Project Report

Database on National Social Welfare Policies for Survivors and Other Victims of Nazi Persecution

May 2015

Lyle Scruggs, PhD

Gabriela Tafoya, MA

Presented for the International Conference on Welfare for Holocaust Survivors and Other Victims of Nazi Persecution

May 26-27, 2015

Prague, Czech Republic

EUROPEAN SHOAH LEGACY INSTITUTE

Living with Dignity
Welfare Conference

Executive Summary

This report provides a brief overview of the *Database on National Social Welfare Policies for Survivors and Other Victims of Nazi Persecution*. The purpose of the database is to provide governments, advocacy groups and international institutions important information about the progress of Terezin Declaration countries in achieving their commitments to ensure that the social welfare needs of Holocaust survivors and other victims of Nazi persecution are met, and that these individuals are able to live the remainder of their lives with dignity.

Holocaust survivors and other victims of Nazi persecution are increasingly dependent on social welfare support as they get older. Their growing needs due to aging are compounded by the long-term effects of their wartime trauma. Survivors and victims of Nazi persecution are more susceptible to both chronic ill-health and income poverty. Many are also socially isolated, further increasing their vulnerability. Finally, since (re)institutionalization near the end of life risks bringing back painful memories, long-term care at home is an important priority in the humane care of survivors and victims of wartime persecution.

National social policies are a vital mechanism by which welfare needs can be addressed. National governments are the primary duty bearers for ensuring basic social and economic rights of their citizens. Even international actors providing aid to survivors and other victims of Nazi persecution also depend on cooperation with national governments in order to provide assistance.

In assessing national provision of care, the *Database* emphasizes both general national welfare programs and those targeted specifically to survivors and other victims of Nazi persecution. The main reason is straightforward: many social welfare protections are secured based on an individuals' status as a resident or citizen of a particular country rather than as a survivor or victim of wartime persecution. Of course, many countries also provide benefits to individual victims as compensation. Whether general or targeted, a cross-national perspective can help to achieve the social welfare goals laid out in the Terezin Declaration.

The *Database* is based on an extensive survey detailing specific provisions of policies particularly relevant to the current population of Survivors and other victims across Terezin signatory countries. The survey focuses on:

- social insurance pensions and social assistance for those of advanced age;
- the cost, access and coverage provisions surrounding health care benefits
- long-term care at home and in institutions
- national programs granting targeted benefits for Holocaust survivors and other victims of Nazi persecution

The initial goal of the project was to obtain a baseline assessment of current conditions. In phase 1, 30 of 47 countries provided formal responses, with the majority of these completing much or all of the survey. Country surveys were supplemented with information from a variety of national and international sources. (The combined surveys will be circulated to national governments for comment before the final database is made public.) Much of the information will be presented in an on-line visualization tool that will allow individual users to create their own maps and reports from the *Database*. Future plans include adding data for future years in order to compare progress over time in securing the social welfare of survivors and other victims of Nazi persecution in all Terezin Declaration countries.

The report and *Database* focus primarily on national policies, and as such they do not highlight the impact (or potential impact) of aid and community groups. We hope to collect this information in a second phase of the project.

There are several notable findings of the report:

--The vast majority of survivors and other victims of Nazi persecution reside in ten countries: Israel, Russia, the United States, France, Ukraine, Germany, the Netherlands, United Kingdom, Hungary, and Belarus. Most of these reside in just three countries: Israel, Russia and the United States.

--While there are instances in all countries where national social safety nets are too thin, the evidence is overwhelming that survivors and other victims of Nazi persecution face the largest threats to their social welfare in countries of Eastern Europe and the former Soviet Union.

--Contributory pension adequacy is a potential problem for survivors and other victims of Nazi persecution in richer countries. This is due to price indexing of pensions in payment, and flat or fixed-rate social charges on pensions for health care. A decade of price indexed pensions can result in significant declines in the ratio of pensions to labor market earnings. Fixed (and especially increasing) contribution rates for health benefits exacerbate declines in pensioner living standards. Solutions to this problem include providing additional pension supplements or other reliefs to older pensioners at risk of poverty.

--Non-contributory age pensions are systematically lower in poorer Terezin Declaration countries than in rich ones. This is true both as a ratio of national wages, and in absolute terms. In three of the countries with the highest number of survivors and victims of Nazi persecution, social assistance pensions hover near the World Bank's absolute poverty threshold of $4.30/day.

--In richer Terezin Declaration countries, non-contributory pensions are generally set well below the relative poverty line. Where health care and home help is not free, the ability of poor survivors and other victims of Nazi persecution to afford necessary care is threatened, because the price of care tends to rise with wages.

--All Terezin Declaration countries (even the United States) have long had social insurance or universal provision for healthcare for the elderly. Almost all also limit or reduce the out-of-pocket (OOP) cost of healthcare for older, sicker, or low income residents. What remains unclear, and requires more detailed evidence, is whether "reduced charges" actually improves the financial well-being of older survivors and other victims who live below or near poverty.

--Perhaps a larger problem in overall national health systems is the *adequacy* of care. Equity of *access to insurance* in principle means little if paired with a low *level* of qualified carers, medicine, and equipment in the social or public sector. Many ECE and FSU countries have low social insurance and in-kind spending, and very high OOP spending ratios. This high level of OOP spending negatively impacts older pensioners, because they cannot afford market prices for care. This issue may be of particular importance to those concerned about the life chances of survivors and other victims of Nazi persecution, who are often sicker and poorer.

-- Long-term Care, especially home care, has emerged in the last decade as a major policy priority in most Terezin Declaration countries. Here again there are indications of inadequate access to care in the ECE and FSU countries (as well as some richer countries, e.g., the United States). While some ECE countries, such as the Czech Republic have developed considerable capacity, long-term care remains much more developed in countries such as the Netherlands, Austria and Israel.

--Many aspects of the apparent divide between Western and Eastern Europe seem more closely related to long-term differences in economic prosperity than with the structure of need.

Compared to the West, Eastern Europe struggles with a comparable proportion of retirees, but has much lower fertility, and much more modest economic resources per person.

-- Approximately half of countries that completed the Country Survey indicated that they had special provisions that applied to survivors and other victims of Nazi persecution. National programs to compensate Holocaust survivors and other victims of Nazi persecution most commonly take the form of replacement of, or additions to, regular contributory pensions based on *inter alia* detainment, forced labor, deportation, or periods of forced concealment during the war. Several countries also provide access to in-kind or transfer benefits paid to war veterans for those suffering the above forms of persecution. Other national programs paid one-time benefits to victims of similar abuses.

--International compensation pensions for survivors and other victims of Nazi persecution can be an essential source of income for many individuals, especially in ECE and FSU countries, where social welfare benefits are not close to many western (particularly EU) levels. Both monthly and lump-sum payments enhance the capability of those with limited or no other means of support to remain independent in their later years.

The report concludes by emphasizing that the quality of life for the elderly is of growing moral and political importance around the world. This may create new opportunities for partnerships between advocates for survivors and other victims and larger forces seeking to ensure that older citizens can live their remaining years with dignity.

Introduction

The purpose of the *Database on National Social Welfare Policies for Survivors and Other Victims of Nazi Persecution* is to provide governments, non-governmental organizations, and the general public with useful information about key aspects of national policy that can contribute to ensuring the welfare of survivors and other victims of Nazi persecution during the Second World War. While it is clear that the perpetrators of persecution bear a moral obligation to compensate their victims for the harms done to them, the welfare of those victims necessarily overlaps with national systems of social protection. Increasingly, survivors and victim of Nazi persecution confront larger challenges to their material, psychological, and social well-being. In some cases, their conditions may be hard to distinguish clearly from challenges faced by others in their age cohort; yet research shows they are often more severe. National states, which bear primary responsibility for the welfare of their citizens, must ensure that victims and survivors, like all others of advanced age within their borders, can live their remaining years with dignity.

The *Database* is intended to provide comparative evidence of where national social policies contribute to welfare of survivors and victims. Such comparisons may also point to areas where national policies can be enhanced.

The *Database* reports information collected from national surveys as well as from national and international sources. The collection includes information about many different features of national social welfare policies. At first blush, some of the information may seem to apply far beyond the specific welfare needs of survivors and victims of the Nazi regime. However, there are several specific reasons why a broad scope is necessary for a clear comparative assessment of how countries provide for this group:

The database remains an ongoing effort. ESLI welcomes additional information from member countries that is not reported, or reported in error. We hope to provide regular updates of member country efforts in future years.

