Overview of the talk

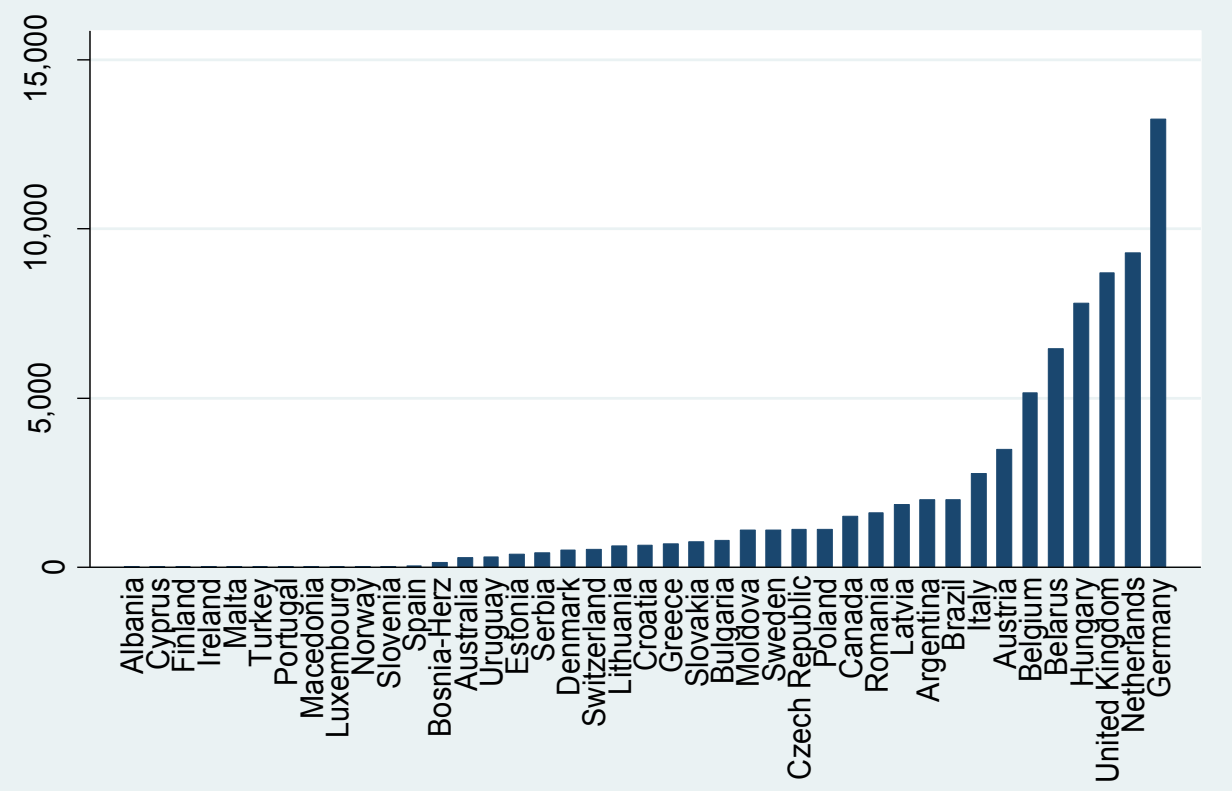
- Introduction
  - Goals
  - Data collection methods
    - Run through of the survey
  - Visualization
  - Future
- Results and Demonstration
  - Responses
  - Pensions/ Social Assistance
  - Health Care
  - Long-term Care
  - Special Programs

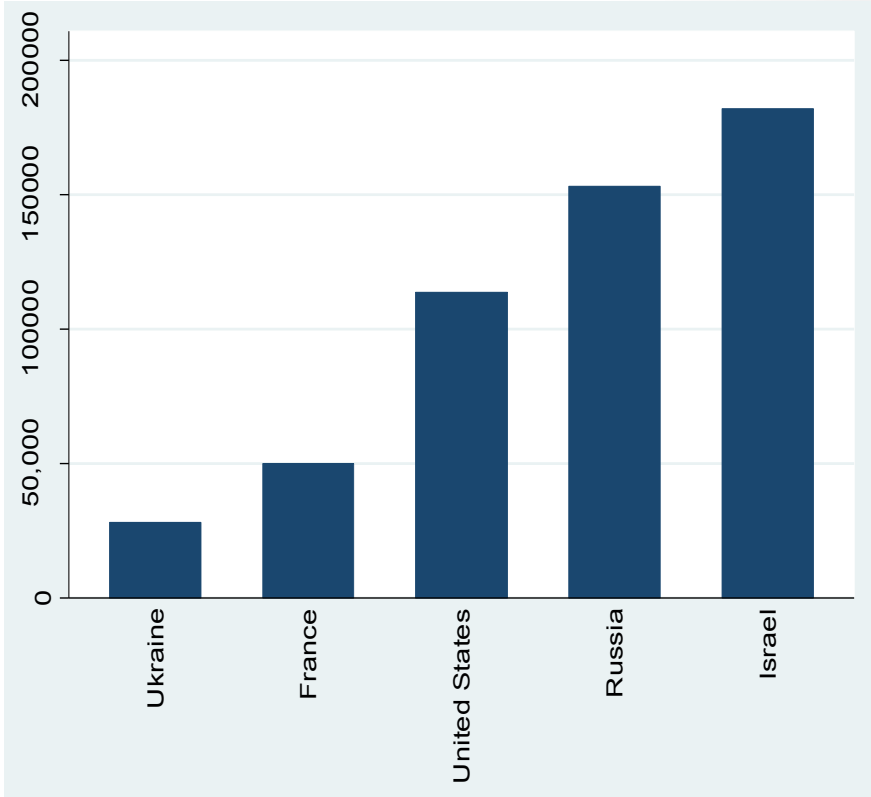
Survivors and other victims of Nazi Persecution

