

JEWISH ELDERLY NAZI VICTIMS: UPDATE

REPORT PREPARED FOR THE HONORABLE EDWARD KORMAN,
Chief Judge, Eastern District of New York

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The present document updates our report of 2004, *Jewish Elderly Nazi Victims: A Synthesis of Comparative Information on Hardship and Need in the United States, Israel and the Former Soviet Union* (Hahn et al., 2004). Since 2004, much has changed that potentially affects the condition of the remaining Nazi victims around the world. There have been tangible increases in the humanitarian assistance available to Nazi victims, but also new challenges as a result of the global economic crisis that has exacerbated income inequality. In addition, although the victim population is smaller, it is also more elderly and in need of services. Despite these changes, the relative deprivation and disparities among victims living in the three regions where most of the population reside – the Former Soviet Union (FSU), the United States, and Israel – remains fairly consistent with what was observed in 2004. Although there are clearly victims in need across all regions, the victims in need in the FSU struggle with poor conditions of housing, low income, minimal social services, and poor access to health services. Further, they lack the well-developed and functioning social safety nets that exist in the United States and Israel.

There have also been important changes in our use and understanding of comparative data since 2004. For example, data did not exist on physical limitations associated with needs for supportive services for Nazi victims in the FSU. Now, all elderly in need of supportive care who apply for assistance with Hesed welfare centers in the FSU are assessed on key measures for the evaluation of quality of life and daily functioning, such as the Activities of Daily Life (ADL) scale (cf., Spitzer, 1987). This scale, used also in the U.S. and Israel, measures the ability to perform daily tasks ranging from personal care—such as bathing, dressing, continence, and eating—to personal finance, housework, and taking essential medicines.

Another challenge in earlier work was the assessment of relative economic deprivation among Nazi victims across countries. This challenge led us to explore more systematic sources of data for comparison. We now draw on data from the International Comparison Program (ICP) of the World Bank on actual consumer expenditures, in combination with data on income and pensions, to provide some measure of the degree of deprivation relative to needs, represented by costs, for the elderly. The ICP began in 2005, and their most recent collection of data for 2011 has not, as yet, been published. We use their earlier data, with some adjustments for changes in economies since 2005, to examine the sufficiency of pension incomes in the FSU, United States, and Israel to meet the needs of Nazi victims.

Specific findings are similar to our 2004 report and include:

- Nazi victims in the FSU are less likely to be married and more likely to live alone than counterparts in Israel and the U.S. Fewer than 40% are married, compared to over 70% in parts of the U.S. and 60% of victims in Israel. Nearly half of Nazi victims in Russia and Ukraine live alone, compared to

just over 25% in the U.S. and Israel. Living alone increases the financial, social, and health vulnerabilities of victims.

- Median pension incomes in Russia (\$457, measured in international dollars) is nearly 3 times less than the average social security benefit in the U.S. (\$1,308) and 1.4 times less than the average old age distributions in Israel (\$631). Median pension income for victims in Ukraine is just \$285. When compared to total household income, those in Russia and Ukraine whose old age pensions are their only source of income, live off less than 15% the income of the average senior in the U.S. and less than 30% of the income of the average senior in Israel.
- Lower pension incomes correspond to greater disparities in the ability to meet basic household expenditures. *Estimated expenditures are three to four times higher in the United States (\$2,706) compared to Russia (\$1,033) and Ukraine (\$731). Pension incomes, on the other hand, are three to four times lower in Russia and Ukraine than in U.S. social security income and six to 10 times lower U.S. household income.* The disparity is not as large in Israel, with expenditures estimated to be 1.3 times greater than in Russia and two times greater than in Ukraine. Basic costs associated with food, housing and health care are greater than pension incomes in Russia and Ukraine.
- Data on health disparities are not as clear. Rates of limitations in daily activities are similar among Nazi victims in Russia (22%) and Israel (21%) and higher in Ukraine (35%). There are substantial differences, however, in access to care. Among those who require assistance in daily activities such as cooking, eating, bathing, and taking medicines, Nazi victims in Russia and Ukraine receive on average 40 hours of Home Care assistance per month, compared to an average of over 200 hours among people with similar needs in the U.S. In Israel, although there is no recent data on actual hours of care received, Nazi victims are provided coverage for up to 70 hours of care per month through the Community Long-Term Insurance Law and the Foundation for the Benefit of Holocaust Victims in Israel.
- Controlling for the degree of need, among those in greatest need of Home Care services, those bed-ridden, and limited in 80% to 100% of all daily activities, Nazi victims in Russia and Ukraine receive on average 70 hours of care per month. In Israel, those with this level of need would be guaranteed up to 108 hours monthly.

Victims in the FSU served by Hesed welfare centers are clearly an economically disadvantaged group. Their access to supportive health and social services is far below what is typically available to victims in the United States and Israel. The economic turbulence and instability in FSU countries directly affects pension systems. Pensioners in both regions face challenges in their ability to cover the basics costs of living and their access to needed healthcare services.

DATA SOURCES

To describe the conditions of Nazi victims in the FSU, we rely on the same primary source of data as our previous report: client records of all elderly (N=101,618, with 66,831 Nazi victims) who had received services through Hesed welfare centers in 2011.¹ The centers collect extensive intake and case management data on all who receive services. This includes basic demographic and health information, as well as the services received.

In the United States there remains no single source of data that can be used to describe the situation of Nazi victims. Two recent Jewish community surveys, the Jewish Community Study of New York 2011 and the Jewish Community Study of Chicago 2010, included assessment of this group. Data from the Chicago survey were available for secondary analysis (N=1,993, with n of 51 Nazi victims). We include these analyses where the survey had data comparable to the Hesed data. Data from the NY survey were not available for analysis. We include relevant statistics from this survey based on published estimates in the Comprehensive Report (Cohen, Ukeles & Miller, 2012), which included basic summary statistics on respondents who identified as Nazi Victims. The number of respondents in this survey was 5,993, with an estimated 2% Nazi Victims, which would be approximately 120 Nazi victims. The exact number is likely somewhat lower than 120 since the estimate of 2% is based on weighted data.

