countries are less able to support services for at-risk populations. In addition, the population in the FSU countries is older and the number of older women greatly exceeds the number of older men. Female-headed households are more likely to have low incomes and suffer from social isolation. The increasing number of elderly in the FSU relative to the working population and as a percentage of the total dependent population over the past decade contrasts with the relative constant ratios over the same time period in Israel and the United States. This may be indicative of increasing stress on the systems that serve the elderly population in the FSU, including the health care and pension systems. Per capita health care expenditures in the FSU are substantially lower than expenditures in the EU, Israel and the United States even when adjusted for purchasing power differentials, an indication of the lower level of resources available to treat the health care needs of the elderly. Moreover, FSU health care systems have only a very small private health care component, which means that the burden of health care for the elderly falls almost entirely on overburdened and undersupplied public health care systems. Lastly, life expectancy, which can be considered a proxy for living conditions as well as for the breadth and effectiveness of health care systems, is significantly lower in the FSU countries.

DISTRIBUTION AND CONDITION OF JEWISH NAZI VICTIMS IN THE FORMER SOVIET UNION

It is difficult to establish a precise estimate of the number of Jewish Nazi victims in the FSU. A study done by DellaPergola in 2003 suggested that 13% (146,000) of the Jewish survivor population worldwide was in the FSU.[14] A second study done during the same period yielded a similar though somewhat higher estimate of approximately 150,000.[15] The range of estimates of the Jewish survivor population worldwide is displayed in Table 5. Because none of the estimates is current, the population has declined further, probably by 15-20%.

Our previous report summarizes the issues related to discrepancies in population estimates, which differ not just by region, but also by individual countries within regions.[16] For example, DellaPergola's figures for Israel appear high (511,000) compared to Ukeles' because DellaPergola included all those born in North-Africa and the Middle-East.[17] For the FSU, the DellaPergola figures are based primarily on census data for each country, age, and country of birth to estimate the number who are identified as Jewish in the census, were born before 1946, and whose country of birth was one that was under Nazi influence. Starting in 2002, the Russian census no longer required individuals to identify as Jewish. Individuals were free to report their "nationality or ethnic group" as defined by the respondent.[18] No information is available to determine the effects of this change on estimates of the Jewish population and on subsequent estimates of the Nazi victim population that are based on Jewish identification in the census. It is expected, however, that this change yields lower estimates of the size of the population.[19]

Ukeles (2003) relies not on census data, as does DellaPergola, but instead on data from the welfare management information system (MIS) of the JDC. JDC uses this information in its oversight of the *Hesed* service centers and as part of its reporting to the Claims Conference and the US Court (for the Swiss Banks Settlement). There are approximately 200 *Hesed* service centers throughout the FSU. Beginning in 2001, *Hesed* centers interviewed all active Jewish clients old enough to be alive at

Table 5: *Estimates of size and distribution of Jewish Nazi victim population,[a] 1997 – 2003.*

	Spanic Committee 1997		Ukeles 2000		Ukeles 2003		Della Pergola 2003	
Country/Region	Number of Victims	Percent [b]	Number of Victims	Percent	Number of Victims	Percent	Number of Victims	Percent
Israel	370,000	41	340,150	39	265,000	39	511,000	47
FSU	202,000	23	208,000	23	149,800	22	146,000	13
US	150,000	17	136,600	15	109,900	16	174,000	16
Europe	155,000	17	155,580	18	125,700	18	229,000	21
Other countries	20,000	2	43,000	5	37,500	5	32,000	3
Total	897,000	100	883,750	100	687,900	100	1,092,000	100

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

the end of World War II to determine whether clients are Nazi victims. Questions included whether a client (1) was in a Nazi concentration camp, labor camp, or a ghetto; (2) lived in a place during the time it was under occupation by the Nazis or their allies; (3) was part of an evacuation; or (4) lived at the time the war began in an area occupied by the Nazis or their collaborators. Those answering "yes" to any of these questions are considered Nazi victims. Similar to the census, estimates of the number of Jewish Nazi victims that are based on the *Hesed* data likely undercount the total number of victims. No information is known about elderly who do not receive services and thus no estimates can be made about how many other elderly in the FSU might be Jewish Nazi victims. With the *Hesed* data, however, we can report on those survivors that are known and their current circumstances.

HESED MIS DATA

Data in the *Hesed* MIS consists of client records updated on a monthly basis. Service entitlement depends on income criteria. To qualify, potential clients must submit documentation on the amount of pensions they receive, and this documentation is reviewed frequently. Data collected on each client includes:

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

Clients are individually monitored by a *Hesed* worker, who is responsible, on a monthly basis, for updating all aspects of client information, including emigration and mortality. Thus, the *Hesed* database for clients served in the past year is a good approximation of the living client base still residing in areas where they have been served. As a source of information on Jewish Nazi victims in the FSU, the *Hesed* database is unparalleled. No other source of systematic data on this specific target population exists, either in the FSU or in any of the other major regions in which victims reside (i.e., the United States, Israel, or Europe). The database describes in its entirety the population of those victims who receive services. This information is updated regularly, so that data on the size and characteristics of the client base is current. This is, however, a database of *served* clients. Thus, nothing can be inferred about those who do not seek assistance through the *Hesed*

system. The data are also limited in scope and preclude identification of the full range of needs. For example, relatively few questions are asked about the client household.