- “Other” includes *inter alia* Roma, Slavs, “Asiatics,” Jehovah's Witnesses, homosexuals, disabled, ideological political opponents (especially Socialists and Communists)

- They are ageing rapidly.
- They are more likely to be low income.
- They are likely to be in need of care due to advanced age and long-term impacts of their victimization

Estimates of Survivors & other Victims today in Terezin Declaration countries

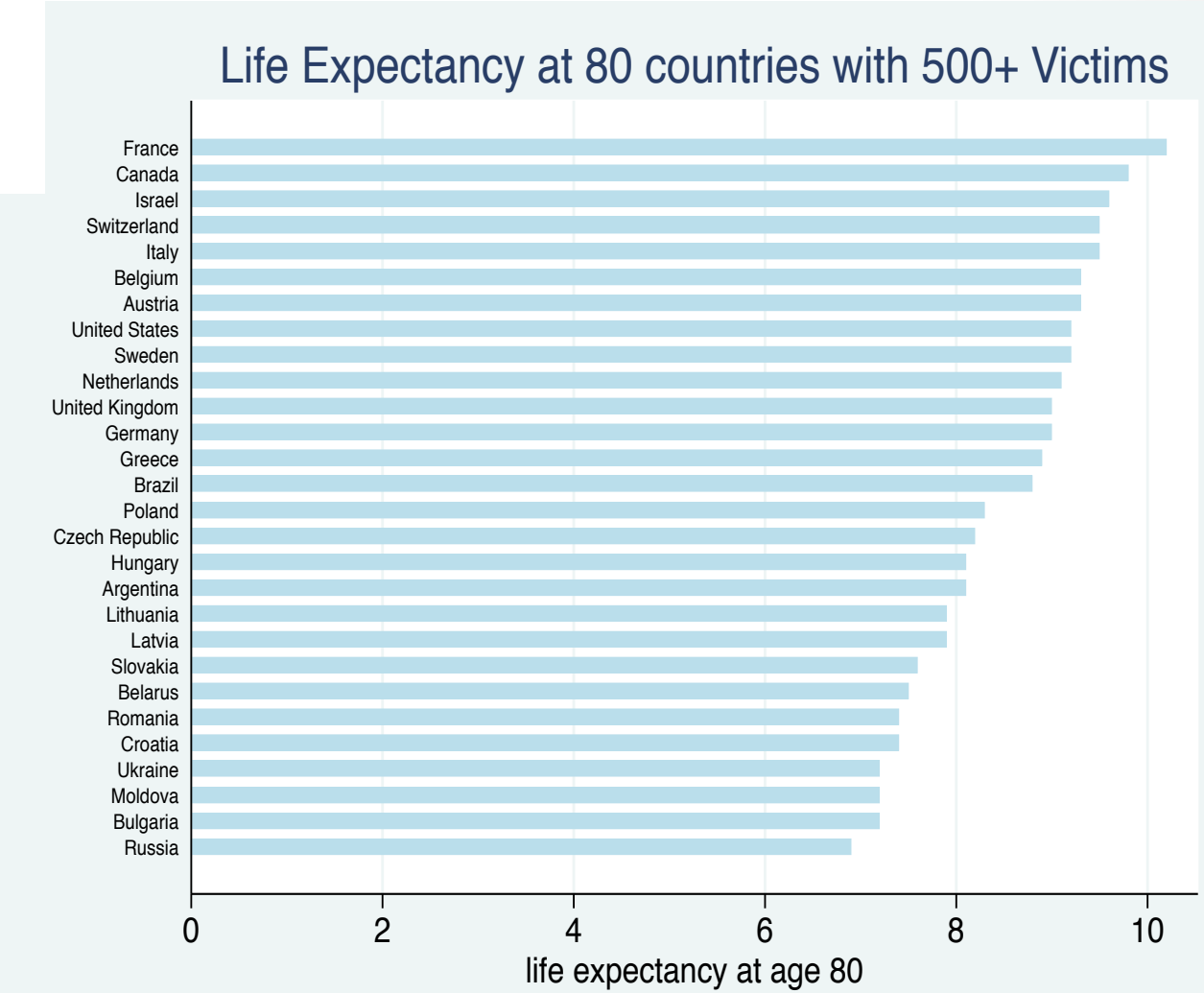




Estimates of survivors and other victims of Nazi persecution are not precise. They are from estimates of Nazi victim populations in our Country Reports and from the Claims Conference *2012 Worldbook*. When a range was given, we used the midpoint.

Survivors and victims of Nazi persecution are getting older

- Survivors and other victims are now all over 70.
- The average age of Holocaust survivors is about 80.
- In Israel it is about 83.
- Though of advanced age, living victims still have significant life expectancy.



Lower incomes

- Most Survivors and victims (about 2/3s) are female
- Lower labor force participation makes women more likely to have below average public pensions.
- Those who were more disabled by their experiences are also more likely to have accumulated fewer assets/pension rights
- Price indexed pensions result in higher poverty rates as retirement increase

Low Incomes: Long-time pensioners face large declines in relative living standards with price indexing compare to wage indexing

Goals of the Database Project

- Describe policies in Terezin Declaration countries that help to ensure social welfare of survivors and other victims of Nazi persecution
  - General social welfare protection
  - Special compensation or other programs targeted at survivors and other victims of Nazi persecution
- Examine policy changes since 2009 to better address the needs of victims
- Provide a compilation of practices which may be used to improve the ability of survivors and victims to live their remaining years with dignity.