Given the lack of evidence that Nazi victims in the U.S. are substantially different in terms of economic and health conditions from other elderly in the United States, data on U.S. elderly overall are also included. These data sources include the most recent Jewish population surveys conducted in major metropolitan areas in the United States along with data from the Health and Retirement Survey (HRS).² HRS is the largest national social science data collection on aging in the United States (Juster and Suzman, 1995). With support from the National Institute on Aging and the Social Security Administration, it consists of a nationally representative sample of c. 30,000 adults 50 years of age and older. Participants are interviewed every two years, beginning in 1992. This dataset enables comparison of older Jewish adults in the targeted metropolitan surveys with a representative sample of all elderly in the United States. In addition, for analysis of home care and medical expenditures, data from the Medical Expenditure Panel Survey (MEPS, Agency for Healthcare Research and Quality, 2009) were examined. The MEPS, begun in 1996, consists of a nationally representative sample of families and individuals in the United States, along with their medical providers (including physicians, hospitals, and pharmacies) and their employers. The primary purpose of the survey is to assess the

¹ See Hahn, et al. (2004) for detailed description of these data.

² The HRS is sponsored by the National Institute on Aging (grant number NIA U01AG009740) and is conducted by the University of Michigan. Demographic and background characteristics are based on analysis from the early release version of the HRS 2010 datasets prepared and maintained by RAND (<http://www.rand.org/labor/aging/dataproduct.html>). Specific variables, such as number of adult children, living situation, and health conditions are based on analysis of original datasets archived at the University of Michigan (Health and Retirement Study, 2011).

range of medical services received, the costs associated with services, and the payment methods (private insurance, public expenditures, patient out-of-pocket) used. For comparison to Nazi victims in Israel we rely on the most recent report by Brodsky et al. (2010), *Holocaust Survivors in Israel: Population Estimates, Demographic, Health and Social Characteristics and Needs*. Much of the data on health and social conditions of Nazi victims in this report are based on data collected prior to 2010. Main sources of data include the 2004 National Health Survey conducted by the Israel Central Bureau of Health Statistics, and a survey conducted in 2007/2008 of Nazi victims who had received assistance from the Foundation for the Benefit of Holocaust Victims in Israel. Of the over 36,000 Nazi victims who had received assistance, 300 people were sampled, of whom only 183 completed the interviews. An additional 50 Nazi victims who were in need of Home Care, but did not qualify for assistance from the Foundation, were also surveyed. It is unclear how generalizable the results from these surveys are to the larger population of Nazi victims in Israel today, but we include the summaries of the data for comparison.

DEMOGRAPHICS

In 2004, a greater proportion of Nazi victims in the FSU were unmarried and living alone compared to victims in the U.S. and Israel. Fifty-nine percent were unmarried and 37% were living alone, compared to fewer than 45% unmarried and 25% living alone in the U.S. and Israel. Married households benefit from two sources of pension income and the social support that helps combat the loneliness of aging. Disparities remain and are, in some cases, magnified (See Table 1).

TABLE 1:
 DEMOGRAPHIC COMPARISONS: ELDERLY HESED CLIENTS VS. ELDERLY IN THE US AND ISRAEL

		Gender (% female)	Age (% 75+)	Marital Status (% married)	Living Alone	w/Children or Family Nearby	w/ Children or Family
FSU ^a							
Nazi Victims	Russia	64.8	61.8	38.4	46.4	46.3	15.1
	Ukraine	62.1	56.4	39.2	48.4	47.1	12.4
Non-Victims	Russia	70.5	40.8	44.2	37.9	48.8	17.9
	Ukraine	68.1	31.5	51.7	35.2	49.8	13.1
United States		56.3	45.8	56.7	21.6	58.2	17.8
Jewish Community Studies							
	New Haven	65.2	61.8	53.5	39.6	40.8	6.6
	New Jersey	70.3	63.1	56.8	39.3	27.9	3.8
	Baltimore	57.6	53.9	63.7	28.5	64.5 ^a	--
	Chicago	51.4	51.3	57.8	23.7	61.4 ^a	6.7
	Chicago Nazi Victims	75.9	42.9	71.2	26.4		
	New York Nazi Victims	52.0	77.0	--	32.2	--	--
Israel ^b		56	47.7	57.3	25.4		
	Israel ^c Nazi Victims	58 ^d	72.8 ^c	61 ^d	27 ^d		

Notes: a) Percentage among those living alone. b) Source: The Elderly in Israel: Statistical Abstract 2011. Editors: Jenny Brodsky, Yitschak Shnoor, Shmuel Be'er. (2011, pp. 19, 20, 69, 71). c) Estimates for Holocaust survivors according to the 2004 National Health Survey. Source: Holocaust Survivors in Israel: Population Estimates, Demographic, Health and Social Characteristics, and Needs. Feb 2010. Jenny Brodsky, Assaf Sharon, Yaron King, Shmuel Be'er, Yitschak Shnoor; (2011, p. 8). d) Estimates for 2010 applied to original 2004 National Health Survey. Brodsky et al. (2010, p 10).