Brandeis researchers were given access to a version of this database that contained information on all clients who received services in the past year (2006). Of the more than 200,000 clients served, 114,892 clients are Nazi victims, based on the criteria described above.[22]

Distribution of Victims

Of the 114,892 Nazi victims served by *Hesed* service centers, the vast majority live in Russia and Ukraine; smaller numbers reside in Belarus, Moldova, and other regions of the FSU.[21] Table 6 displays the distribution of Nazi victims by the FSU country in which they reside, and by age group and gender. The top row of Table 6 displays the number of victims in each region. The bottom portion displays the proportion of victims by age group for men and women in each region.

- *There is a disproportionate number of women, relative to men, in the upper age range, 85 years and older.* Of all female Nazi victims, 11% are aged 85 and over, compared to 6% of all male victims. This is true across all regions, and is also true within the 75-84 age range, with 37% of all women in this age range, compared to 35% of men. Higher ratios of older women to older men suggest that fewer older people have spouses, and, by extension, that more are living alone. This reality has implications for psychological well-being as well as material need, as those living alone are poorer and require greater supportive services.

- *A majority of the victims, both male and female, are relatively "young," that is, in the 65-74 age group.* This fact indicates a sizable population of victims who will continue to need services as they age.

Table 6: Distribution of victims served by Hesed by region and age, 2006.

		All Countries		Russia	Ukraine	Belarus	Moldova	Other FSU
		Population	Percent of Total					
Total		109,909		57,917	39,421	9,104	1,538	1,929
Men		41,786	38.0	21,495	15,299	3,660	635	697
	65-74	24,633	22.4	12,073	9,516	2,281	367	396
	75-84	14,530	13.2	8,059	4,799	1,174	233	265
	85+	2,623	2.4	1,363	984	205	35	36
Women		68,123	62.0	36,422	24,122	5,444	903	1,232
	65-74	35,257	32.1	18,386	12,934	2,903	459	575
	75-84	25,251	23.0	13,716	8,686	2,006	343	500
	85+	7,615	6.9	4,320	2,502	535	101	157

Note: percentages do not add up to 100% due to rounding.

HEALTH, SOCIAL & ECONOMIC SITUATION OF NAZI VICTIMS

The situation of Nazi victims served by *Hesed* centers in the FSU is summarized by key indicators displayed in Table 7. Included, for comparison, are other clients aged 65 and over served by *Hesed* service centers. These data highlight the unique situation of Nazi victims, who, more than 60 years after the war, tend to exhibit higher levels of disability and need than other elderly in these regions on nearly all major indicators. Each of these indicators is examined in greater detail in the sections that follow.

The noteworthy differences between Nazi victims and other elderly served by the *Hesed* service centers include the following:

- *Nazi victims are somewhat more likely to be disabled and have vision, hearing and mobility problems than other similarly aged Hesed clients.* In Russia, 57% of Nazi victims have some level of disability, compared to 53% of non-victims. These rates are nearly 2.5 to 3 times higher than in other regions, though the same pattern of higher rates among Nazi victims is witnessed throughout. In Russia, about equal proportions of Nazi victim and non-victim clients suffer from poor vision (approx. 66%); whereas, in Ukraine, Belarus, Moldova, and other regions, the rates of poor vision are higher among victims than non-victims.[23] Similarly, rates of hearing impairment are higher among victims than non-victims, as are rates of limited mobility.

Table 7: Health, Social, & Economic outcomes for Nazi victims (NV) and other elderly 65+ served by Hesed centers, 2006.

			% Disabled				% Living Alone			Median Monthly Pension Income	
		N	HS[a]	Vision	Hearing	Mobility	Total %	No family nearby	Family nearby	Local Currency	PPP[b]
Russian	NV	57,933	57.1	65.8	23.3	28.7	39.4	20.2	19.2	3,614	234.89
	Other	31,265	52.7	66.7	23.7	22.8	32.8	13.7	19	3,561	218.26
Ukraine	NV	39,421	21.4	52.9	21.9	27.3	42.2	21.2	21	404.43	313.55
	Other	16,100	17.7	48.7	20.3	22	29.9	12.4	17.5	397.22	300.79
Belarus	NV	9,105	33.5	43.8	19.2	18.9	40.6	20.3	20.3	290,820	322.24
	Other	3,190	29.2	39	17.2	13.6	27.6	11.1	16.4	288,886	307.11
Moldova	NV	1,538	18.5	56.8	23.8	18.5	40.2	22.7	17.6	554.78	123.48
	Other	894	13.6	53.5	22	16.8	35	16.3	18.7	539.16	113.88
Other FSU	NV	1,929	16.3	54	26.8	22.3	40	17.8	22.2	14,700	182.11
	Other	5,077	15.1	48.4	22.1	19.9	33.1	14.9	18.2	1,570	106.93

Notes: (a) HS = Hesed 5pt. scale of disability, 0 indicates no disability. Numbers here reflect clients who have any disability. (b) PPP conversion factor is based on aggregate consumption[22] and is given in local currency units per US dollar.