Data Collection

- Developed a survey of aspects of national social protection systems of most relevance to “at risk” survivors and victims
  - Income constrained
  - Focus on provision of income security, health care and long-term benefits
- There is very limited information available to governments about the size of target population and related access issues in most countries
- Our focus has to be on basic institutional provisions and monetary benefits/subsidies

Survey

Database on National Social Welfare Policies for Holocaust Survivors

About the Project

The goal of this survey is to acquire information on a variety of social welfare programs and opportunities that are available in your country for Holocaust Survivors and other victims of Nazi Persecution. This survey, and the database that will be generated from it, was initiated by the ***European Shoah Legacy institute*** *(ESLI), and is intended to serve as an instrument of support in formulating short and long-term strategies for the care for this specific population, given their advanced age and special set of needs. The ten tables that comprise this survey focus on different aspects of need faced by elderly populations and the target group in particular. The focus is on financial, health and social needs, but also encompasses legislation and other basic facts associated*

Definition of target group

Given their especially difficult living conditions during the period of the Second World War, some individuals have been and deserve to be given special attention and care by state organs and non-governmental subjects, the media, and the public at large. In defining the target groups we have relied on the Institute's ***The Conception of Welfare of Holocaust Survivors and Other Victims of Nazi Persecution****, which views the social care given to this group as a human right.*

The primary target groups are those persons of Jewish and non-Jewish origin who were forcibly resettled, persecuted, or discriminated against for reasons of race, religion, ethnicity, or social or political affiliation by the Nazi regime and its collaborators, during World War II. Throughout this survey the term "Survivors" will be used to refer to this target group.

next page

Social Insurance Pensions

For any questions, please contact **esliwelfare@gmail.com**

This table is concerned with the social risks associated with old age. Old-age pensions are long-term income replacement benefits for people who cease working on account of reaching a certain age and/or having completed a certain work or insurance record. Not all old-age social protection schemes are covered by this table. Assistance-based systems providing minimum subsistence benefits to elderly persons without sufficient resources (i.e. subject to a means test) are dealt with in the section "Assistance Pension." The questions refer to those currently retired. Please use national currency for monetary amounts.

Type of Pension	*Contributory Age Pension*	*Invalidity (Disability) Pension*	*Survivors (Widows) Pension*
Is there a dedicated scheme?			
Basic System Organization			
Benefit structure			
Target replacement rate (if none, answer 0)			
Minimum Benefit (per month)			
Maximum Benefit (per month)			
Is the pension payable abroad?			
Is the pension subject to taxation?			
Social security contributions rate (or amount)?			
Indexation rule			
if "other" indexation, please specify here			
Regular Indexation (de facto)			
Constant Attendance supplement			
Reference month and year for information (month/year)			

Social Assistance Pension

This table refers to assistance-based systems providing minimum subsistence benefits to elderly persons without sufficient resources (i.e. subject to a means test). Please answer below as it relates to the old age social assistance pension (not social assistance for non retired).

Is there a dedicated scheme for social assistance?

If yes, is there a separate system specifically for low-income elderly?

** if yes, please answer the following questions based on the separate system for the elderly*

What is the maximum* monthly benefit? single

couple

** "maximum benefit" means benefit amount for someone with no other means of support*

Payable as a flat rate or needs-based

Is the determination of need based on:

a) other pension income		*If yes, exemption*		*withdrawal rate*
b)other regular income (e.g., wages or interest)		*If yes, exemption*		*withdrawal rate*
c) the value of assets like real estate or savings		*If yes, exemption*		*withdrawal rate*

Is the value of one's home exempted in the asset test?

Must recipient exhaust other support claims?

Is citizenship required to receive an assistance pension?

Is there a minimum residency requirement?

Is claimant guaranteed a right to the benefit if qualified, or is the benefit granted at the discretion of the authorizing agency?

Reference month and year for information (month/year)

Please add any further notes about the operation of social assistance pension scheme if it differs significantly from the standard response categories provided

Special Pensions for Victims of Nazi Persecution during World War II

For any questions, please contact **esliwelfare@gmail.com**

In this section, we are interested in national compensation programs which pay benefits to victims of Nazi Persecution or their families. We define victims of Nazi persecution as those Jewish and Non-Jewish persons who suffered Nazi slave labor, mass concentration in camps or ghettos. Here we are NOT interested compensation paid by foreign governments, such as the German BEG (in English "Federal Law for the Compensation of the Victims of National Socialist Persecution") or Hardship Fund.

Are there special pension or other programs specifically targeted to victims in your country?
If yes, please provide information on each program:

	Program 1	***Program 2***
Program Name		
Name and date of legislation		
Determination of financial need (If not need based, put "none")		
Other eligibility requirements *(e.g. only Jewish victims eligible, only non-Jewish victims eligible, concentration suriviors only, etc.)*		
Benefit amount		
Benefit payment frequency		
Is the payment taxable?		

In addition to the programs described above, please describe details of any programs available for retired victims of Nazi forced labor in the war. This may include one-time or regular payments:

In this section, we are interested in any laws or regulations granting victims of Nazi persecution in your country some or all of the benefits that war veterans received even if these victims were not formally in the armed forces during the war.