First, the total population of Holocaust survivors and victims of Nazi persecution is not known with certainty to national authorities. For example, we requested that governments provide estimates of the number of survivors a) living in their country or b) nationals living abroad. Virtually no country provided such estimates.

Second, some survivors are still reluctant to be formally identified to national governments. This hinders national efforts to address the specific needs of this population for benefits. Often, the well-being of unidentified survivors and victims is achieved without identifying these groups explicitly, but by providing services more generally or by supporting community organizations to deliver transfers or subsidies.

Third, some individuals may not meet criteria for compensation through existing programs that target victims and survivors specifically, but may nonetheless be in great need. For example, research suggests that some of the harms of acute deprivation and trauma may worsen with age. Genuine needs due to Nazi persecution may be manifest until they are very hard to distinguish from needs of older persons who have not suffered those particular traumas. While efforts to identify and address specific needs remain critical, developing national social care sectors is integral to meeting those needs.

The ability to lead a life of dignity is ultimately a basic human right. Historically, governments with the strongest commitments to such basic human

rights have been more likely to promote universal benefits for all of their citizens.

For all of these reasons, creating a *Database* that effectively reports on how governments are ensuring a life of dignity for survivors and other victims of Nazi persecution, we need information about national policies that:

a) Specifically target them; and

b) Apply generally to them based on their rights as citizens.

Consider two countries: in Country A dental care is not covered by the national health system. Large out-of-pocket payments are required, and many poor individuals who need care cannot afford it. In Country B, dental care is covered for all residents by a universal health insurance system. Neither country A or B has a special dental program *for* survivors. But dental care needs *of* survivors are ensured in Country B's universal system.

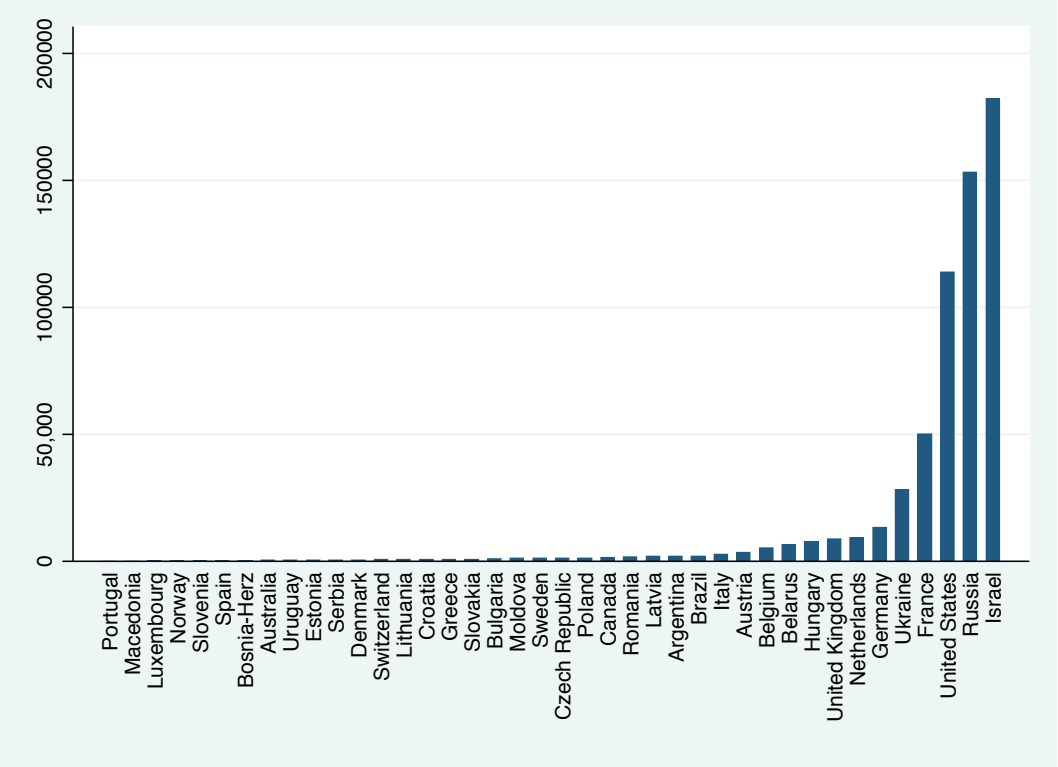


Figure 1: Estimates of survivors and other victims of Nazi persecution in selected Terezin countries

Estimates of Nazi victim populations come from Country Reports and the Claims Conference 2012 Worldbook. When a range is provided, we used the midpoint of the range. Countries without an estimate are not included in the figure.

Sources of Information

Information in the *Database* is based on a wide variety of sources, using information from late 2014, or the most recent year available. The research team sent a detailed national survey to all Terezin Declaration member countries starting in November 2014. Over the ensuing months, ESLI worked with representatives from Foreign and Social Affairs Ministries of the national governments to secure responses to the survey. As of May 1, 2015, we received formal responses from 30 of the 47 Terezin Declaration countries. Much of the information reported here comes from those responses. We generally refer to these as *Country Surveys*. When the country surveys did not provide necessary information, the *Database* drew on a variety of national and international sources,

including websites of national health and social welfare ministries. Major international sources of information include:

Social Security Administration's *Social Security Programs throughout the World*
World Health Organization's *Healthcare in Transition* Series
European Union's Mutual Information System on Social Protection (MISSOC) Comparative Tables
Center for Social Welfare Policy and Research's *Facts and Figures on Healthy Aging and Long-term Care*
Council of Europe's Mutual Information System on Social Protection (MISSCEO) *Comparative tables of social protection systems in 12 member states of the Council of Europe*

Findings from the Country Surveys

Survivors and other victims of Nazi persecution have all passed the standard pensionable age. Advanced age, combined with what they have endured means that these individuals are more vulnerable to poverty and ill-health, and thus more likely to depend on social systems of protection. Accordingly, the *Database* focuses on types of social welfare policies that are most relevant for this population.

In the descriptive analysis that follows, we provide a general overview of the data collected as of late April. The overview is divided into three sections:

- Public Pensions and Social Assistance
- Healthcare and Long Term Care
- Special Programs for Survivors and other victims

In each section, we discuss the basic motivation behind including these three general areas of social policy in the database. The report also discusses selected findings that could be useful to governments and others who are committed to enhancing the quality of life of survivors and other victims.

The report is neither intended to provide a general strategy for national policy, nor to be a report card of national performance. It is instead intended to provide a comparative perspective of the variety of features in national social policies that affect this population. Policymakers and aid organizations will use this information to help them pursue various strategies to enhance the well-being of survivors and victims both in the Terezin countries and around the world.

Rates of poverty among survivors are high in many places, e.g., 24% in Israel, over 35% in the United States. In the New York City area, home to the second largest population of survivors in the world, it is estimated that 35% of survivors have serious or chronic illnesses, and 41% need help with daily tasks.

Visualization Tools

The presentation of the data discussed in the report is only a part of the larger collection of information in the *Database*. Much of the information will be enhanced by data visualization tools that are under development. These visualization tools will permit users of the *Database* to explore comparative features of social policies related to Terezin countries on their own. As the project moves forward and the dataset is further enhanced, these tools will provide users with an ability to examine specific features of national policies affecting the social welfare of Holocaust survivors in ever greater detail.

Section I.

Public Pensions and Social Assistance

At this stage in their lives, almost all survivors and other victims of Nazi persecution are drawing some form of public pension, either based on their own labor market history (contributory or disability pension), their deceased spouses' history (survivors pension), or social assistance (non-contributory pension or general social assistance). Because the risk of poverty tends to increase with the length of retirement, the system of state pension and non-pension benefits (e.g., reductions in transportation fares, health care co-payments, costs of social care, etc.) is very important for maintaining an adequate living standard. This section deals with different parameters of the pension system that are relevant for survivors of Nazi persecution.[1]

For the *Database on National Social Welfare Policies for Survivors and Other Victims of Nazi Persecution,* we requested information on the four types of pensions referenced above. (We also asked about regular compensation payments made specifically to victims of Nazi persecution. These are discussed in Section III of the report.)