- *A greater proportion of Nazi victims in Russia and Ukraine are unmarried and live alone compared to other elderly in those regions, and compared to elderly and Nazi victims in the United States. Fewer than 40% of elderly Nazi Victims are married in Russia (38%) and Ukraine (39%). Nearly half (46% in Russia; 48% in Ukraine) live alone. Over 70% of Nazi victims in Chicago were married, with just 26% living alone. Similarly estimates for elderly Nazi victims in Israel are that over 60% are married and 27% live alone.*

ECONOMIC AND SOCIAL CONDITIONS

Comparison of economic status is based on available pension information for Hesed clients in relation to available data on U.S. elderly. Hesed clients are, by definition, impoverished. Rates of poverty among all Jewish elderly in these regions are not possible to assess with data derived solely from those who are known to Hesed centers. In addition, among those who receive Hesed services, we know only reported pension amounts. In many cases, pensions are likely the sole source of income, and, thus, provide an appropriate comparison to counterparts in the United States for whom more is known about sources of retirement income. We do not have data on the degree to which pensioners might rely on alternative sources of income, such as from work, family, or other sources. No household income is recorded, only pension amounts. Despite these difficulties, some interesting observations can be made based on this pension information.

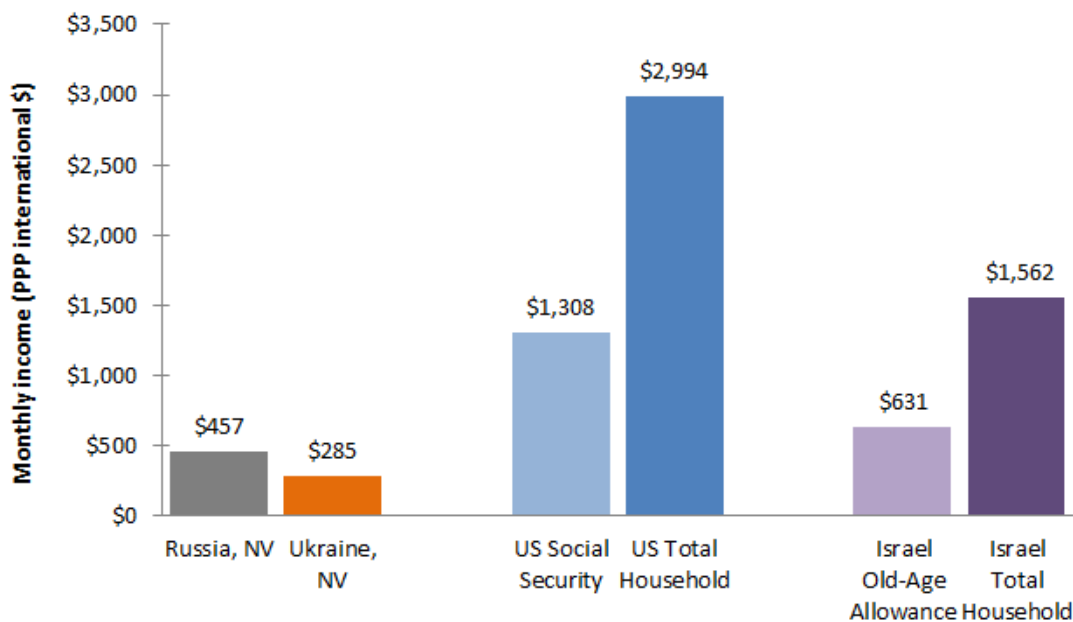
TABLE 2:
 MEDIAN MONTHLY PENSION COMPARISONS: ELDERLY NNV & NV HESED CLIENTS VS. U.S. &
 ISRAEL ELDERLY

	Local Currency	U.S. Dollar ^a	PPP Adjusted ^a
FSU			
NV Russia	10,300	319	457
Ukraine	1,129	139	285
NNV Russia	9,477	294	421
Ukraine	1,013	125	256
United States			
Social Security ^b	1,308	1,308	1,308
Household income ^c		2,994	2,994
Jewish Community Studies^d			
New Haven		4,000-8,000	4,000-8,000
New Jersey		4,000-8,000	4,000-8,000
Baltimore		2,000-4,000	2,000-4,000
Chicago		4,000-8,000	4,000-8,000
Chicago Nazi Victims		<2,000	< 2,000
Israel			
Old-Age & Beneficiary Distribution ^e	2,418	676	631
Household income ^f	5,992	1,675	1,562

Notes: a) Exchange rates and PPP are given in reference to U.S. dollars. b) U.S. Social Security Administration, Office of Retirement and Disability Policy, http://www.socialsecurity.gov/policy/docs/statcomps/income_pop55/2010/, estimates are for U.S. adults aged 65 years and older. c) Secondary analysis of HRS household income data for U.S. adults aged 65 years and older, conducted by Brandeis University. d) The median is an approximation based on reported income categories. e) From *Populations and benefit recipients by residential area –2011, Residential Areas in Israel, Average Benefit* <http://www.btl.gov.il/Publications/yeshuvim/2011/Pages/default.aspx>. This does not include supplemental sources of social insurance elderly may receive in addition to or in lieu of old age distributions. f) Income Survey 2011, median gross monthly household income for head of household aged 65+, secondary analysis conducted by Israel Social Science Data Center at Hebrew University.

- There is a large disparity between the pensions of Nazi victims in the FSU and elderly in the United States and Israel. *Measured in a common metric of PPP adjusted international dollars which controls for price differences across countries, the median monthly pension of victims in Russia is just over a third of the US social security benefit (35%).* The average old age benefit in Israel was 1.4 times greater than pensions in Russia and *total household income that is 3.4 times greater than victims in Russia.* In Ukraine the pension income of Nazi victims is just over a fifth (21.8%) of the social security benefit in the United States, less than half (45%) of the old age benefit of elderly in Israel, and more than five times lower than the total household income of elderly in Israel.
- *In the United States, income from social security benefits is less than half of the median household income, which highlights that government-funded pensions are not the sole source of income for retirees in the United States, particularly among those of higher income (see Figure 1). This is true as well in Israel where the government funded old age benefits are 40% of total household income.*

FIGURE 1. MEDIAN MONTHLY PENSIONS FOR NAZI VICTIMS IN RUSSIA AND UKRAINE COMPARED TO U.S. MEDIAN SOCIAL SECURITY BENEFITS AND MEDIAN TOTAL HOUSEHOLD INCOME FOR U.S. ADULTS AGED 65 YEARS AND OLDER (PPP INTERNATIONAL DOLLARS).