Are survivors of Nazi persecution who were treated as slave labor treated as war veterans for benefit purposes?	
Are survivors of Nazi persecution who were treated as forced labor treated as war veterans for benefit purposes?	

Combining Pensions and Coverage of Pensions

In this section we ask about some specific details concerning public pension benefits and coverage, and whether they can be combined with other benefits.

What is the retirement age in the country? *men* | *women*

What proportion of people above retirement age receive some form of state pension?

What proportion of people above retirement age receive the minimum old age pension amount?

What proportion of people above retirement age receive a social assistance pension?

What is the estimated number of Holocaust Survivors and Victims of Nazi Persecution:
a) living in the country
b) nationals living abroad

What is the number of Holocaust Survivors or Victims of Nazi Persecution qualifying for special benefits?

Combining Pensions

Different pensions may be combined with other types of public pensions or assistance in some countries. In others cases, receiving one type of pension disqualifies a person from receiving other types of assistance. Please tell us whether the following types of pensions can be combined by current retirees.

… combinable with this pension

Is this pension…	Old Age	Invalidity	Surviving Spouse (widow)	Social Assistance	Veterans	Programs for Holocaust Survivors and Victims of Nazi Persecution
Old Age						
Invalidity						
Surviving spouse						
Social Assistance						
Veterans						

Health Care System for Retired Persons

This section asks about provisions of the health care system for retired people. Frequently, retiree coverage is the same as the non-elderly population, though contribution methods differ. In other systems, the basic coverage is the same, but patient fee structures differ. Some countries may have a separate system for the elderly that differs in structure from the system for non-elderly. In the latter cases, the poor elderly may be treated under different arrangements than the elderly. This section requests information about the regular system of healthcare that covers most elderly. Use the section to the right to provide additional information about systems covering needy/poor elderly.

General Health System for Retired Persons	Non-emergency hospital	Physician/ Specialist	Dental Services	Psychological care (in hospital)	Psychological Care (ambulatory)	Pharmaceutical
Are health providers/facilities organized primarily on a national, provincial, municipal, or individual basis? *[list]*						
If Provincial or Municipal, specify a representative province/city and answer for the system in that province/city [*open]*						
General Organization: Is the **main organization** of insurance based on private insurance; compulsory social insurance; or universal (national) insurance [*list]*						
Separate system for dependent population Is there a separate public insurance system providing a lower level of benefits or access for needy or dependent						
In-kind/ Reimbursement system Are payments made directly by insurer (excluding patient charges) or does the patient pay, and is later reimbursed by insurer *[list]*						
Qualifying Period How long must one have insurance to qualify for benefits in the program (months)						
Referrals Is a referral needed to access the service? (*No* = patient has free choice, *Yes*= gatekeeper referral/appointed service)						-- N/A----
Co-pay Please describe the structure of co-pays including amount of copays of key categories, and limits on patient payments. If none, enter 0. *[open]*						
Are there fee/co-pay reductions for low-income insured? Please specify whether there is no reduction, specify the percentage or amount of reduction, up to the full amount. *[open]*						

System for most elderly

Coverage and copays for medical devices	Is Service Covered?	Patient charges/ copays	Coverage Limits	Re-supply?	Reduction in charge for low-income
Prostheses					
Eye Glasses					
Hearing Aids					
Wheelchairs					
Pacemakers and Stents					
Diabetes equipment/supplies					
Bedpans					
Incontinence supplies					
[Dental] Dentures					
[Dental] Bridges					
[Dental] Other dental devices					

If care benefits are paid as a transfer to elderly person for personal services, can the perso

a) spend the resources on an informal caregiver, or are they required to choose a forma

b) have choice over who the (formal or informal) caregiver is, or is the person appointe

elderly that is different from the one described above

If "YES", please ALSO answer the section to the right as it pertains to the "Health System for NEEDY elderly"

Is eligibility for low-income subsidies evaluated periodically?

If so, how frequently?

In the box below, please explain income tests for reduced fees for health benefits for the elderly. Are there specific general income tests to qualify for income-tested benefits or does it vary by service or region?

In evaluating elderly needs, are health needs self-reported and discretionary or is eligibility and need based on formal social investigation? If based on formal social investigation, please describe the process of investigation and who is the evaluator in the box below.

Long Term Care

In this section, we are mainly concerned about long-term care provisions for current elderly. It is possible that those provisions differ from what would apply to most of the working population today. Please answer these questions as they pertain to persons currently over retirement age. For cash benefits, please specify the amount in national currency units.

Are there specific provisions for long-term care for current retirees in legislation, or is this type of care covered piecemeal in other benefit programs, like old age, invalidity or health insurance'?			
If a separate system, please indicate the law and its date of passage and (projected) implementation.			
Is the long-term care program *providing for* ***current elderly*** nationally or regionally organized?			
What percentage of people above retirement age receive long-term care benefits as defined above?		Date/ source	
What percentage of all people above retirement age are classified as frail elderly?		Date/ source	
What percentage of people over retirement age live in group facilities for the elderly or disabled?		Date/ source	

		In-kind services		Transfer payments	
Types of long term care services:	*Is benefit covered in long-term care?*	*Maximum days per week*	*Daily benefit amounts*	*Maximum days paid per week*
	(yes/no)	*(0 to 7.0)*	*(open)*	*(0 to 7.0)*
Psychosocial services				
Visiting services				
Homecare (health services)				
District nursing				
Personal Assistance out of home				
Housework				
Personal care (feeding clothing, etc.)				
24-hour care				
Family support				
Global maximum (if none, write "no maximum")				

Reductions for low income, elderly patients. Please provide more detail about the conditions for "low income" qualification for services if needed. [open]

How is dependency defined? Please specify who determines the level of dependency/need and what criteria are used. *[open]*	
What degree of dependency is needed to qualify for long-term care coverage? Please elaborate *[open]*	
Can family members typically be employed and re-imbursed as caregivers, or is a designated/ licensed caregiver required in order to get state services?	