- *Substantially greater proportions of elderly Nazi victims live alone, compared to other elderly served by* Hesed *centers, and these individuals are disproportionately more likely to live with no family nearby*. In Ukraine, 42% of Nazi victims live alone. Nearly half (21%) of them have no family nearby. This compares with approximately 30% among the other *Hesed* recipients in the Ukraine, and of these only 12% have no family nearby. This has implications not only for psychological well-being but may also be related to a greater need for supportive services. Living alone may increase the financial, psychological, social, and health vulnerabilities of victims.

Disability

As expected, rates of disability increase with age, as evidenced by the higher rates of disability among the older victims (85+) compared to younger victims (65-74) (See Table 8). In Russia, approximately 79% of women and 86% of men aged 85 years and older are disabled based on the disability scale developed by the *Hesed* service centers, compared to 47% and almost 41% of those aged 65-74, and approximately 70% and 66% of those aged 75-84, respectively.

There are, however, substantial differences by country and between men and women within countries. It is possible that these differences reflect inconsistencies in how different centers or caseworkers record disability, rather than true differences in the disability status of victims. To account for this possibility, we also examined specific indicators of disability—vision and hearing impairment and mobility—which provide information on the specific needs of victims.

Table 8: *Disability rates of Nazi victims 65+, 2006.*

	Gender	Age	Disabled	Vision	Hearing	Mobility
Russia	*Men*	65-74	40.6	58.8	16.7	12.9
		75-84	66.0	66.9	32.0	25.6
		85+	85.8	75.2	57.2	58.7
	Women	65-74	47.3	63.4	12.8	16.6
		75-84	69.9	70.2	27.1	43.0
		85+	78.8	76.4	46.7	78.7
Ukraine	*Men*	65-74	18.4	41.5	16.4	9.9
		75-84	38.3	56.9	35.0	25.9
		85+	63.3	74.1	59.1	55.9
	Women	65-74	14.2	47.9	10.3	15.1
		75-84	20.4	61.5	23.0	46.9
		85+	24.7	75.6	51.0	79.3
Belarus	*Men*	65-74	24.5	32.2	12.7	5.9
		75-84	49.7	48.8	28.4	13.6
		85+	85.4	62.8	53.6	46.3
	Women	65-74	23.8	38.4	10.8	9.0
		75-84	39.0	53.0	23.1	33.4
		85+	48.0	71.5	43.5	74.4
Moldova	*Men*	65-74	13.9	50.2	16.2	4.6
		75-84	26.6	51.7	31.6	16.7
		85+	51.4	66.7	51.9	42.9
	Women	65-74	13.9	52.7	14.0	7.8
		75-84	22.2	66.8	30.5	34.1
		85+	13.9	71.9	46.3	59.4
Other FSU Countries	*Men*	65-74	14.1	43.3	19.5	9.3
		75-84	34.7	59.9	34.6	15.8
		85+	41.7	68.6	54.3	41.7
	Women	65-74	11.0	45.6	13.8	12.3
		75-84	12.2	62.1	34.3	35.6
		85+	17.2	71.2	47.7	56.1

- *Within each category of disability, rates are highest among the oldest, as would be expected, and—with the exception of hearing impairment—highest among elderly women.* In Russia, 76% of women aged 85 and older suffer from vision problems, compared to 63% of those aged 65-74 and 70% of those aged 75-84. Similar rates are observed in Ukraine, although the rates among the younger age groups in Ukraine are generally lower than age peers in Russia. Approximately 48% of those aged 64-74 and 57% of those aged 75-84 have vision problems.