Sources: Hesus client database, U.S. Social Security Administration, Office of Retirement and Disability Policy, http://www.socialsecurity.gov/policy/docs/statcomps/income_pop55/2010/, estimates are for U.S. adults aged 65 years and older. d) Secondary analysis of HRS household income data for U.S. adults aged 65 years and older, conducted by Brandeis University.

- Assessed in international dollars to standardize the currency units, *total household income for the typical person aged 65 years and older in the United States is more than 10 times greater than the pension income in Ukraine and 7 times greater than pension incomes in Russia.* Median household income in the United

States was \$2,994 in 2011 compared to just \$285 for elderly Hased Nazi victims clients in Ukraine and \$457 in Russia. Income in Israel also appears very low compared to the United States. Total household income is estimated to be equivalent to just the portion of income seniors in the US obtain from Social Security. The portion of total household income from old-age benefits in Israel is just \$631.

The key issue to assess the needs of Nazi victims in the FSU in comparison to those in other regions is having some measure of the degree to which these pension amounts suffice for meeting the financial needs of pensioners. Pension amounts in all countries are based on government estimates of minimum costs of living for pensioners. In Russia, this was RUB4,961 in 2012 or \$150 (international dollars), with a higher amount of RUB7,137 or \$230 in Moscow (Alexandrova, 2012). In Ukraine, minimum subsistence for pensioners was \$235 (UAH1,017) as of March 2012 (Ukrainian News Agency, 2012). In both countries, there is debate about the adequacy of these minimum levels, with the main criticisms that estimation models need to be updated to reflect a basket of goods and services that more accurately reflect true costs to current consumers.

The International Comparison Program (ICP) of the World Bank includes comparison of actual consumer expenditures across countries measured in a basket of goods determined to be comparable across countries. The most recent data, collected for the year 2011, are not yet available. Examining data from ICP 2005, however, provides a useful comparison (see Table 3). The first rows list the estimates of actual individual consumption in international dollars annually for each country – the United States, Russia, and Ukraine. The average expenditures for consumers in the United States were \$31,955 in 2005, compared to just \$7,915 in Russia, \$4,657 in Ukraine, and \$16,100 in Israel.

Expenditures are based to a common set of goods and services calculated across the following categories:

- Food and beverages: representative sample of food products and beverages (alcoholic and nonalcoholic) purchased for consumption at home, as well as tobacco.
- Clothing and footwear: clothing materials and garments, as well as cleaning and repair.
- Housing and utilities: rental or ownership costs along with utilities of water, electricity, gas, and other fuels. This category also includes maintenance and repair of dwellings.
- Furnishings and household equipment: expenditures on furniture and furnishings, carpets and other floor coverings, household textiles, appliances, glassware, tableware, utensils, tools and equipment for house and garden, and goods and services for routine household maintenance.
- Health: medical products, appliances and equipment, outpatient services, and hospital services.

- Transport: purchase of vehicles, operation of personal transport equipment, and transport services.
- Communication: postal services and telephone and telefax equipment and services.
- Recreation and culture: audiovisual, photographic, and information-processing equipment, newspapers, books, stationery, and other recreational items and equipment, including for gardens and pets.
- Education: expenditures on preprimary, primary, secondary, postsecondary, and tertiary education.
- Restaurants and hotels: costs of accommodations including food and beverages.
- Miscellaneous goods and services: expenditures on personal care, personal effects, social protection, insurance, and financial and other services.

TABLE 3:
 CONSUMER EXPENDITURES ACROSS COUNTRIES (INTERNATIONAL DOLLARS): 2011

	United States	Russian Federation	Ukraine	Israel
ICP 2005 Actual Individual Expenditures				
Annual	31,995	7,918	4,657	16,100
Monthly ^a	2,666	660	388	1,341
Adjustment 1: For Inflation	3,066	1,171	829	1,580
As % of US		38.2	27.0	51.5
Adjustment 2: Estimated vs. Actual				
Annual	49,552 ^b			
Monthly	4,129			3,642 ^c
% Difference ICP 2011 Estimate vs Actual	34.7			130.6
Case 1: Real vs. Actual US ^d		1,577	1,116	
Case 2: Real vs Actual Israel ^e		2,700	1,911	
Adjustment 3: Elderly / Adults 65+				
Annual	32,475			
Monthly	2,706			
Elderly / 65+ percent relative to All Consumers	65.5			
Case 1		1,033	732	
Case 2		1,769	1,252	

Source: World Bank (2008), *International Comparison Program*.

Notes: a) Monthly averages do not include seasonal effects. b) US BLS Consumer Expenditure Survey 2011. c) Central Bureau of Statistics, Statistical Abstract of Israel. Table 5.28 page 294. d) Case 1 estimate is obtained by applying the 34.7% under-estimate observed for the US data to both Russia and Ukraine. e) Case 2 estimate is obtained by applying the 130.6% under-estimate observed for the Israel data to both Russia and Ukraine. f) The Elderly in Israel: Statistical Abstract 2011

Given the lack of comparable data for the year 2011, the ICP estimates for 2005 were extrapolated to 2011 by applying yearly adjustments for inflation for each year 2006 through 2011. Adjustments were based to the yearly percent changes in the Consumer Price Index (CPI) within each country.³ Average monthly expenditures after adjusting for inflation are given in the row labeled “Adjustment 1” in Table 3. Estimated expenditures in Russian households are just 38% that of expenditures in U.S. households. In Ukraine expenditures are 27% that of expenditures in the U.S.