RESULTS AND DEMONSTRATION

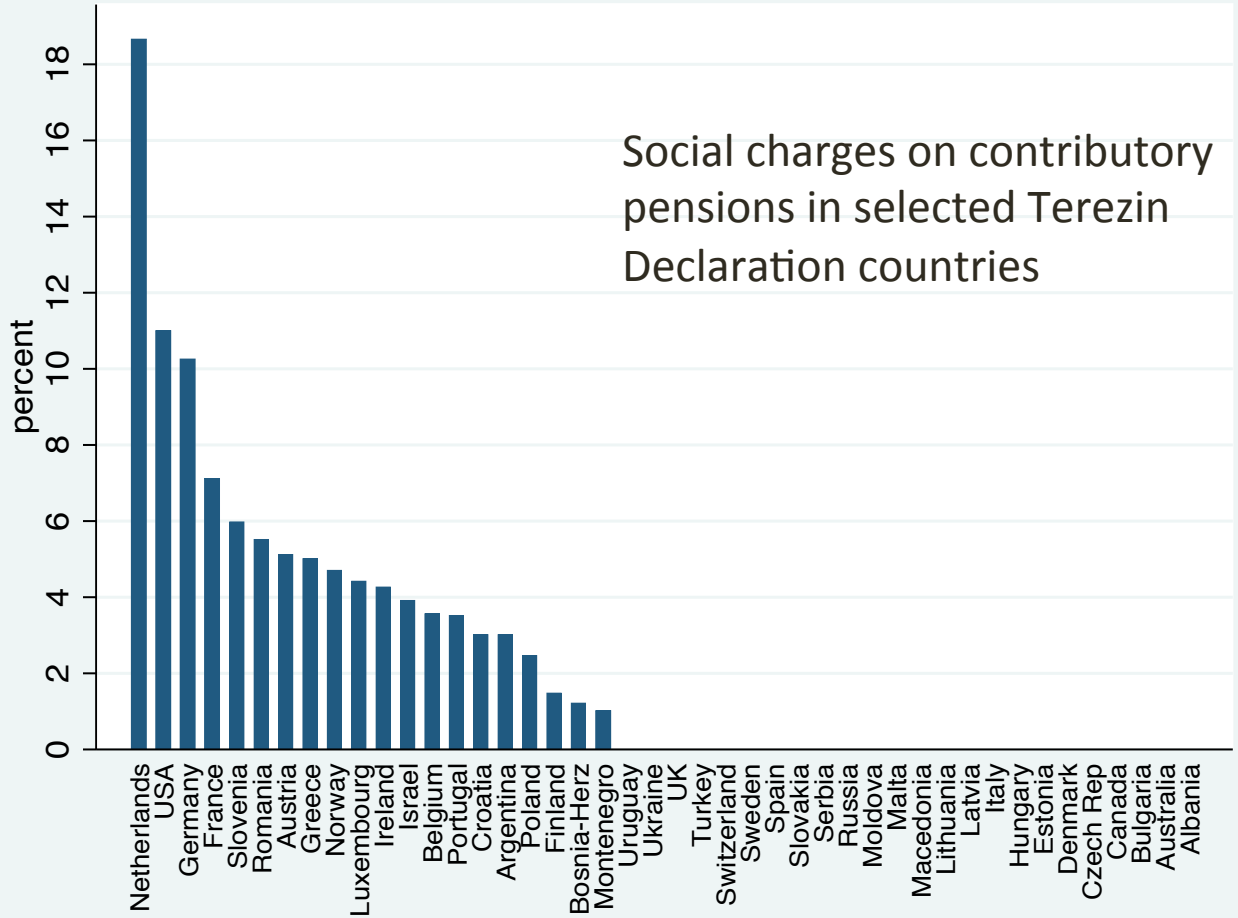
National survey responses

Basically Complete	Partially Complete	Nominally complete*	No reply (22.5.15)
Argentina	Albania	Cyprus	Belarus
Australia	Belgium	France	Bosnia
Austria	Croatia	Hungary	Brazil
Bulgaria	Denmark	Slovenia	Canada
Czech Republic	Estonia	Sweden	Greece
Germany	Finland	Turkey	Italy
Ireland	Poland		Moldova
Israel	Russia		Norway
Latvia	Slovakia		Norway
Lithuania			Portugal
Luxembourg			Serbia
Macedonia			Spain
Malta			Switzerland
Montenegro			Ukraine
Netherlands			United States
Romania			
United Kingdom			
Uruguay			

* or sent a formal response indicating where to much of the information

Pensions and Social Assistance

- Pensions can be reduced considerably by taxation & social charges.
- Reductions can place nominally "above poverty" pensioners at risk for poverty.
- Reductions DO apply to Survivor & Victim compensation payments in some countries.