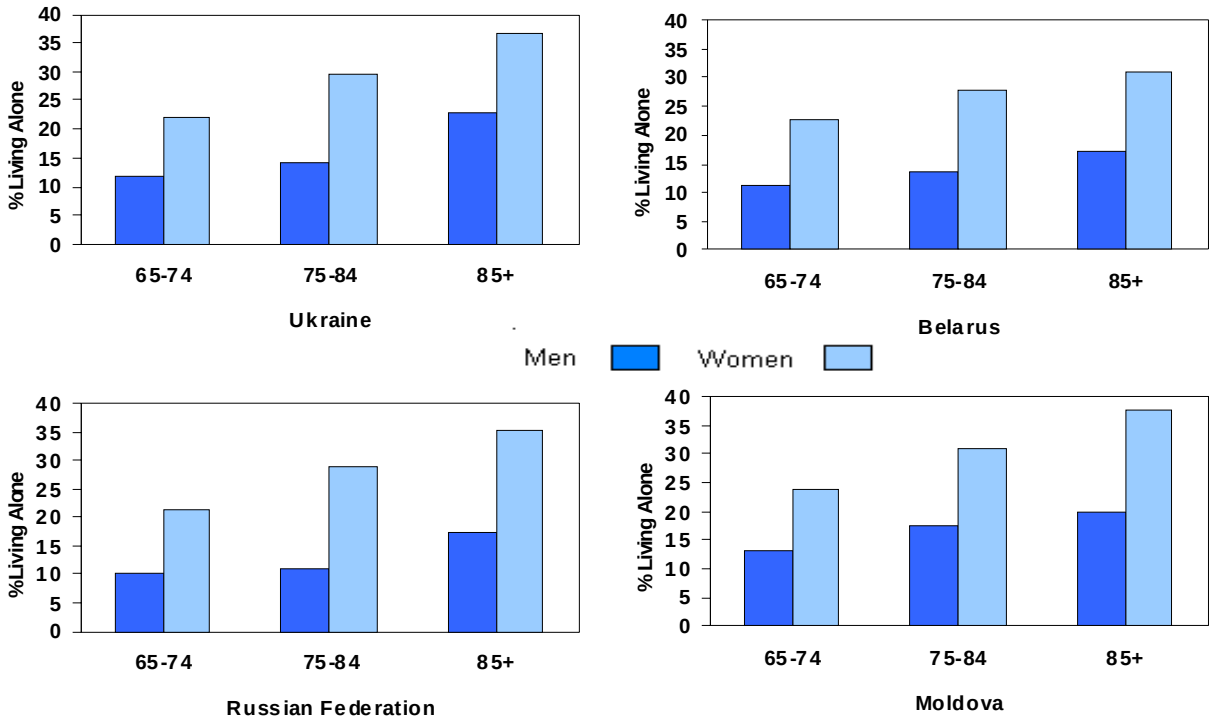
- *The greatest differences are in mobility, with elderly women in all regions exhibiting the highest rates of limited mobility.* For women aged 85 years and older in Russia, approximately 79% have limited mobility, compared to just over half (59%) of men aged 85 and over. For those aged 75-84, 43% of women compared to just over a quarter of men (approximately 26%) have limited mobility. Similar patterns are seen in Ukraine and Belarus.

Living Situation

As described above, Nazi victims are more likely to live alone, particularly with no family nearby, compared to other similarly aged *Hesed* clients. In addition, as might be expected, the proportions of victims living alone increases with age, with the greatest rates among older women (see Figure 4). For example, in Russia, 35% of women aged 85 years and older live alone with no family nearby, compared to just 17% of men. Similar patterns are observed in other regions of the FSU.

The proportion of elderly victims living alone has important implications for the type of care and services required. Not only are elderly who live alone more likely to be poor, but in addition loneliness and social isolation contribute to declines in health and well-being.[24] Those who live alone are less likely to comply with medical instructions (e.g., taking medications). There is also the risk of new or worsening symptoms of health problems going unnoticed. In addition, elderly who live alone are more prone to problems of malnutrition. Absent the social interaction of sharing meals, some elderly who live alone do not prepare meals for themselves, or will forego full meals.

Figure 4: *Living situation of Nazi victims 65+ served by Hesed centers, 2006: Percentage living alone with no family nearby by age and gender*



Economic Situation

In the FSU, the economic situation for the elderly and Nazi victims has been exacerbated by a series of economic shocks that have greatly impacted the quality of life in those countries. Thus, for example, personal savings of many individuals in the FSU were wiped out by hyperinflation after the collapse of the Soviet Union. In addition, the buying power of the pensions that elderly depend on for much of their income was eroded and pension adjustments since then have not made up for this deficit.[25] Furthermore, in Ukraine, for example, they have gone completely unpaid.[26]

The impact of these problems with the pension system in Russia is described by Jensen and Richter (2004):[27]

> We find that the pension crisis had a large impact on living standards, with income declining by over one-third for pensioner households, and poverty rates tripling to over 50 percent. There was also a significant decline in the purchase of inputs into health; daily intake of both calories and protein declined on average by 10 percent per person, and the use of medication and visits to doctors declined significantly as well. Finally, male pensioners in arrears were 5 percent more likely to die in the two years following the crisis, an increase in mortality risk comparable to being a smoker. These dramatic consequences arise despite the fact that households were able to respond in ways that mitigated the impacts of the shock. Households were able to replace on average approximately 20 percent of the lost pension income through greater working hours, asset sales, and borrowing. They also reduced substantially their private transfers to other individuals (p. 211).

The Russian pension system has been in financial crisis for nearly ten years, since 1998.[28] Pension reforms were designed to ease Russia's transition into a market economy and remedy the acute poverty experienced by pensioners that resulted from the economic shocks concomitant with these reform.[29] It will take some time, however, for reforms to impact the current situation of pensioners, particularly old age pensioners.

For victims in both Russia and Ukraine—the two countries where the vast majority of Jewish Nazi victims reside—the proportion of victims surviving on pensions that are below the minimum living wage (see Table 9) was examined.[30] The living wage in Russia is estimated to be 3,713 Rubles[31] and in Ukraine 380 UAH.[32]

Table 9: Percentage of victims with pensions below the minimum living wage by age group, 2006.