For the United States, we have direct access to the Consumer Expenditure Surveys (CES) conducted by the Bureau of Labor Statistics (BLS) and are able to conduct secondary analyses.⁴ We compared the most recent BLS estimates for the United States to our ICP 2011 estimate to determine the degree of over – or under – estimation that would result from Adjustment 1. These are given in the rows labeled “Adjustment 2.” The annual expenditures for U.S. consumers in 2011 were \$49,552 annually, or \$4,129 monthly, which is 34.7% greater than the estimate obtained by simply adjusting the 2005 estimates for inflation. If the estimates for Russia and Ukraine are under-estimated to the same degree as the United States, this would yield average monthly expenditures of \$1,463 in Russia and \$1,036 in Ukraine (labeled Case 1 in Table 3). Israel also conducts Household Expenditures annually. Monthly expenditures in 2011 (\$3,642) were over 130% greater than expenditures for Israel estimated from the ICP (\$1,580). Were actual expenditures in Russia and Ukraine underestimated to a similar degree, monthly expenditures could be as high as \$2,700 in Russia and \$1,900 in Ukraine (labeled as Case 2 in Table 3).

An additional benefit of the U.S. CES is that expenditures for seniors – adults aged 65 years and older – can be calculated directly. These estimates are given in the row labeled “Adjustment 3.” In the U. S., expenditures among seniors were about 65% of those for all consumers—\$32,475 annually, \$2,706 monthly. Again, applying this same rate to similarly aged pensioners in Russia and Ukraine, yields monthly estimated costs of \$1,033 for elderly in Russia and \$732 in Ukraine. Although data from the Israel Household Expenditure Survey was not readily available for secondary analysis, published reports of expenditures by household composition for 2010 (Central Bureau of Statistics, 2012) provide estimates of monthly expenditures for households with a single elderly person, and couples with at least one elderly person, which is the most common living situation of elderly Nazi victims in the FSU. Average monthly expenditures for these households was \$2,541 in 2010, which is about 70% of expenditures of all households in 2011 (\$3,618). Given that estimates for the US could be calculated directly for this specific age group, we use the more conservative estimates associated with Case 1 for comparisons to pension incomes.

³ Source: World Economic Outlook September 2011, International Monetary Fund.

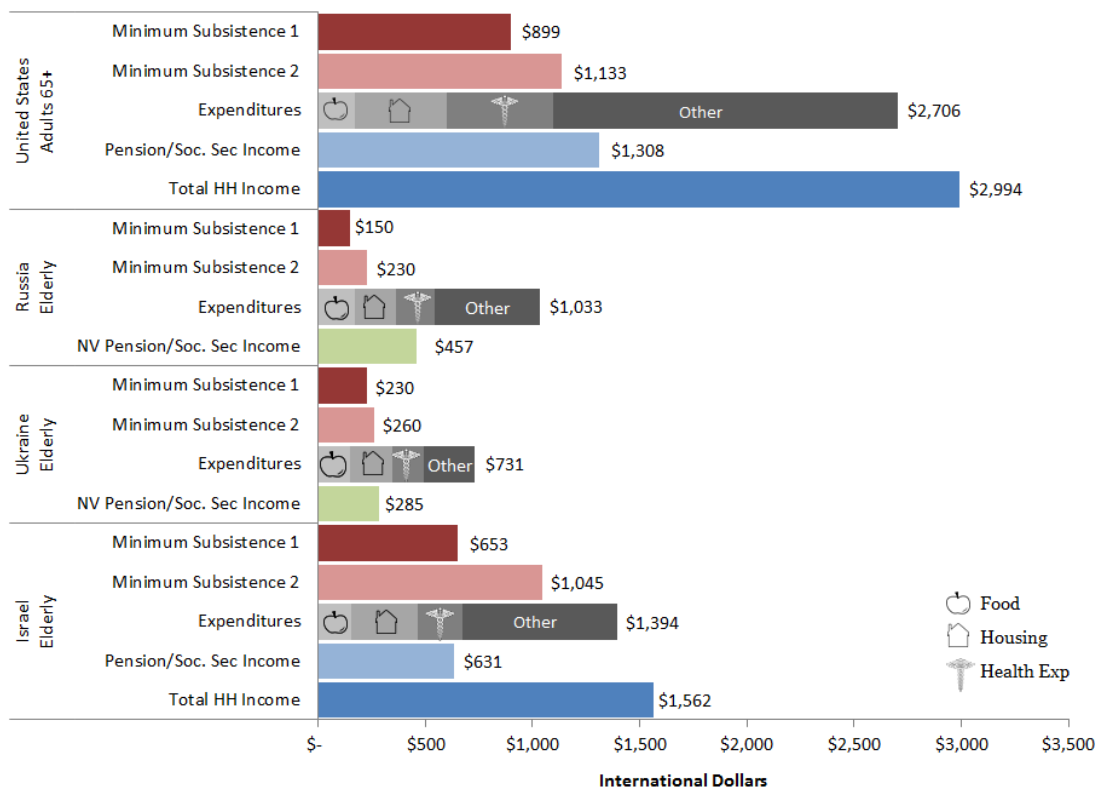
⁴ We chose the US for comparison because of familiarity, and the reliability and validity of the data are well documented, see (BLS 2011) and (Garner et al. 2009).