Age pensions: These are defined-benefit pensions paid on retirement. In most cases benefits are earnings-related based on a contribution history that was also earnings-related. The degree to which the pension system protects against poverty in old age can be highly variable across countries and time.

Disability/Invalidity pensions: Linked to old age retirement systems, disability pensions provide payments for those unable to work due to a disability that significantly reduces their ability to do paid work.

*Survivor (widows) pension*s: Pension payments to the surviving spouse or child of a person who is covered for an age pension

Non-contributory age pensions: These typically provide benefits to those above retirement age without access to a regular pension or wages, or whose regular pension and other income falls below a specified minimum.

Contributory Pensions

Since the first three pensions are typically inter-related parts of national social insurance schemes, we asked a common set of questions about all three in the *Country Surveys*. These questions included:

Target replacement rate This typically provides evidence of how important the public pension is relative to non-private sector pensions. Target replacement rates vary considerably. Larger replacement rate systems typically have longer work history requirements. One potential problem with comparing these across countries is the presence of private occupational pensions, which can provide significant retirement income in addition to that provided by public pensions.

[1] Other elements of the pension entitlement formula in most countries-- work history, accrual rate, contribution indexing, etc.—obviously affect pensioner standard of living. But these no longer affect the pensions of those already retired. Therefore, they are not discussed here.

Taxation of Benefits Public pensions are subject to income tax in most of the Terezin Declaration countries. Methods of taxing pensions vary, but most countries tax benefit income more generously than wage income. For example, in the United States, Social Security benefits are not taxed at all on total incomes under $34,000 per year, and after that, only 85% of the benefits are taxed. Pensioners themselves may also receive favorable allowances even when their pensions are fully taxable.

The importance of pension taxation on the ability of pensioners to live with dignity in their later years depends on specific factors in the tax system. There may be solidaristic reasons for governments to tax pensions even if the effective tax rate is low. However, taxing low-income pensioners can drive them into stigmatizing, means-tested programs. For individuals at an advanced age, growing health and personal care needs may mean that the extra revenue generated by their social charges must be returned as service subsidies (e.g., home care, medicines). Those requiring services have less income to pay for care, requiring the state to pay more.

Terezin Declaration countries that do <u>not</u> generally tax public pensions

Albania	Israel	Serbia
Bosnia & Herz.	Lithuania	Slovakia
Bulgaria	Moldova	Turkey
Czech Rep.	Montenegro	Ukraine
Hungary	Russia	

Social Security Taxation of Benefits Some age pensions are subject to compulsory social security charges, typically for health insurance. Rates on pensions, when charged, vary considerably across countries. Since social charges are typically fixed percentages or flat rate amounts, these charges tend to fall more heavily on the living conditions of those with low incomes.

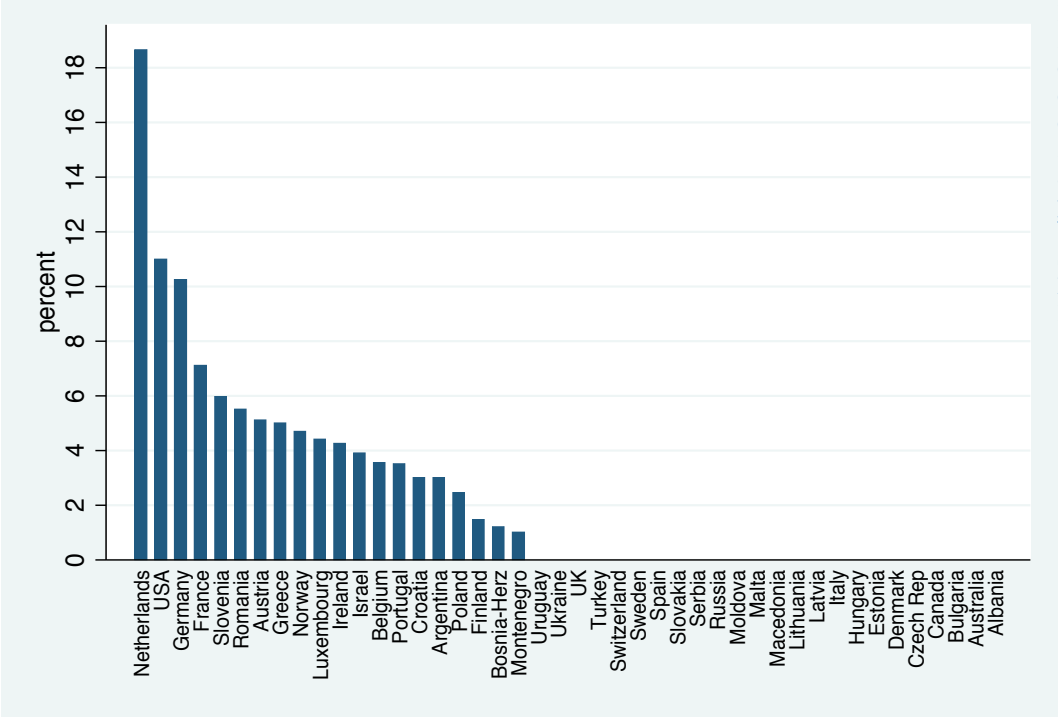


Figure 2: Most Terezin Declaration countries do not charge pensions for social contributions. But some charge quite high rates. Higher rates generally do not apply to non-contributory pensions. The high US rate is based on the average Social Security pension and flat rate Medicare B and the average Part D premiums.

Pension Indexation One important poverty risk for older adults unable to work is increases in the overall price level. If costs of living rise, and pensions do not, retirees can quickly become unable to afford basic necessities. Consequently, most public pensions are indexed: automatically adjusted for changes in the cost of living.

It is important to know two things about pension indexation. First, we need to know whether and how indexation occurs. In almost all Terezin countries, social insurance pensions are indexed to some combination of national wage and price inflation.

Price indexing provides general protection from inflation for pensioners. *Wage indexing* provides greater cost of living protection, since wages usually rise faster than prices. Price indexing may also raise the relative poverty rate among pensioners, because pensions are a fraction of wages.

A second important factor in indexation is whether indexing is frequently suspended. During budget crises or economic recessions, governments may suspend or reduce indexation for a year or two. If temporary indexing suspensions are not compensated later-- and they often are not—the result is a permanent cut in the standard of living for the pensioner. In the *Country Surveys*, we asked countries to report whether pension indexing in recent years had followed the "normal" rules or been suspended.

Social Assistance/Non-Contributory Pensions

Many survivors and victims of Nazi persecution, especially those who had limited work contribution histories, must rely on very small contributory pensions, or the non-contributory pension system. (Not all countries have separate non-contributory old age pensions, but do have some form of means-tested social assistance.) This vulnerability may be especially pertinent for women, who are estimated to be two-thirds of Holocaust survivors today, because women traditionally had less employment in the formal sector, and were historically discriminated against in the "male breadwinner" welfare state model.

Figure 3 shows the level of social assistance pensions in different Terezin Declaration countries relative to the average monthly wage in that country plotted against each country's per capita national income. Assistance pensions fall well below recommended minimum criteria for retirement incomes suggested by both the World Bank and ILO.

Social pensions tend to become more generous relative to wages as countries get richer. However, if one thinks of decent living standards as being a combination of meeting absolute needs, and including a need for comparable social status, we would expect to see a constant, or perhaps even negative, correlation between social assistance

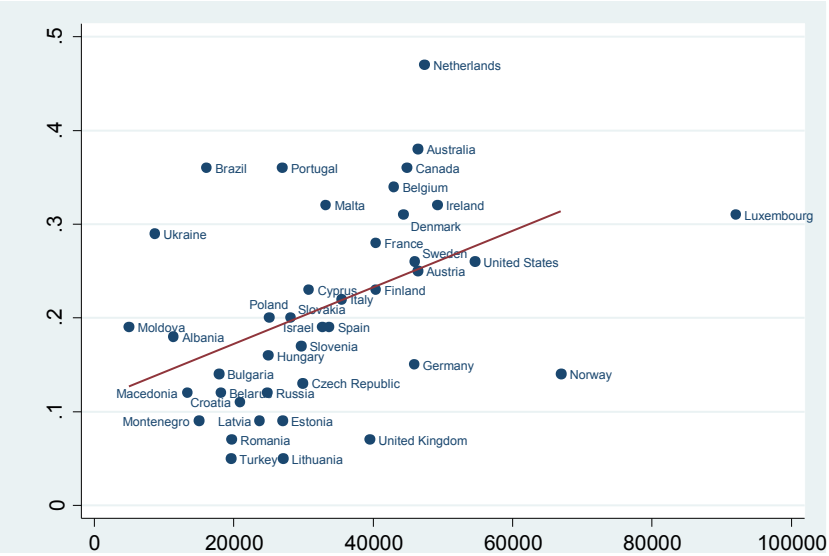


Figure 3: Non-contributory age pension replacement rate and national income per person. The replacement rate measured on the vertical axis is the ratio of the most recent monthly non-contributory pension to the average gross monthly wage. Disposable income replacement rates would probably be higher in all countries, because workers pay taxes and social contributions on their wages and non-contributory pensions are more lightly taxed or not taxed at all. Furthermore, the pension amounts exclude any housing benefits (in-kind or transfers) that are available in many countries.

pensions and national income per person. The fact that pensions are relatively less generous in poorer countries (and that spend fewer resources on health care) only raises the imperative for international relief to go to less affluent countries. They would appear to be at greatest risk.