		Men	Women
Russia	*65-74*	*65.4*	*70.7*
	75-84	*37.4*	*48.2*
	85+	*14.0*	*30.6*
Ukraine	*65-74*	*25.6*	*40.8*
	75-84	*11.1*	*30.0*
	85+	*7.6*	*29.3*

Overall, a majority of victims aged 65 to 74 years served by *Hesed* centers in Russia have pension incomes below the minimum living wage. For the eldest group, who are more dependent on pension income as the sole source of income, there remain a large proportion of victims with pensions below the living wage.[3]

- *In Russia, approximately 31% of women aged 85 years and older have pension incomes below the minimum living wage, compared to 14% of men.* Similarly in Ukraine, 29% of women aged 85+ have pension incomes below the minimum living wage compared to approximately 8% of men. Particular regions within Russia that are known to have the lowest levels of pension incomes include the Jewish autonomous region, which is a republic in Siberia where Jews were sent during and after WWII.[34]

SUMMARY

A substantial proportion of Nazi victims in the FSU are disabled, with limited mobility and vision and hearing impairments. The percentage of victims living alone is much higher than other similarly aged non-victims. More at issue is the almost 20% of the Nazi victims across the FSU countries who live alone with no family nearby and rely more heavily on social safety nets. Living alone increases the financial, psychological, social, and health vulnerabilities of victims.

The standard of living of victims is clearly lower than in other countries and many have pension incomes below the living wage defined in their respective countries. Although it was not possible to conduct an independent assessment of government and private service delivery in the FSU, Jewish Nazi survivors in the FSU often do not benefit from state-provided services, even if those services are said to be available by law.[35] Moreover, the philanthropic and voluntary sectors, especially networks of social service agencies under Jewish auspices who are best prepared to successfully outreach to elderly Jews, are far weaker—and in some cases entirely non-existent in the FSU—

compared to other countries. Therefore, the assistance provided by *Hesed* is their dominant and often only source of support for needed services. In the EU, Israel and the United States, there is far greater support, both by government and private non-profit organizations.

In the FSU, the situation for Nazi victims has been exacerbated by a series of economic shocks that have greatly impacted the quality of life for all elderly. Although there have been recent efforts at pension reform in regions such as Russia and Ukraine, they still fall far behind the mix of public and private pensions available in other developed countries.[36] Second, the practice in the United States of indexing benefits to inflation suggests a more generous system than nations whose benefit structures erode with inflation, although here it should be noted that some FSU countries have introduced pension reforms that involve indexing. Even when indexing is done, the base for making these changes is far less generous than in the Israel and United States.[37]

CONCLUSIONS

There remain a substantial number (over 114,000) of Jewish Nazi victims in the countries of the FSU. These victims are impoverished and have higher rates of disability than other similarly aged clients in the FSU served by *Hesed*. They are more likely to have limited mobility and to live alone with no family nearby. The situation for female victims is even more extreme. At the same time that they receive substantially lower pension payments than their male counterparts, female victims are also more likely to live alone and without the support of local family members. Older female victims have disability rates that are from 10% to 40% greater than female non-victims. These factors, taken together suggest that female victims are faced with a particularly difficult struggle to support themselves with only minimal resources.

In addition, FSU victims live in countries that are struggling to a far greater extent than the EU, United States, and Israel to provide adequate support systems for their aging populations. Adjusted for purchasing power and population size, the FSU nations have far lower GDPs than other nations where victims reside. Per capita health expenditures, taking into account cost differences between the countries by adjusting for differences in purchasing power, are much lower in the FSU, an indication that medical services available to victims are more constrained in the FSU.

The age dependency ratios—a measure of how large the elderly dependent population is in relation to the working age population—rose rapidly over the last decade in FSU countries, an indicator of the increasing burden on social and economic protection systems for the elderly. In addition, the composition of the dependent population, the relative size of the aged and child populations shifted toward the elderly in FSU countries, in contrast to the EU, Israel and the United States where the relative size of the child and elderly populations remains stable. Typically, a shift in the composition of the dependent population should result in a shift of resources to the population group that is increasing relative to the other, but there is no evidence that this shift is occurring in the FSU countries.

Taken together, the data on pension resources and living circumstances make clear that the economic situation for all victims in the FSU is, at best, challenging and tenuous. Faced with increasing costs for basic needs such as utilities and food and with limited pension payments, many elderly victims are forced to make difficult choices. The findings of the present report provide evidence of the serious and threatening conditions faced by victims in the FSU and the challenges that confront organizations attempting to address those needs. Time seems truly of the essence with this aging, impoverished and increasingly disabled population.

APPENDIX: DISTRIBUTION OF NAZI VICTIMS SERVED BY *HESED* CENTERS.