The disparity between pension incomes and estimated expenditures—both minimum subsistence and actual—can be seen in Figure 2. For all four regions, two minimum subsistence estimates are provided. The U.S. and Israel estimates represent poverty thresholds for single household (\$899 US; \$653 Israel) and two-person households (\$1,133 US, \$1,045 Israel), which are the most common living situations for elderly Nazi victims in Russia and Ukraine.⁵ In Russia, the first minimum represents the national minimum subsistence level for pensioners (\$150), and the second represents the estimate for Moscow (\$230). For Ukraine, the first represents the current minimum (\$230), and the second represents the expected upper end proposed for December 2012 (\$260). Ideally we would define minimums identically across all regions. The variation comes out of practical considerations, based on available published reports. The variation does, however, highlight the additional considerations that should be taken into account when trying to compare estimates across and within regions. As suggested by each, expenditures for seniors/pensioners depend on a large number of factors including living situation, region, urbanicity, and seasonality. The comparisons we provide here focus on national comparisons that do not account for all of these sources of variation. Also included for comparison are our estimates of 2011 expenditures for adults aged 65 years and older based on the ICP survey. These are compared to pension income (social security income in the United States). In addition, for the United States and Israel we include the estimate for total household income, which is not available for pensioners in Russia and Ukraine. Also included are expenditures for basic necessities of food, housing, and health care, represented as proportions of total expenditures.⁶

⁵ Poverty threshold for the United States (DeNavas-Walt et al., 2012, p. 49). Poverty threshold for Israel be (Barkali et al. 2011, p.5).

⁶ Source: International Comparison Program 2005.

FIGURE 2. COMPARISON OF CONSUMER EXPENDITURES TO PENSION INCOME ACROSS REGIONS, 2011 (INTERNATIONAL DOLLARS).



- In Ukraine, the median monthly pension for Nazi victims of \$285 is not much higher than the current minimum subsistence level of \$230. *Twenty-three percent of victims in Ukraine have pensions lower than the minimum subsistence level.* The minimum subsistence level is so low in Russia (\$150), very few (<1%) are below this.
- Compared to estimates of actual expenditures based on the ICP, *nearly all— 99% of victims in Russia and 96% of victims in Ukraine have pensions below actual expenditures.*
- *Estimated expenditures are three to four times lower in Russia (\$1,033) and Ukraine (\$731) than in the U.S. (\$2,706). Pension incomes, on the other hand, are also three to four times lower in Russia and Ukraine compared to U.S. social security income and six to 10 times lower compared to U.S. household income.* Old-age benefits are low in Israel; considering total household income, however, incomes in Israel are slightly higher than typical US social security income.
- *Regardless of the actual international dollar amounts associated with expenditures, pensioners in Russia and Ukraine have substantially less income to meet those costs.* Included in the expenditure bars are the estimated percentage of total expenditures accounted for by basic necessities for food, housing, and

health.⁷ In both Russia and Ukraine, pension incomes are exceeded before meeting these basic costs.

HEALTH STATUS & HOME CARE

It is difficult to directly compare the health status of Hesed clients to typical elderly in the United States and Israel since much of the difference may be due more to methods of assessment than to actual levels of disability. In the United States, data from the HRS includes detailed assessment of particular health conditions, based primarily on self-report data. The HRS also includes assessment of functional limitations. These latter assessments are similar to those used by Hesed staff in evaluation of needs for Home Care services. The HRS and other local community surveys, however, do not have the type of detailed weighting system or scoring system to yield overall functionality scores comparable to Hesed. Thus, we compare the overall rates based on presence of any functional limitations that would require human assistance. There are no recent data for Israel, so we include estimates based on the most recent reports from 2010 and 2011 which summarize data that were originally collected in 2003/2004 and 2009.

TABLE 4:
 HEALTH STATUS & HOME CARE UTILIZATION: NV AND NNV HESED CLIENTS 2011 TO U.S. AND ISRAEL ELDERLY

	Russia		Ukraine		U.S.	New Haven	New Jersey	Israel
	NNV	NV	NNV	NV				
Vision Impairment	12.3	19.8	16.1	28.4	6.8	--	--	27.0 ^{bc}
Hearing Impairment	8.4	13.5	8.7	17.6	7.0	--	--	
Any Functional Limitations	13.4 ^a	21.7 ^a	18.6 ^a	35.2 ^a	18.5	9.3	9.5	21.3 ^{de}

Notes: a) Any limitation across functions similar to those assessed in the United States. These include: mobility, dressing, personal hygiene, continence, eating and drinking, managing medicines, preparing meals, laundry/housework. b) Source: Holocaust Survivors in Israel: Population Estimates, Demographic, Health and Social Characteristics, and Needs. Feb 2010, based on data from the National Health Survey conducted in 2003/2004. Jenny Brodsky, Assaf Sharon, Yaron King, Shmuel Be'er, Yitschak Shnoor. c) Percentage of survivors who reported vision or hearing problems in the previous six months for age group: 60+. d) Estimated Percentage of elderly (65+) with limited daily functionality (ADL). e) Source: The Elderly in Israel: Statistical Abstract 2011. Editors: Jenny Brodsky, Yitschak Shnoor, Shmuel Be'er.