Efforts to improve the situation in individual countries can involve several things. One, directly applicable to all survivors and other victims, would be greater assistance in accessing international compensation programs, such as those administered by the Claims Conference. While regular Article 2 and CEEF payments have a limited impact on social assistance income in most EU and other rich countries (e.g., the United, States, Canada, or Australia), they can make a substantial contribution to achieving social pension adequacy in middle income and Eastern European countries (Figure 4).

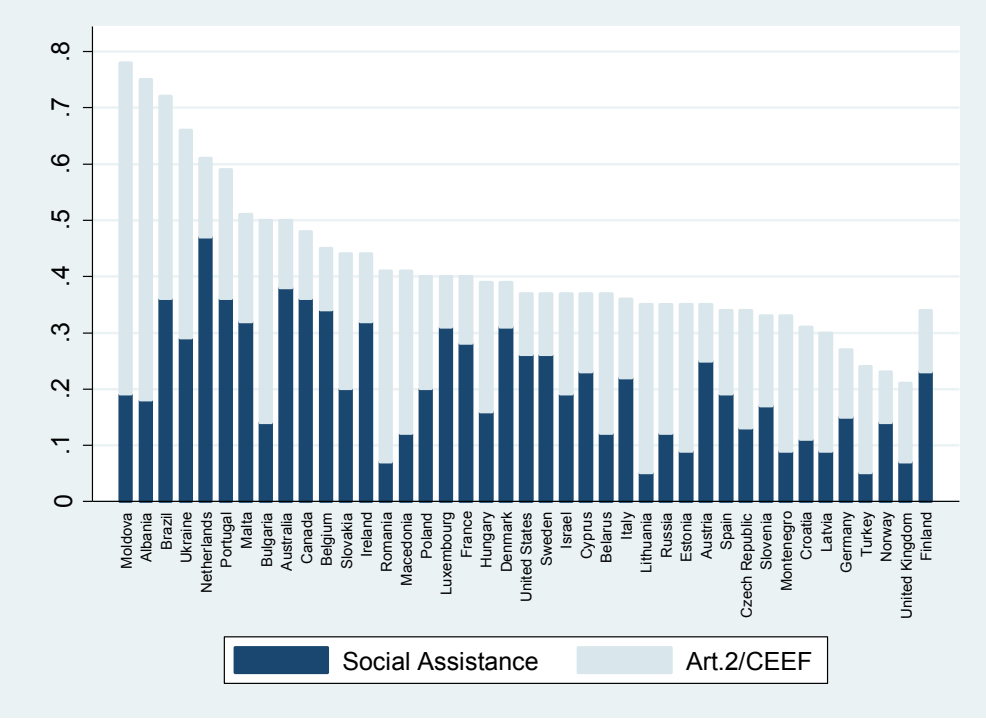


Figure 4: Combined non-contributo social and Article 2/Central & Easter European Fund pensions as a percentage of average national wage

National solutions to the risk of income poverty could involve adjustments to pension levels that are targeted at survivors and other victims of Nazi persecution, including re-computing pensions to credit years in hiding or forced/slave labor (see Section III). Other ways to increase incomes include: providing pension "bonuses," additional tax reliefs, or reduced means tests specifically to those who are of an advanced age, e.g., over 75 or 80 age.

Section II.

Healthcare and Long-Term Care

General health care and long-term care benefits are among the most important needs of survivors of Nazi persecution across countries. Research has shown that compared to other individuals in the same age group, survivors have lower health status generally, and are more prone to certain conditions: cardiovascular problems, chronic skeletal pain, insomnia, osteoporosis, severe headaches and psychological impairments, (Brodsky et al. 2010; Iecovich and Carmel 2010; Schneider 2009; Sharon 2009).

In addition, long-term care services provided in the home have been recognized as especially important for survivors in order to avoid possible re-traumatization that may occur if individuals are re-institutionalized for nursing care (Schneider 2009). Given their advanced age and specific needs, a life of dignity can only be achieved by guaranteeing access to these much needed health and long-term care services.

Keeping the specific needs and the goal of a life of dignity in mind, the *Database on National Social Welfare Policies for Survivors and Other Victims of Nazi Persecution* collected information about the basic health care system and long-term care benefits for current elderly populations. Since many Terezin Declaration countries provide broad health care benefits to all elderly, survivors and other victims will enjoy these benefits as well. Since health care is a major need of the elderly in general, and survivors and victims in particular, the accessibility and cost of services in almost all aspects of the health system are very important for a good quality of life. Specifically, the *Database* addresses the following aspects of the health system: doctor's visits, hospital stays, pharmaceuticals, medical devices, mental health, and dental care.

Frequently, retirees have the same coverage and fee structure as the non-elderly population. In some countries, notably the United States, there is a separate insurance system for the elderly. Here we were primarily interested in the organization, benefit structure, and coverage of various medical services that benefits most of the elderly. These questions included the following:

General Organization Here we were interested whether the main organization of insurance is private insurance, compulsory social insurance or universal (national) insurance. In addition, we were interested in whether or not countries had a separate system for the dependent population, possibly providing a different level of benefits or access for low-income or other vulnerable groups. For example, in the United States there are two public systems providing health care benefits to the elderly, Medicare and Medicaid, the first providing for most elderly and the second providing for low-income groups including needy elderly.

In-kind/ Reimbursement System Whether healthcare is provided in-kind or paid for by the patient and reimbursed by the insurance system is of significant importance in low-income groups' ability to access needed medical services. Expensive medical treatment may be unattainable for those who do not have the ability to pay and wait for a reimbursement, whereas in-kind systems do not impose such financial burdens on patients.

In terms of general organization, of the 43 countries for which we have information, about half have universal tax-financed systems and half have social insurance-based health care systems. The majority of countries provide most services in-kind, with only 4 out of 43 countries being primarily organized

around a reimbursement system (Belgium, France, Netherlands, and Switzerland).

Qualifying Period and Gatekeeping Sometimes there are other barriers to accessing healthcare services, such as qualifying periods in which patients are not able to access medical services and referral systems that require doctors to perform a gatekeeping function between patients and access to specialists and hospitals.

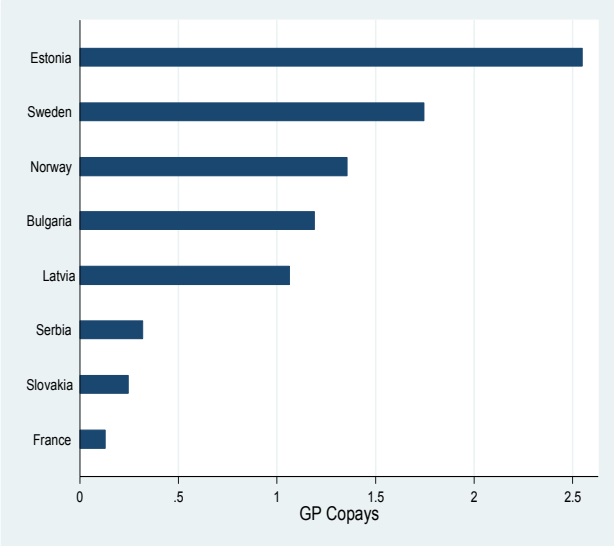
Gatekeeping, where patients must retain a prior approval or referral from a primary care physician is common in most Terezin Declaration countries. Only nine of the 42 countries for which we have information have no gatekeeping requirements: Belgium, Cyprus, Czech Republic, Greece, Italy, Luxembourg, Switzerland, Turkey, and Uruguay.