				Nazi victim status			
				Non Victim		Victim	
		All Clients	% of All Clients	Count	% w/in Age	Count	% w/in Age
All Regions	All Ages	204,447		89,555	43.8	114,892	56.2
	55-64	37,995	18.6	33,029	86.9	4,966	13.1
	65-74	91,596	44.8	31,697	34.6	59,899	65.4
	75-84	59,070	28.9	19,281	32.6	39,789	67.4
	85+	15,786	7.7	5,548	35.1	10,238	64.9
Russia	All Ages	105,343	51.5	45,402	43.1	59,941	56.9
	55-64	16,145	15.3	14,137	87.6	2,008	12.4
	65-74	47,029	44.6	16,561	35.2	30,468	64.8
	75-84	32,930	31.3	11,148	33.9	21,782	66.1
	85+	9,239	8.8	3,556	38.5	5,683	61.5
Moscow	All Ages	34,703	17.0	12,524	36.1	22,179	63.9
	55-64	5,153	14.8	4,559	88.5	594	11.5
	65-74	14,752	42.5	3,941	26.7	10,811	73.3
	75-84	11,192	32.3	2,879	25.7	8,313	74.3
	85+	3,606	10.4	1,145	31.8	2,461	68.2
Northwest Russia	All Ages	27,561	13.5	11,151	40.5	16,410	59.5
	55-64	3,014	10.9	2,490	82.6	524	17.4
	65-74	13,344	48.4	4,341	32.5	9,003	67.5
	75-84	8,613	31.3	3,143	36.5	5,470	63.5
	85+	2,590	9.4	1,177	45.4	1,413	54.6
Urals	All Ages	9,392	4.6	4,665	49.7	4,727	50.3
	55-64	1,528	16.3	1,324	86.6	204	13.4
	65-74	4,158	44.3	1,854	44.6	2,304	55.4
	75-84	3,008	32.0	1,197	39.8	1,811	60.2
	85+	698	7.4	290	41.5	408	58.5
Kaliningrad	All Ages	797	0.4	357	44.8	440	55.2
	55-64	146	18.3	127	87.0	19	13.0
	65-74	300	37.6	125	41.7	175	58.3
	75-84	296	37.1	81	27.4	215	72.6
	85+	55	6.9	24	43.6	31	56.4

				Nazi victim status			
				Non Victim		Victim	
		All Clients	% of All Clients	Count	% w/in Age	Count	% w/in Age
Volga & C. Russia	All Ages	18,685	9.1	8,559	45.8	10,126	54.2
	55-64	3,420	18.3	3,033	88.7	387	11.3
	65-74	8,181	43.8	3,054	37.3	5,127	62.7
	75-84	5,714	30.6	1,964	34.4	3,750	65.6
	85+	1,370	7.3	508	37.1	862	62.9
Siberia & Far East	All Ages	5,904	2.9	4,045	68.5	1,859	31.5
	55-64	1,031	17.5	979	95.0	52	5.0
	65-74	2,664	45.1	1,766	66.3	898	33.7
	75-84	1,824	30.9	1,065	58.4	759	41.6
	85+	385	6.5	235	61.0	150	39.0
Northern Caucasus	All Ages	8,301	4.1	4,101	49.4	4,200	50.6
	55-64	1,853	22.3	1,625	87.7	228	12.3
	65-74	3,630	43.7	1,480	40.8	2,150	59.2
	75-84	2,283	27.5	819	35.9	1,464	64.1
	85+	535	6.4	177	33.1	358	66.9
Ukraine	All Ages	70,983	34.7	29,111	41.0	41,872	59.0
	55-64	15,462	21.8	13,011	84.1	2,451	15.9
	65-74	31,995	45.1	9,545	29.8	22,450	70.2
	75-84	18,687	26.3	5,202	27.8	13,485	72.2
	85+	4,839	6.8	1,353	27.96	3,486	72.04
Central Ukraine	All Ages	19,284	9.4	6,936	36.0	12,348	64.0
	55-64	3,736	19.4	3,068	82.1	668	17.9
	65-74	8,858	45.9	2,264	25.6	6,594	74.4
	75-84	5,192	26.9	1,267	24.4	3,925	75.6
	85+	1,498	7.8	337	22.5	1,161	77.5
Western Ukraine	All Ages	5,736	2.8	2,847	49.6	2,889	50.4
	55-64	1,496	26.1	1,275	85.2	221	14.8
	65-74	2,192	38.2	782	35.7	1,410	64.3
	75-84	1,601	27.9	639	39.9	962	60.1
	85+	447	7.8	151	33.78	296	66.22
Eastern Ukraine	All Ages	19,362	9.5	8,171	42.2	11,191	57.8
	55-64	4,368	22.6	3,730	85.4	638	14.6
	65-74	8,901	46.0	2,765	31.1	6,136	68.9
	75-84	5,013	25.9	1,362	27.2	3,651	72.8
	85+	1,080	5.6	314	29.07	766	70.93