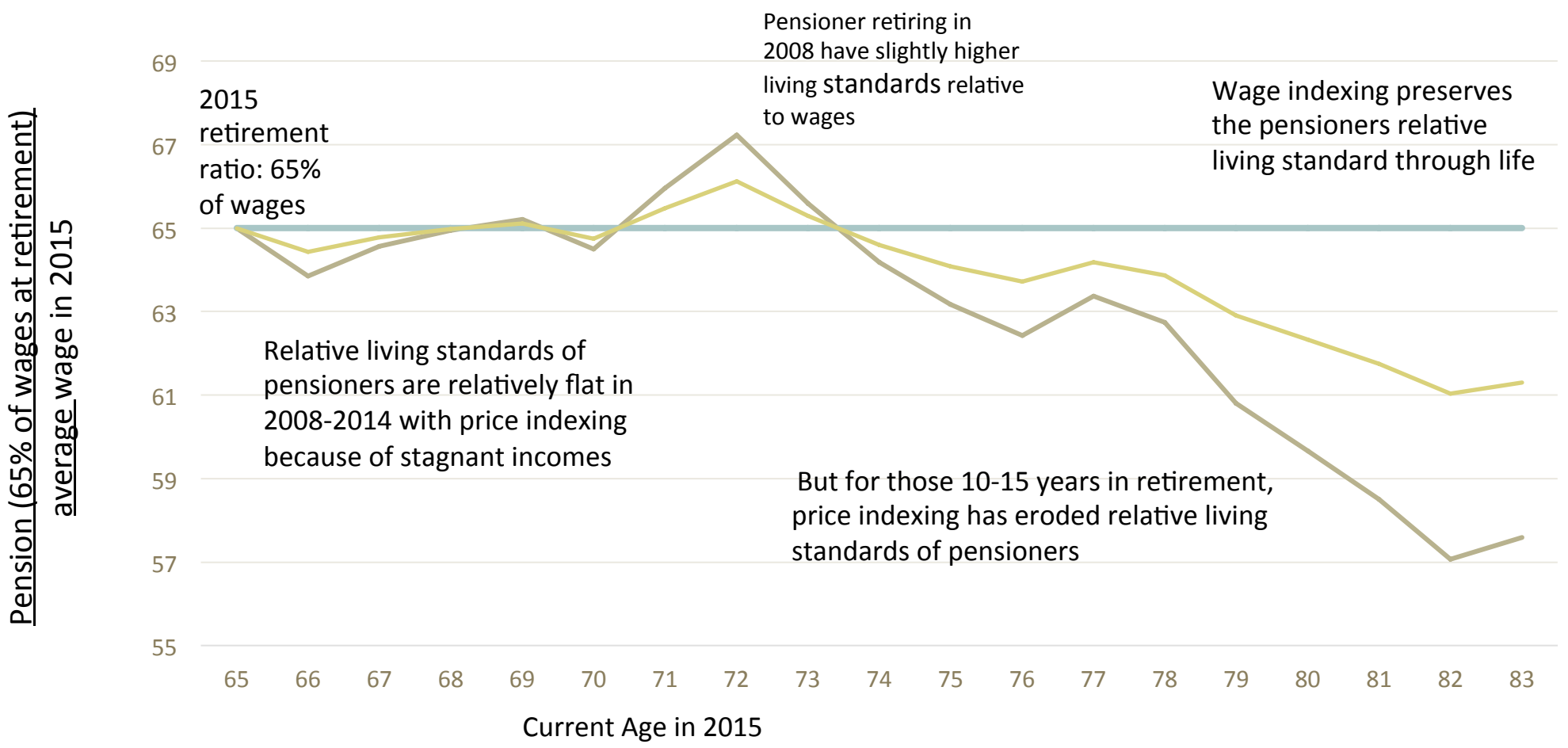
Pension Indexation

- Important maintain standard of living of those dependent on pensions for long periods.

- Typically based on
  - A Price Index
  - Wage index
  - A weighted mix of the two (50% price index and 50% wage index)