Gatekeeping	
None	9
For Elective	31
Hospital	
For Specialists	28
Total number of countries	42

Co-payments and Reduction in Patient Charges In an attempt to reduce costs and over-utilization, many countries have cost-sharing schemes, which require co-pays or co-insurance from patients. The amount of co-payments varies across countries and across services within countries. Most countries generally charge copays for visits to a general practitioner and for hospital visits. While many co-pays are nominal, some charges can be considerable. Other countries have a deductible that has to be paid before the government contributes to the cost of care in addition to regular co-pays and user fees.

Figures 5 and 6 show the cost of copays relative to monthly social assistance benefits for select countries. The structure of out-of-pocket expenses can have significant impacts on the well being of elderly and sick patients.

One solution countries have employed to reduce burdens on low income recipients is to institute progressive fee structures, where those with lower incomes pay a very small fee, while those with higher incomes pay more. Graduated age-based reductions are another.



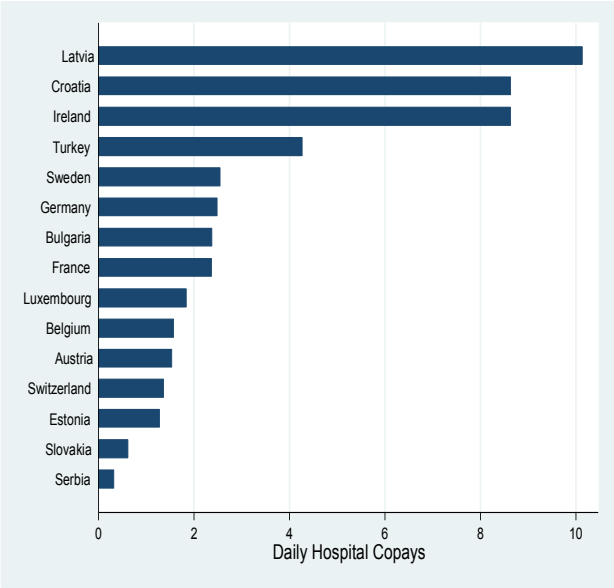


Figure 5 and 6: The burden of standard co-pays for general practitioner visits and daily hospital stays as a percentage of the country's monthly non-contributory pension. There is substantial variation in the level of charges patients face. While elderly poor may enjoy reduced fees, when setting fee reductions and qualifying incomes, policy makers should consider the *cumulative* out-of-pocket burdens.

In order to assess the potential relief of financial burdens of healthcare for low income survivors, we collected information of exemptions or reductions in cost-sharing for low-income or elderly. We found that a substantial number of countries do have some form of reduction in fees for particular groups. However, detailed information about the precise nature of reductions is varied. More detail provided to us from national governments will be required to assess the likely burdens of specific changes to the co-pay structure.

Reduced fee structures to accommodate healthcare utilization by the poor and ill are important. In so doing, governments must take into account not just the affordability of individual medical procedures, but also the *cumulative burden* on individuals who have multiple conditions. One solution is to cap individual out-of pocket burdens on annual or even lifetime basis. For example, in Belgium yearly expenditure on healthcare is capped at different rates depending on the income level of the patient. Those with lower incomes have a lower cap at about 2.5% of their income. The cap grows with income up to 3.9% of income. In Romania, the amount of the co-payment varies, but the amount paid per year cannot exceed 1/12 of the annual net income of the patient. In other countries, however, the yearly maximum amount can be as high as 75%, while others have no maximum cap at all.

Medical Devices and Pharmaceuticals

Another source of financial burden is the costs of medical devices and pharmaceuticals. Even basic devices like hearing aids, eye glasses and dental prostheses can impose a substantial financial burden. Of the countries for which we have information, 31 offer either full coverage or coverage with a reduced copay for needy groups for eye glasses and dental prostheses, while 36 countries offer either full coverage or coverage with a reduced copay for needy groups for hearing aids. The precise extent of the charges was generally not provided, however. In terms of coverage of medicines, almost no countries we examined provide medications free of charge for out-patients. Most do offer reduced rates for elderly or low income individuals, and those with "chronic conditions". Copays can be substantial for certain categories of medicines. Still, the elderly are subject to some form of out-of-pocket expense in most of the countries for which we have data. More work might be done to compare the specific qualifying conditions and discount rates for therapies prevalent in the elderly population.

Device Coverage: Eye Glasses	
Fully Covered:	Belgium, Italy, Lithuania, Luxembourg, Montenegro, Slovenia, Spain, UK
Covered w/ Copay:	Bosnia, Bulgaria, Croatia, Greece, Poland, Portugal, Russia, Serbia, Slovakia, Sweden, Turkey
Reduced Copay:	Australia, Austria, Canada, Czech Republic, Denmark, Estonia, France, Germany, Hungary, Ireland, Malta, US
Not Covered:	Albania, Belarus, Latvia, Netherlands, Romania, Ukraine

Public Health System: Pharmaceuticals	
Fully Covered:	Czech Republic
Covered w/ Copay:	Netherlands
Reduced Copay:	Albania, Australia, Austria, Belarus, Belgium, Bosnia and Herzegovina, Canada, Croatia, Denmark, Estonia, France, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Malta, Montenegro, Norway, Portugal, Russia, Serbia, Slovakia, Spain, Ukraine, UK, US
Not Covered:	None

Long Term Care

As survivors and other victims of Nazi persecution continue to age, their need for assistance will only increase. In addition to the physical, mental and dental health issues, these groups are increasingly in need of Long-Term Care services. These are services associated with not only chronic illness, but impairments in the ability of survivors and other victims of Nazi persecution to provide for their own basic needs. Many are no longer capable of performing Activities of Daily Living, which include things like bathing, dressing, feeding, among others. It is not only more cost-effective to provide in-home care in many of these situations, it is also morally justifiable given their aversion to institutionalization.

Despite generally lower costs, many countries lack the infrastructure to provide adequate in-home services to the elderly in general as part of the public health system. Though most Terezin Declaration countries provide a basic right to home care, actual access is limited. Given their higher degree of social isolation, survivors in particular are at risk for the under-provision of these needed services.

The *Database* will create a picture of Long-Term Care provision across the signatory countries. While only a small percentage of countries have dedicated long-term care schemes, most countries do have long-term care provisions under other public schemes, such as health care and invalidity insurance. Piecing together provisions under such ad hoc arrangements across dozens of countries is a formidable task.

Pensioners who reside in nursing homes or other facilities typically contribute the majority of their pensions towards the cost of care.

In addition to medical or nursing assistance at home, home care services typically include assistance with activities of daily living and housework, such as bathing, clothing, eating and

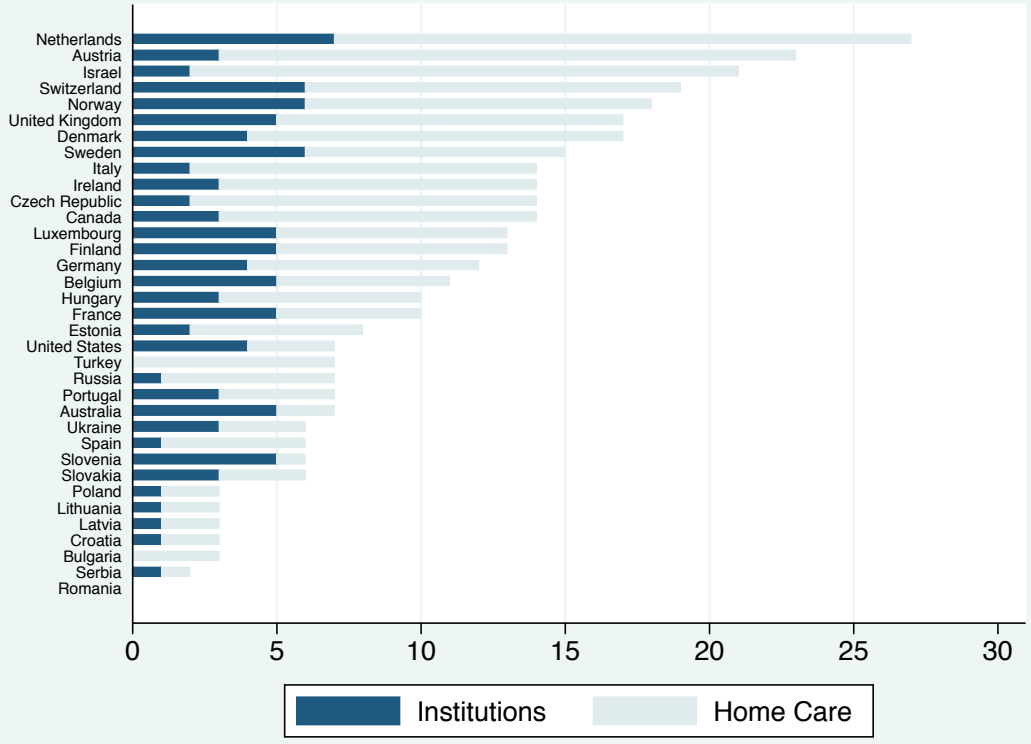


Figure 7: Percentage of over 65 in Institutional and Home-based Long-term Care varies considerably across countries. Care is particularly underprovided in poorer countries.