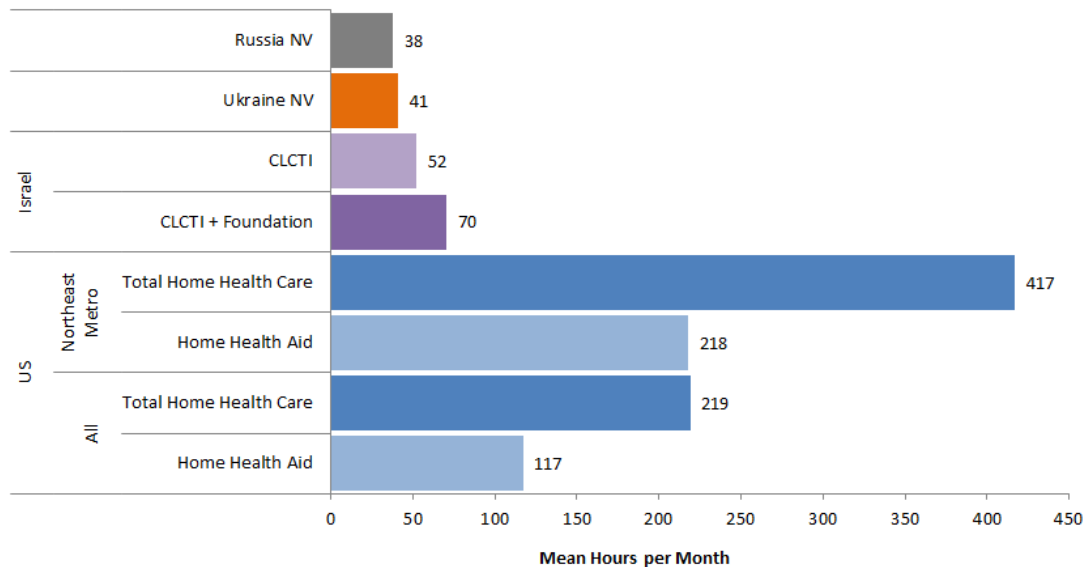
- Although the proportion of elderly people with vision impairment problems appears almost twice as high in Russia and Ukraine than in the United States, the rates are difficult to compare given the different methods of measurement across the regions. For Hesed clients, assessments are based on independent ratings of caseworkers who conduct evaluations of functional limitations. The U.S. data are based on subjective self-reports of “poor” vision.
- A greater proportion of Hesed clients who are Nazi victims have limitations in daily functioning than non-victims. Twenty two percent of Nazi victims in Russia and 35% of victims in Ukraine had limitations in functioning, compared to 13%

⁷ Based on ICP 2005 estimated costs of each within each country.

and 19% among non-victims in these two countries, respectively. The proportion of elderly with any functional limitation in Russia is similar to the 2009 rate of functional limitations among elderly in Israel.

The key issue is the degree or severity of functional limitations and the amount of care relative to that need. Figure 3 displays the average number of Home Care hours Hased clients receive (monthly) in comparison to elderly in the U.S. We also include for comparison elderly in metropolitan areas of the Northeast. Speciality Home Care, such as provided for by skilled medical professionals, is not at all available to Hased Clients. Any Home Care they receive is comparable only to the category of Home Health Aide here in the US. Thus, we include for comparison the average hours provided by Home Health Aides in the US. Also included are estimates for Israel based on the minimum number of hours of care that they are eligible for under the Community Long-Term Insurance Law (CLCTI; Brodsky, 2010, p. 10). Although data are not readily available on a representative sample of all elderly in Israel receiving Home Care, the CLCTI provides benchmarks for the number of hours of care afforded by social insurance programs. There are three benefit levels based on level of functional limitations. The lowest level of benefit (Level A, 91%) is for those who have some dependence on the help of others and require some supervision. They are entitled to 9.75 hours of care weekly (fewer hours if high income). Level B, those who are greatly dependent on help from others are entitled to 16 hours of care weekly (64 hours expressed as monthly number of hours). The third level of benefit (Level C) for those who are completely dependent on the help of others for all daily activity allows for 18 hours per week (72 hours monthly). The second estimate includes the additional hours provided for Level B and Level C individuals by the Foundation for the Benefit of Holocaust Victims in Israel which provides up to an additional 9 hours per week of care, for a total of 27 hours per week (108 hours monthly). Brodsky et al. (2011) provide estimates of the number of Nazi victims who receive assistance for each level of benefit. This information is used to estimate the overall average number of hours of care available to Nazi victims in Israel.

FIGURE 3. AVERAGE MONTHLY HOME CARE HOURS: NAZI VICTIMS IN RUSSIA & UKRAINE COMPARED TO ADULTS 65 YEARS AND OLDER IN THE U.S. AND METROPOLITAN AREAS IN THE NORTHEAST, AND NAZI VICTIMS IN ISRAEL.



- *Elderly Nazi victims in Russia and Ukraine receive over five times fewer hours of care (~ 40 hours/month) compared to elderly in the United States (~ 220 hours per month), and over 10 times fewer hours than those in the Northeast Metropolitan areas (~ 417 hours/month). The amount of hours they receive is less than the minimum provisions for Nazi victims in Israel (up to 70 hours).*
- *Comparing Home Care provided specifically by Home Health Aides, NNV clients receive nearly 5 times fewer hours than other U.S. elderly and 10 times fewer hours than counterparts in Northeast Metropolitan areas.*

The large disparity in average number of hours of Home Care service with the U.S. is due in part to a substantial portion of elderly in the United States who receive full-time care. Twelve percent of elderly who receive Home Care in the United States, receive 24 hours of care per day. This increases the overall average number of hours. No elderly served by Hesed centers receive this level of Home Care.⁸ If those who receive full-time care are omitted, the average number of Home Care hours across Health Aides, Medical Professionals, and Others in the United States is 142 hours and 262 hours in Northeast Metropolitan, still significantly greater than those who receive Hesed Home Care services.

⁸ We asked Hesed caseworkers and managers in Dnep and Moscow about the possibility of 24-hour care for those in need. In Dnepropetrovsk, there was a resounding “no.” Nearly all of the individuals for whom caseworkers provide Home Care reside in conditions that would not be amenable to live-in care. Home Care workers would have to accept living in sub-standard living conditions which is not feasible. The situation in Moscow was very different. A JDC representative suggested that many in the Moscow area do, in fact, arrange live-in Home Care services by offering room and board in exchange for services. Hesed caseworkers, however, said this was not the case for their clients and would be a rare event.

For care provided by Home Health Aides, excluding 24-hour care, the average number of hours in the United States is 78 per month and 143 hours per month in Northeast Metro. The overall disparity in hours of service also does not convey variation in level of functioning. For U.S. data we know of the existence of functional limitations but not the extent of the limitation. There is no comparable scale of functionality to compare Home Care hours based on the degree of functioning, such as the limited by 20%, 40%, 60%, 80% scale used by Hesed centers. We can, however, compare the minimum number of hours in Israel by level of care required (see Table 5).