				Nazi victim status			
				Non Victim		Victim	
		All Clients	% of All Clients	Count	% w/in Age	Count	% w/in Age
Belarus	All Ages	15,184	7.4	5,724	37.7	9,460	62.3
	55-64	2,889	19.0	2,534	87.7	355	12.3
	65-74	7,146	47.1	1,962	27.5	5,184	72.5
	75-84	4,170	27.5	989	23.72	3,181	76.28
	85+	979	6.4	239	24.4	740	75.6
Moldova	All Ages	3,348	1.6	1,699	50.7	1,649	49.3
	55-64	916	27.4	805	87.9	111	12.1
	65-74	1,327	39.6	501	37.75	826	62.25
	75-84	891	26.6	315	35.4	576	64.6
	85+	214	6.4	78	36.4	136	63.6
Other FSU	All Ages	9,589	4.7	7,619	79.5	1,970	20.5
	55-64	2,583	26.9	2,542	98.4	41	1.6
	65-74	4,099	42.7	3,128	76.3	971	23.7
	75-84	2,392	24.9	1,627	68.0	765	32.0
	85+	515	5.4	322	62.52	193	37.48
Armenia	All Ages	92	0.0	68	73.9	24	26.1
	55-64	26	28.3	25	96.2	1	3.8
	65-74	33	35.9	22	66.7	11	33.3
	75-84	27	29.3	18	66.7	9	33.3
	85+	6	6.5	3	50	3	50
Azerbaijan	All Ages	1,507	0.7	1,435	95.2	72	4.8
	55-64	381	25.3	380	99.7	1	0.3
	65-74	728	48.3	692	95.1	36	4.9
	75-84	332	22.0	306	92.17	26	7.831
	85+	66	4.4	57	86.4	9	13.6
Georgia	All Ages	1,884	0.9	1,750	92.9	134	7.1
	55-64	514	27.3	514	100	0	0
	65-74	809	42.9	757	93.6	52	6.4
	75-84	468	24.8	406	86.8	62	13.2
	85+	93	4.9	73	78.5	20	21.5

				Nazi victim status			
				Non Victim		Victim	
		All Clients	% of All Clients	Count	% w/in Age	Count	% w/in Age
Kazakhstan	All Ages	3,182	1.6	2,185	68.67	997	31.33
	55-64	903	28.4	875	96.9	28	3.1
	65-74	1,306	41.0	798	61.1	508	38.9
	75-84	784	24.6	422	53.8	362	46.2
	85+	189	5.9	90	47.6	99	52.4
Kirgizstan	All Ages	424	0.2	243	57.3	181	42.7
	55-64	86	20.3	81	94.2	5	5.8
	65-74	189	44.6	92	48.68	97	51.32
	75-84	125	29.5	59	47.2	66	52.8
	85+	24	5.7	11	45.8	13	54.2
Tajikistan	All Ages	103	0.1	79	76.7	24	23.3
	55-64	29	28.2	29	100	0	0
	65-74	34	33.0	25	73.5	9	26.5
	75-84	31	30.1	21	67.7	10	32.3
	85+	9	8.7	4	44.4	5	55.6
Turkmenistan	All Ages	180	0.1	119	66.11	61	33.89
	55-64	57	31.7	53	93.0	4	7.0
	65-74	83	46.1	46	55.4	37	44.6
	75-84	31	17.2	15	48.4	16	51.6
	85+	9	5.0	5	55.6	4	44.4
Uzbekistan	All Ages	2,217	1.1	1,740	78.5	477	21.5
	55-64	587	26.5	585	99.7	2	0.3
	65-74	917	41.4	696	75.9	221	24.1
	75-84	594	26.8	380	64.0	214	36.0
	85+	119	5.4	79	66.39	40	33.61

NOTES

1. This report is a revised version of our earlier work, *Jewish elderly Nazi victims: A synthesis of comparative information on hardship and need in the United States, Israel, and the Former Soviet Union* (Hahn, A., Hecht, S., Leavitt, T., Saxe, L., Tighe, E., 2004), and focuses solely on updating the data reported on Nazi victims in the FSU.

2. Brandeis University's agreement with the JDC gives the authors unrestricted rights to report their findings.

3. The size of the client population is derived from a database of clients served in the JDC-supported *Hesed* system in the January 2006 to December 2006 period. During this period, *Hesed* centers served 204,447 clients in 12 countries of the FSU - Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russia, Tajikistan, Turkmenistan, Ukraine, and Uzbekistan. Of these clients, 114,892 or 56% are identified as Jewish Nazi victims. An additional 17,367 clients received services but "left" during this period. Fifty-six percent of these were also Nazi victims.

4. As more and more Jewish elderly living in dire straits in the FSU were discovered by the JDC and other Jewish organizations, and as local and national economies collapsed, the JDC began to enlist local Jewish community members to participate in a new welfare program, *Hesed* (usually translated as "loving-kindness"). JDC opened the first *Hesed* center in St. Petersburg in 1993, followed by a welfare workers training center in 1994 and a medical equipment distribution center in 1995. Today, there are approximately 200 *Hesed* centers in the FSU and they provide a broad range of services: "… food packages, meals-on-wheels, social clubs, soup kitchens, heating fuel, medical equipment loans, home care, winter clothing, aid to the visually and hearing impaired and medical consultations." Source*:* United Jewish Communities. *Former Soviet Union: Elderly at risk*. See also, Avgar A., Kaufman R., Kolton L., and Abramova S. (2003).

5. Source: United Jewish Communities. *Former Soviet Union: Elderly at risk*.

6. See World Bank Group - International Comparison Program. *The 2005 International Comparison Program – Results* for technical publications describing the challenges in making international comparisons as well as some of the recommended strategies.