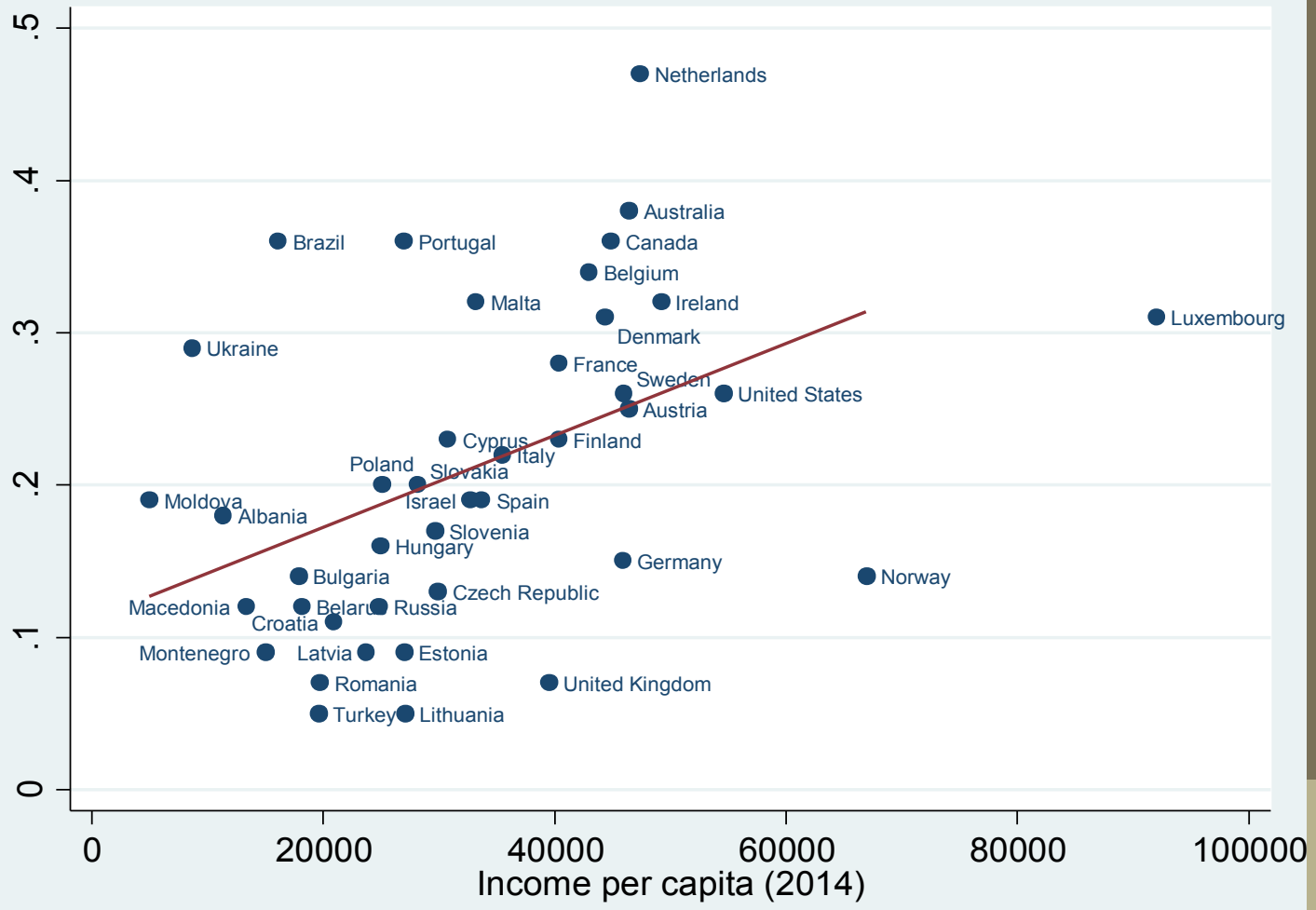
- In the West, aging and budget constraints led to shifts to price indexing