Source: Rodrigues, Huber and Lamura (2012).

cleaning. The proportion of the elderly receiving such assistance is small for most countries, but there is great variation. Austria, The Netherlands and Israel are at the top with 20% and 19% of the population over 65 receiving this type of home care. The figures for other countries cover a wide range and can be as low as 1% in some countries. Figure 7 illustrates the large differences in elderly long-term care across countries.

The large variations in long term care tend to reflect differences in national income more than lack of access and lack of affordability of care, much more than the structure of the healthcare system.

Dental Care

Dental care is another important component of care for survivors and other victims of Nazi persecution because malnutrition and lack of dental care earlier in life can leads to more severe problems in old age. In addition, poor oral health has been connected to other ailments, such as increased risk for diabetes. While the majority of countries provide some form of preventive dental care to the entire population, 11 of the 44 countries for which we have information do not have any public dental care and those in need must pay the full cost of treatment in the private sector. However, about one half of those countries that rely on a private system offer some kind of assistance to those in need, based on age or income.

Mental Health Care

Cognitive impairments and mental health issues are particularly important for many survivors and other victim of Nazi persecution. This is due to the long-term traumas they have directly and indirectly suffered during their victimization, combined with the natural decline that can occur with aging. It is known that survivors are more prone than other groups to mental illnesses such as depression and suicidal thoughts, post-traumatic stress disorder, anxiety disorders, and adjustment disorders. When afflicted with Alzheimer's disease and other forms of dementia, survivors are particularly at risk as short term memory gives way to earlier memories of their trauma (Schneider 2009).

Dental Coverage in Terezin Declaration countries

Generally only private coverage
Albania, Australia, Belarus, Canada, Israel, Italy, Latvia, Netherlands, Norway, Russia, Switzerland, United States

Reduced copay for low-income
Bosnia and Herzegovina, Croatia, Italy, Ireland, Malta, Russia

Reduced copay for pensioners
Australia, Belarus, Bulgaria, France, Hungary, Montenegro, Norway, Sweden

Reduced copay (unspecified groups)
Albania, Austria, Denmark, Germany, Netherlands, Romania, United Kingdom

Access to mental health care was not integrated into many countries' general health systems, particularly in FSU countries, until recently, while others have yet to integrate these types of care. More recently, mental health consultations and treatment are treated as specialist visits and are provided on the same terms as other specialized medical care. Older models of mental health care are primarily based on institutional care, without the availability of out-patient treatment. This not only increases the costs of this type of care, but the number of people receiving treatment is necessarily limited by the availability of hospital beds. As countries have moved to an integrated model and more out-patient care, there has been a significant general improvement of mental health care provision.

The survey sought information about the availability and cost of mental health care in the signatory countries. Despite limited information, we were able to ascertain that, like regular medical visits, many countries have a copay structure that offers payment reductions or exemptions to needy populations. Unfortunately, there is not sufficient information to determine whether or not survivors have ready access to mental health services through the public health system.

Access to Healthcare

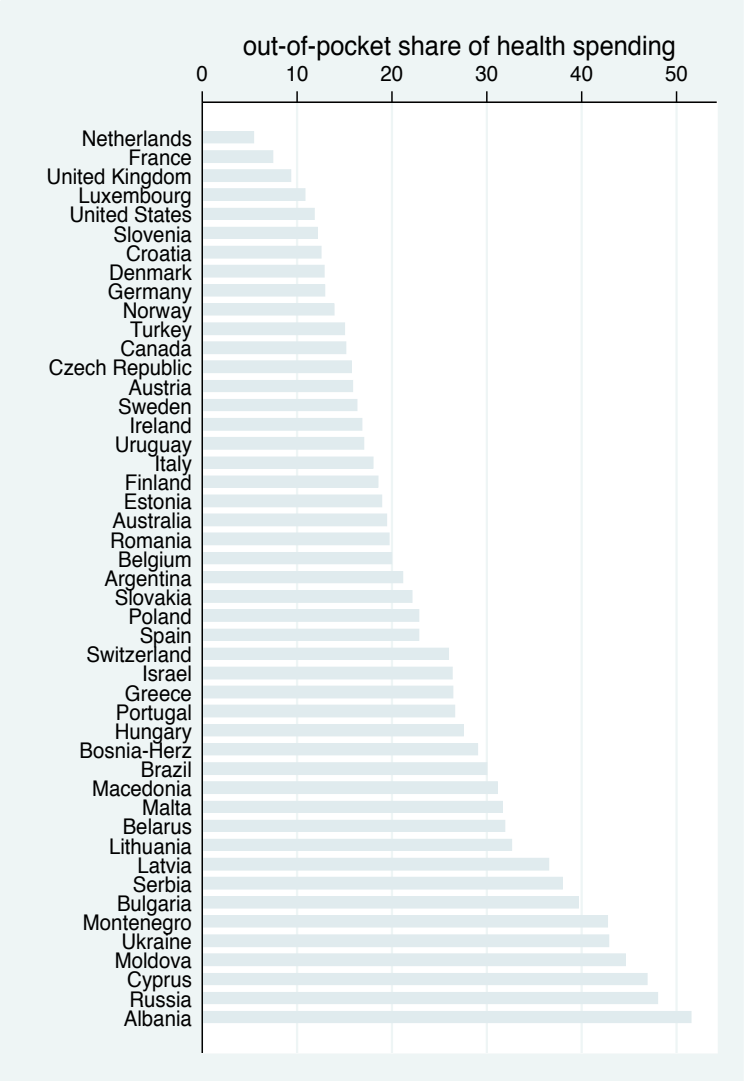
The structure of national healthcare systems is often assumed to improve equality of access and care. However, even with formal equality of access, an *adequate level* of care does not necessarily follow. In some countries, access to insured care, while inexpensive or free, is very limited; patients must instead regularly rely on their own resources to pay for care outside of the insured services. In these cases, individuals with limited resources are likely to suffer the most.

Ideally, to assess the adequacy of care, we would compare the precise needs of survivors and other victims of Nazi persecution against the fulfillment of those needs by each national health system. But information on a specific groups is not collected by national governments. For example, our *country surveys* sought some information about the extent of met and unmet needs of this population, and the elderly population generally, but almost no national government was able to provide it.

One useful indicator of the extent and quality of insured care, particularly later in life, is the overall level of *out-of-pocket spending* (OOP) on health care. This refers to spending that is paid by households, and neither in-kind service, or payment reimbursed by private or social insurance. This is so for two related reasons. First, OOP spending on health is more likely to be impoverishing. Second, so much overall health spending is for the elderly. Thus, a high share of this type of spending suggests higher OOP for older and poorer households.

Countries where out-of-pocket spending is most prevalent are primarily in Eastern European and FSU countries (Figure 8). These countries have lower per capita income, and spend a lower share of national income on healthcare spending. Yet they have high shares of population over 65. This combination of factors suggests significant limited levels of care for survivors and other victims of Nazi persecution, at least in the absence of external private resources.

Figure 8: Out of pocket spending on health care is most prevalent in poorer Terezin Declaration countries. These countries also spend a smaller share of national income on health despite a high share of elderly in the population. (Source: *WHO Health Expenditure Database*)



Section III.