7. See World Bank Group - Africa Poverty Monitoring. *Cross Country Comparisons* for a discussion of these issues.

8. Hahn, A., Hecht, S., Leavitt, T., Saxe, L., Tighe, E. (2004).

9. The four countries are Belarus, Moldova, Russia, and Ukraine.

10. World Bank Development Indicators online database: World Bank Group. *WDI online.*

11. World Health Organization. *Online research tools.*

12. See, for example World Health Organization. (2007).

13. See, for example, Hahn et al. (2004).

14. DellaPergola S. (2003).

15. Ukeles Associates Inc. (2003).

16. Tighe, E., Saxe, L., Leavitt, T., Hecht, S. & Hahn, A. (2004, April).

17. Ibid.

18. Stepanov, V. V. (2002).

19. Krichevsky, L. (2002).

20. The figure published by JDC at the end is 114,923. During 2005 JDC changed the client calculation method in the Moscow database in order to avoid instances of duplication. The database files JDC gave to Brandeis used the previous method in order to permit comparison with the original research that took place in 2002.

21. See Appendix A for the distribution of all clients throughout all regions of the FSU, including the number and percentages of clients who are Nazi victims by age group and gender.

22. It is common to use PPPs for aggregate consumption in lieu of adjustments that are specific to the target group, in this case impoverished elderly in the FSU. PPP based on aggregate consumption (GDP) can be biased. The basket of goods used to compare GDP is not necessarily relevant to assessment of living standards of the elderly. The goods that comprise the largest part of expenditures among the poor and elderly contribute proportionally less weight to the GDP PPP. Values based to consumption have been proposed as a means for comparing poverty levels, but there is no existing current source for comparison of FSU countries (See, for example, World Bank Group - International Comparison Program. *Poverty PPPs.*).

23. Data from the World Health Survey support the high rates of vision problems. In Russia, rates of poor vision for objects within arm's length, often a symptom of macular degeneration, are 79% of those aged 80 years and older and 66% of those aged 70-79. Source: The World Health Organization. *The World Health Survey Results.*

24. Beers, M.H., & Berkow, R. (Eds.). (2000).

25. See: Kolev, A. & Pascal, A. (2002); Malysh, N. (2000); United Nations Development Programme. (2003); Murashkevich, N. (2001); Murrugarra, E. & Signoret, J. (April, 2003).

26. Standing, G. & Zsoldos, L. (2001, June).

27. Jensen, R. T., & Richter, K. (2004).

28. Williamson, J., Howling, S., & Maroto, M. (2006).

29. Sycheva, L. & Mikhailov, L.(2006).

30. Belarus and Moldova are not included because standardized indicators of minimum living wage for the same period were not readily available.

31. Khmelev, M. (2007, July 2).

32. Yanukovych: Success of pension reform depends on economic growth. (2007, February 2).

33. Unfortunately, data are not available on income other than pension data. As well, it is not possible to adjust based on family and couples' income (in the case where elderly victims live with others).

34. See, for example, Mamona, M. (2007, March).

35. See, for example, Davis, C.M. (2006).

36. Consider the United States where the elderly enjoy more sources of income at higher levels on average than the other nations in our study. According to a Fact Sheet from the Employee Benefit Research Group (Employee Benefit Research Institute. (1997, December)), the average income of the elderly in the United States (ages 65 and older) was $17,708 using the March 1997 CPS. The percentage of elderly income derived from Social Security in 1996 was 42.9% and the average amount received from Social Security was $7,504. Incomes from pensions and annuities by 1994 accounted for 19.7% of elderly income and the average amount was $3,485. The average amount of income an elderly person received from assets in 1996 was $3,130 and the average amount received from earnings was $3,077.

37. See, for example, Schwartz A. (1999). Schwartz, of the World Bank, notes that in Belarus, after pension reform, benefits were adjusted when average wage increases exceeded 15 percent. In Russia, adjustments are made on a quarterly basis pegged to a cost of living formulation.

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The present report was developed by researchers at the Steinhardt Social Science Research Institute, located at the Cohen Center for Modern Jewish Studies of Brandeis University. The Steinhardt Institute conducts quantitative studies concerned with the Jewish community. Brandeis University is one of the nations leading research universities and its faculty are internationally-recognized and widely acknowledged for their scholarship.

MAURICE AND MARILYN COHEN CENTER FOR MODERN JEWISH STUDIES

The Maurice and Marilyn Cohen Center for Modern Jewish Studies at Brandeis University is a multidisciplinary research center dedicated to bringing the concepts, theories, and techniques of social science to bear on the study of modern Jewish life. Research conducted at the Center explores how contemporary Jewish identity is shaped and how Jewish culture and religious practice are manifested. Faculty at the Center includes psychologists, sociologists, and Judaic Studies experts, along with methodologists and policy analysts.

THE STEINHARDT SOCIAL RESEARCH INSTITUTE

The Steinhardt Social Research Institute was established to collect, analyze, and disseminate unbiased data about the Jewish community and about religion and ethnicity in the United States. The Institute collects and organizes existing socio-demographic data from private, communal, and government sources and conducts local and national studies of the character of American Jewry and Jewish organizations. The Steinhardt Social Research Institute was established in 2005 through a generous gift from Michael Steinhardt, chairman of the Jewish Life Network/Steinhardt Foundation.

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