TABLE 5: AVERAGE MONTHLY HOME CARE HOURS BY FUNCTIONAL LIMITATIONS			
Nov 2010-Jun 2011	Functional Limitations		
	Low Functioning	Moderate	High Functioning
Russia & Ukraine Combined			
NV	70.5	29.9	14.6
NNV	40.9	17.6	9.6
Russia			
NV	70.2	27.8	14.1
NNV	41.3	17.3	9.6
Ukraine			
NV	71.0	33.1	15.0
NNV	40.3	17.9	9.6
Israel NV CLCTI + Foundation	108.0	108.0	72.0

- The home care situations of elderly in Russian and Ukraine are essentially identical, with little difference between the two countries when comparing Nazi victims with non-Nazi victims.
- Nazi victims receive a greater number of hours than non-victims in the FSU. This reflects a recent infusion of funding over the past year specifically devoted to the provision of much needed Home Care for Nazi victims.
- Even with this infusion of funding, there are disparities. *Among low functioning Nazi victims in the FSU, those who are bed ridden and most in need of Home Care, receive on average 38 fewer hours of care per month than the basic number of hours provided for through the CLCTI and Foundation in Israel.* The disparities are even greater among those with moderate degrees of need, who need assistance with daily activities but are not entirely dependent on others. They receive on average 30 hours of care monthly, compared to possible 108 hours for similar victims in Israel.

SUMMARY

The broad range of demographic, economic, and health conditions highlight large differences between the elderly population in the United States and Israel compared to the Nazi victims in the FSU. In terms of demographics, the proportion of elderly females among Nazi victims is larger in Russia and Ukraine than in Israel, and victims are less likely to be married and more likely to live alone.

The large economic disparity between the elderly in the United States and Israel and Nazi victims clients in FSU is evident. United States social security monthly benefits are nearly three times the median pensions (in international dollars) of Nazi victims in Russia and more than four and a half times the median pensions of elderly clients in Ukraine. In Israel, the old age benefit alone, on average, is 1.4 times greater than the old age pensions in Russia and more than twice the median pension of victims in Ukraine. The evidence of the disparities is even greater when one takes into account that in the United States and Israel, social security/old age benefit income is less than half of the median total household income for seniors. Evidence of the large differences in economic situation are observed by examining the relation between pension and household incomes, and estimated expenditures. Elderly clients in Russia and Ukraine have substantially less income to meet estimated expenditures.

Although direct comparisons of the health status of victims in the FSU and elderly in the U.S. and Israel are limited, the prevalence of functional limitations among victims in the FSU is greater than the prevalence among elderly in the US and Jewish elderly in Israel. Nevertheless there is a large disparity in the average number of hours of Home Care service that those in the FSU receive. Even with the benefit of additional funds allocated specifically for the provision of Home Care hours to victims in need in the FSU, they receive far less care than counterparts in Israel and the U.S. Victims in the FSU receive more than five times fewer hours than U.S. elderly and more than 10 times fewer hours than counterparts in Northeast Metropolitan areas. Furthermore, site visits to Hessed welfare centers indicated great need for assistance with the costs of essential medicines (e.g., heart disease and diabetes). There are no data, however, that can be brought to bear to evaluate relative need (and unmet need) across the regions for specific health care needs other than the broad provision of Home Care services for those with functional limitations.

The economic turbulence and instability in Ukraine may be far greater than that experienced in Russia, but both countries face challenges with respect to effective funding of pension systems. Pensioners in both regions face challenges in their access to needed healthcare services. The lack of public and private insurance coverage in these countries results in increased burdens on household incomes to cover health care costs independently. The economies of FSU countries are still very much in transition and present unique challenges. For example, in Ukraine, although government agencies recognize the need to provide services and desire to fully fund pensions for all, not only for government workers as in past

Soviet economy, the reality on the ground is that there are insufficient funds. Many agencies receive and are forced to work with operating budgets at 20% of need, or 20% of that required to provide the level of services for which they are responsible. Health care is available to all at fixed costs. Yet, all, regardless of ability to pay, face hidden costs that are required to actually receive care from providers (see Kutzin, Cashin & Jakab, 2010).

Another key issue identified through site visits was the need to better understand the gap between specific needs of victims and the level of service Hesed welfare centers and other social services are able to provide. For example, material support in the form of food assistance is provided to essentially all elderly clients. The level of material support that is provided, relative to particular needs (i.e., the degree of need) cannot, currently, be derived directly from available data. Thus, as an alternative, we compared pension incomes to national level statistics/estimates of costs of living. Unfortunately, there are no existing incontrovertible sources of data on what the true costs of living are in these regions. Although the governments release proposed minimum subsistence levels that guide their decisions on pension levels, citizens and service providers believe that the government estimates are unreasonably low (cf., Round & Williams, 2010). We looked to sources of data, such as the ICP, that were sensitive to and attuned to variability in measurement across countries and would allow for cross-country comparisons. The data, however, are outdated for current purposes (based to 2005). Although we provided adjustments to 2005 estimates to project what these might appear when considered in a 2011 economy in each country, the fact remains that the national-level estimates we used for comparison may or may not accurately reflect true costs for Nazi victims in these countries, particularly given their insensitivity to variations within a country, such as costs of living within urban areas versus outlying areas.

Despite the limitations of the data, and possible lack of sensitivity of our analyses to variability in need within regions of the FSU, the available data on pensions and living circumstances make clear that the economic situation for victims in the FSU who seek Hesed services is poor. Faced with increasing costs for basic needs such as utilities and food, along with health services including essential medicines and quality care, the pension amounts upon which victims rely are limited.

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