Special Programs for Survivors

After World War II, various negotiated international agreements attempted to provide some measure of restitution to victims of the Nazi regime. Most prominent perhaps are compensation agreements between the German government and the Claims Conference begun in 1952, programs under Article 2 of the German reunification agreement in 1990, and the Central and Eastern European Fund in 1998. Over the years, some national governments have set up programs to benefit survivors and other victims independently, or through bilateral negotiations with the German government. Close to 50,000 survivors and other victims receive regular payments through the 1952 agreement, while approximately 63,000 survivors and other victims received pensions under Article 2 or the Central and Eastern European Fund in 2012. As reported in Section II of this report, these compensation pensions to Victims of Nazi persecution can be an essential source of income for many individuals. These monthly payments enhance the capability of those with limited or no other means of support to remain independent in their later years.

Other compensation programs provide one-time, lump-sum payments to victims based on a variety of criteria. Given the difficulty in finding "proof" of hiding, imprisonment or other eligibility requirements, programs that have less stringent conditions are preferable to aid survivors and other victims currently in need of financial assistance.

In addition to these international compensation programs, paid for chiefly by the victimizing governments (mainly Germany), national governments have also established programs that provide special assistance to those persecuted by or engaged in active resistance against occupying governments. In addition to regular and one-time payment programs that resemble international compensation arrangements, several countries award Veteran Status to some survivors, entitling them to special social benefits, such as free healthcare or preferential access to long-term care facilities. These targeted national programs can be an important complement to regular pensions or social assistance benefits for survivors as their care needs grow as they age.

Countries with Special Programs for Survivors and other Victims

Special Regular Pensions	*Special Limited Payments*	*Veteran Status and Benefits*	*Budget Support for Survivor Organizations*
Albania Austria Czech Rep. Estonia Germany Lithuania Luxembourg Netherlands Poland Slovenia	Albania Austria Belgium Czech Rep. Germany Lithuania Netherlands	Albania Belgium Czech Rep. Estonia Luxembourg Poland Slovakia	Australia Austria Belgium Czech Rep. Montenegro Netherlands

Finally, we know that in many countries, non-governmental or local governmental organizations provide social services and programs targeted to the survivor and other victim population. Such support can be critical to helping these people to remain integrated in their local communities and avoid social isolation. In addition, such support often complements public welfare provisions by providing much needed services, such as meals-on-wheels or subsidies for costly medicines.

In an effort to identify existing national compensation programs and governmental support for agencies serving survivors and other victims, the *Database* collected detailed information from the Terezin countries about the nature of "national compensation programs which pay benefits to victims of Nazi Persecution or their families," as well as to what degree they provided "budgetary support to direct providers of Survivor services".

Overall, we found that about half of the responding countries provide some forms of special compensation. Almost all of the programs that were reported pre-date the Terezin Declaration, and it appears that there has not been significant additional action on this front since 2009. With respect to government support to direct providers of services, very few countries returning surveys indicated using this form of support.

The relative significance of national programs that pay regular payments to victims varies considerably, even in the small group of countries for which we have information.

Below, we summarize the individual programs reported by each country:

Program Descriptions

Albania

Albania reported three separate payments related to war veteran status:

- The Status of Veteran (3840 ALL)
- The Status of the Homeland Martyr (5000 ALL)
- The Status of Invalids of War (19300 ALL)

While only the Status of the Homeland Martyr notes a monthly payment, the others may also be monthly payments rather than one-time payments. In terms of War Veteran Status for survivors, the government provides additional credits for public pensions. The following was codified in law in 1993:

- In section 5 and 6 of Law No. 7514, dated 09.30.1991: "On innocence, amnesty and rehabilitation of former prisoners and political prisoners" provided that the time of serving the sentence of imprisonment and deportation of convicted persons, interned, expelled, for pension purposes, will be known as twofold.

These benefits are not subject to taxation.

Austria

Austria reported 5 separate payment programs: Victims Welfare Act (€ 600 14 x/year free or subsidized purchase (retroactive) of months of social (e.g., pension) insurance National Fund - additional payment (€ 5,087.10 one-time payment), based on financial need

In September 2014, 7.475 persons received a pension (average of € 476.76, payable 14 times a year) based (almost) exclusively on free or subsidized months of insurance.

Austria also reported funding for organizations that support survivors. It awards about € 2-2.5 million per year to a dozen individual organizations that provide support to victims. This is administered by the Social Ministry through the National Fund. For confidentiality reasons, the officials were unable to disclose precise organizations or amounts:

Benefits are not means tested or subject to taxation (except for social insurance pensions).

Belgium

Belgium reports three separate programs for victims of the war: measures for political prisoner; victims of racial deportations; and those orphaned by, or forced to live in hiding due to, racial persecutions. Payment programs are not means-tested or subject to taxation

In addition, War Veteran Status was granted in 1947 to those who were treated as slave labor or subject to forced labor by the Nazi regime. Among other things, Veteran Status entitles the beneficiary to reimbursement of the personal share in medical costs.
The Belgian government funds organizations supporting survivors through the Federal Public Service Social Security. Institutions and associations which work with victims were granted €15,000 in the latest fiscal year.

Czech Republic

The Czech Republic reports five payment programs (Shoah victims are classified as political prisoners). They include a special supplementary pension benefits for:

- Participants in the national struggle for the liberation of Czechoslovakia;
- Time spent in concentration camps, including support to families of those who died there;
- The old-age or disability pension for participants in the national struggle for the liberation of Czechoslovakia.

There are also lump sum payments for persons meeting these conditions to a lesser degree. Amounts are based on length of internment.

War Veteran Status was awarded to the above categories of persons in 1946, and there are no means tests associated with receipt of these payments.

The Czech Republic spent about 12 million € in a recent year funding five organizations that provide benefits to war victims groups. These resources are administered through the Ministry of Labour and Social Affairs.

Estonia

Estonia reports two payment programs for survivors and other victims of the Nazi regime:

- Repressed persons are also paid an annual benefit for the restoration of health once a year. Repressed persons have the right to receive an old-age pension under favorable conditions if they have worked in Estonia for at least 15 years.
- They receive benefit and travel fare concession

Payments are not means tested, but the old age benefit is subject to taxation like regular pension benefits.

War Veteran status was granted to certain categories of persons in 2004 and is associated with a pension as well as one-time benefits.

Germany

The German government reported the most extensive system of special benefits of the countries surveyed, with several categories of benefit programs. Many of the programs reflect conditions and benefits domestically and for international compensation programs that are paid by the German government to war victims living elsewhere (e.g., through the German pension authority or the Claims Conference :

- Compensation pensions (monthly: €743.30)
- Federal Compensation Act (BEG) and Final Federal Compensation Act (BEGSChlG) as well

as Article 6 of the Final Federal Compensation Act (monthly: individual amounts)
- Article 2 Agreement Hardship Fund, institutional support and Fund Child Survivors (other freqency; individual amounts)
- Article 2 Agreement (monthly: €320.00)
- Reparations disposition fund (WDF) payments to persecuted non-Jews ((one-time payment and other: € 2,556.00, other individual amounts)
  Persecuted person under section 1 of the BEG; proof of damage to health, persecution as defined by section 8 of the Directives; German citizenship or ethnic German as defined by the Federal Expellees Act .
- Hardship Fund for Non-Jewish Victims (NGJ) (monthly and one-time payments: individual amounts)
- Hardship funds of the federal states (individual amounts)
- Recognition of and Support for Persons Persecuted Under National Socialism on Political, Racial or Religious Grounds (PrVG) (administered by the federal state of Berlin) Coverage includes monthly pension, health care, social benefits, and funeral allowance, individual amounts, monthly)
- Payment of amounts – payment in recognition of work in a ghetto, one-time payment €2000.00
- Hardship directives of the Act on War-Induced Losses
  a) One-time payment: € 2,556.46
  b) Regular payment: € 320
- Law on the Creation of a Foundation "Remembrance, Responsibility and Future"

Hungary

The Hungarian government has established several programs that benefit survivors and other victims of the war, including statutory reparations as well as pension supplements and other benefits which are provided to individuals.

- Act XXV of 1991 on the partial reparation of losses unfairly caused to the property of citizens by the State
- Act XXIV of 1992 on the partial reparation of losses unfairly caused to the property of citizens by the State through the application of legal rules adopted during the period extending from 1 May 1939 to 8 June 1949 The extent of the available damages was determined as a flat-rate compensation.
- Act XXXII of 1992 on granting reparation for individuals unlawfully deprived of their lives and freedom for political reasons during the period between 11 March 1939 and 23 October 1989. Compensation additionally due for deportation and forced labor service as well as for financial and pecuniary losses sustained in connection with the curtailment of personal freedom. The law offered reparation to the relatives for the loss of life due to unlawful judgments or willful acts of the authorities in criminal proceedings.
- Act XXIX of 1997 established a lump-sum reparation for the loss of life due to the politically driven despotic acts of the Hungarian authorities, or death during deportation or forced labor service
- Act LII of 1992 on national care sought to provide reparation for members of the Jewish community affected by the Paris Peace Treaties. Those individuals living in Hungary are eligible for a national care allowance to Hungarian residents who had sustained at least a 50% health impairment

Other government decrees have been issued to provide pension supplements with a view to political rehabilitation.

- Government Decree No. 74/1991. (VI.10.) on the settlement of the social security and labor law status of individuals who were deported,

served in forced labor camps or whose personal freedom was otherwise restricted during the period between 1938-1945 on account of their racial or national affiliation or their opposition to Nazism;
- Government Decree No. 51/1992. (III.18.) on monetary claims related to the credit vouchers of former western prisoners of war and the supplementing of their pensions;

The rate of benefit depends on the term of imprisonment.

Latvia

Latvia, since 1992, reports that victims of World War II are granted war veteran status, guaranteeing a variety of benefits: tax and toll concessions, special conditions of pension allocation, free medical care, social rehabilitation and public transport.

Victims are defined as those who were killed or died as a result of Nazi persecutions, imprisoned in ghettos, prisons, concentration camps, corrective labor camps, moved from their permanent residence places (except persons who were evacuated) or sent to Germany as a force labor.

Lithuania

Lithuania reports both a monthly pension and a one-time payment (for each month spent doing forced labor, in ghettos and other imprisonment institutions) for survivors and other victims, including those orphaned by the Nazi regime.

These payments are not taxable and are not based on need.

Poland

Poland reports one special pension program that provides a pecuniary allowance to persons deported to perform forced labor and to inmates of forced labor camps in the Third Reich and USSR. Persons who confined to forced labor camps in 1939-1945 for political, ethnic, racial and religious reasons, were deported from Poland to the Third Reich (or USSR) and performed forced labor there for at least 6 months are eligible. They receive a monthly allowance based on the length of confinement or deportation. Currently, the maximum amount of the allowance is about € 50.

Luxembourg

Luxembourg reports three compensation programs (from 1950, 1967 and 1974) for war damage and victims of illegal acts by occupation forces in World War II. All are taxable and are not awarded based on need.

- The 1950 law provides monthly pensions based on the extent of damages suffered during the war period. Victims covered under this law also receive medical care paid by the government.
- The 1967 law grants pension rights for years in which survivors were deported.
- The 1974 law supplements the public pension for lost pension rights attributable to damage suffered during the occupation.

Netherlands

The Netherlands has several programs for victims. There are monthly payment programs for different categories of victims paying similar amounts as well as a one-time payment for war-related psychological problems. Monthly payments are based on physical damage suffered and are not subject to taxation.

- temporary compensation psychotherapy postwar generation (eligibility: born after 1928, variable amounts)
- In addition, there is government funding for public and private organizations that support survivors (but there is no specific information on the organizations funded or amounts provided).

Slovakia

Slovakia has a monthly payment program for survivors (€99.60 for each month of deportation or hiding), which is converted to a one-time payment to surviving relatives (€3319.40).

Determination is not based on need and the benefit is not subject to taxation. Moreover, designated persons are also entitled to a pension supplement of €1 for each month in deportation or hiding as an extra benefit to regular monthly pension

Conclusion

The *Database on National Social Welfare Policies for Survivors and Other Victims of Nazi persecution* is envisioned as a dynamic platform for building knowledge about how national governments and others around the world can better address the needs of survivors and other victims. While many of those needs are being addressed by governments, community organizations and advocacy groups who are not only committed to establishing a life of dignity, but for all of their fellow citizens (or their fellow humans), more effort is required to fill the gap that exists today.

Nazi victim and survivor advocacy groups can succeed more easily when they have resources and support from national governments. What is more difficult is how to leverage their support in situations in which existing conditions do not facilitate their efforts to protect the elderly and downtrodden. Many governments may come to recognize that rather than a zero-sum game, providing conditions for living with dignity can result in positive gains/outcomes. For example, expanding home care systems may enhance labor market prospects by increasing jobs.

By providing detailed information about policies across the Terezin Signatory countries, the *Database* can facilitate cooperation and build on existing relationships to better ensure the welfare of this group. This way policy solutions that lead to positive gains for survivors and victims in one country can be replicated elsewhere.

It is also be helpful to communicate about what policy tools appear to be less successful in ensuring the welfare of survivors and other victims, as well as what factors might be undermining good intentions.

But the advanced age of most of them means that the window for improvement is short. We need to build up an information infrastructure to quickly and systematically relate what is going well and what is not. Only then can we take further steps to remedy the precarious situation of survivors and other victims of Nazi persecution and fulfill the promise of life with dignity for them.

To start, we need more information about particular policies in particular sectors. We need more detailed information about specific charges and costs of common care items, and information about the healthcare vulnerabilities of survivors. This would combine to make most efficient use of organizational aid resource, “maximizing” the comfort provided with each euro spent. Such information, especially on policies, is more readily compiled from national governments, with aid organizations providing complementing information regarding the quality of and access to care for their constituencies.

While the *Database* has compiled much needed information, it remains a limited tool. As the remaining information is assimilated in the coming months, and as countries report on their specific policy strategies on a regular basis, the database can play an important role.

Quite often, the key to activating national policymakers is to show them the larger social benefits of programs that aid the vulnerable. For example, if all countries adopted broad and all-encompassing home care policies, one of the most important needs of survivors and other victims would be met (If all countries adopted home care policies like Denmark’s there would likely be less concern about home care provision for survivors). As can be seen from this report, countries can succeed in ensuring a life of dignity for survivors when they embrace the idea of ensuring a life with dignity for all.

References

Brodsky, J., Sharon, A., King, Y., Be'er, S., & Shnoor, Y. (2010) Holocaust survivors in Israel: Population estimates, demographic, health and social characteristics, and needs. Myers-JDC-Brookdale Institute.

Center for Social Welfare Policy and Research's Facts and Figures on Healthy Aging and Long-term Care

Claims Conference. *2012 Worldbook: A Guide to Claims Conference Programs Worldwide*. New York, NY, July 2013.

Council of Europe's Mutual Information System on Social Protection (MISSCEO) Comparative tables of social protection systems in 12 member states of the Council of Europe

European Union's Mutual Information System on Social Protection (MISSOC) Comparative Tables

Iecovich, E., & Carmel, S. (2010) Health and functional status and utilization of health care services among holocaust survivors and their counterparts in Israel. *Archives of gerontology and geriatrics*, *51*(3), 304-308.

Jerusalem Post. (2015) "Tens of Thousands of Holocaust Survivors Living Here in Poverty" April 13 *http://www.jpost.com/Israel-News/On-eve-of-Holocaust-Remembrance-Day-45000-survivors-living-under-poverty-line-396924 Accessed May 3, 2015.*

Marcus, E. L., & Menczel, J. (2007) Higher prevalence of osteoporosis among female Holocaust survivors. *Osteoporosis International*, *18*(11), 1501-1506.

Miller, Beck and Torr (2009) "Jewish Survivors of the Holocaust Residing in the United States: Estimates & Projections: 2010 – 2030"

Rodrigues, R. Huber, M., Lamura, G., eds. (2012) *Facts and Figures on Healthy Ageing and Long-term Care: Europe and North America*. Vienna: European Center for Social Welfare Policy and Research.

Selfhelp Community Services. (2009) *Holocaust Survivors in New York: Today through 2025.* http://www.selfhelp.net/sites/default/files/NVS_Whitepaper_0.pdf Accessed May 3, 2015

Sharon, A., Levav, I., Brodsky, J., Shemesh, A. A., & Kohn, R. (2009) Psychiatric disorders and other health dimensions among Holocaust survivors 6 decades later. *The British Journal of Psychiatry*. 195(4), 331-335.

Social Security Administration *Social Security Programs Throughout the World* (various years)

World Health Organization's Healthcare in Transition Series