Wage, Price, and 50/50 Indexation

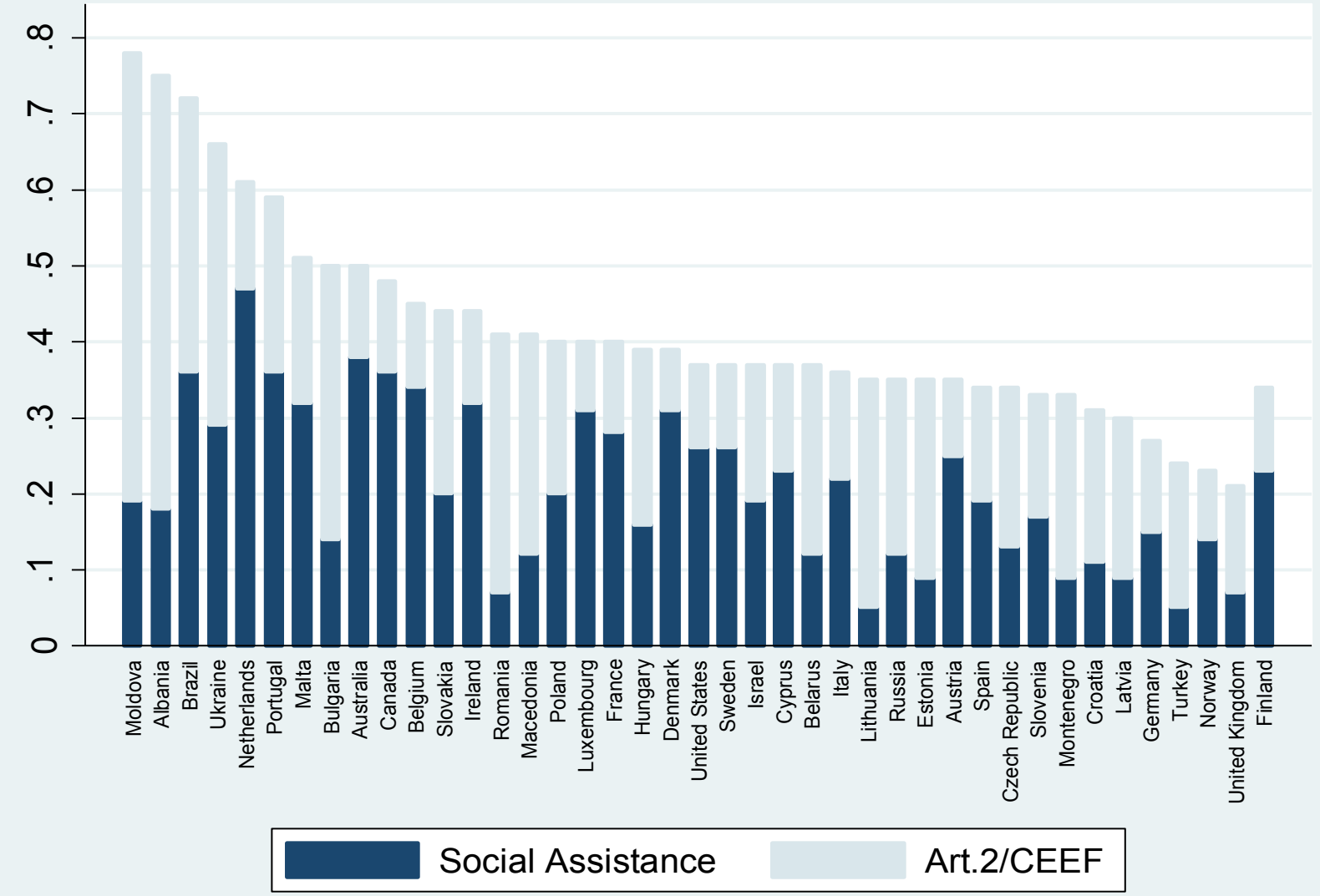


Adequacy of social assistance pensions

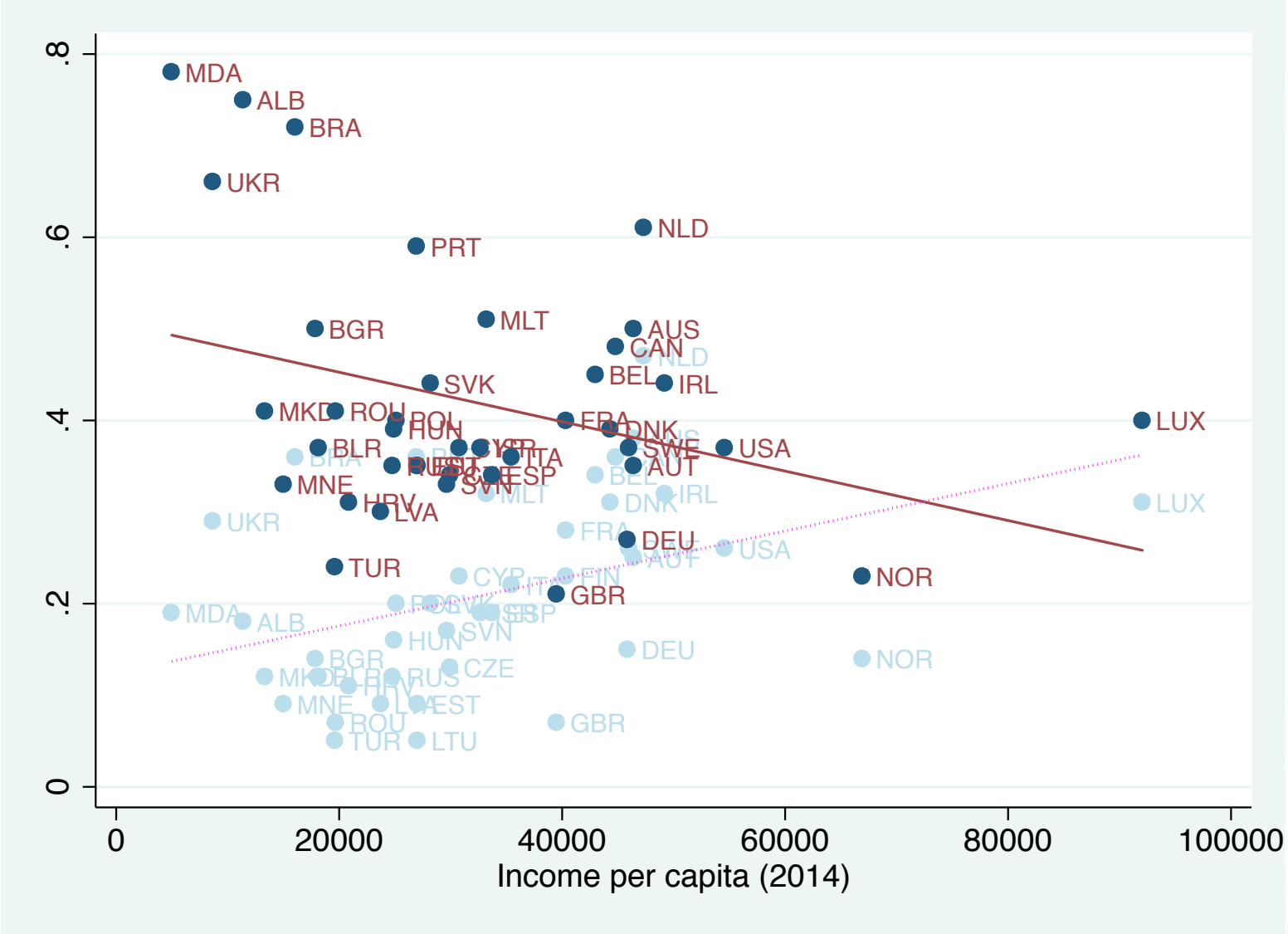
Many older (and especially older female) pensioners, e.g., retiring in the 1990s, rely on non-contributory pensions that have *very low replacement rates*, especially in countries with lower income.



Article 2 and CEEF compensation adds considerably to pension adequacy in countries with lower income



CEEF raises pension adequacy dramatically in ECE and FSU countries



HEALTHCARE

For pensioners, all countries have either social insurance or universal for pensioners

Almost all are in-kind provision for most services, others primarily based on re-imbursement

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

United States example for health and retirees

MEDICARE

Part A: hospitalization

- no premium
- 1200 deductible
- No co-insurance on stays under 60 days

For Part B: Equipment, Doctors, mental health, etc.

- $104/month premium
- $147 annual deductible
- 20% insurance for covered services in Part B

For Part D (pharmaceuticals)

Variables plans

- $15 month premium
- $320 deductible
- $1-4 copay
- 20%-35% co-insurance

There are no out-of-pocket limits

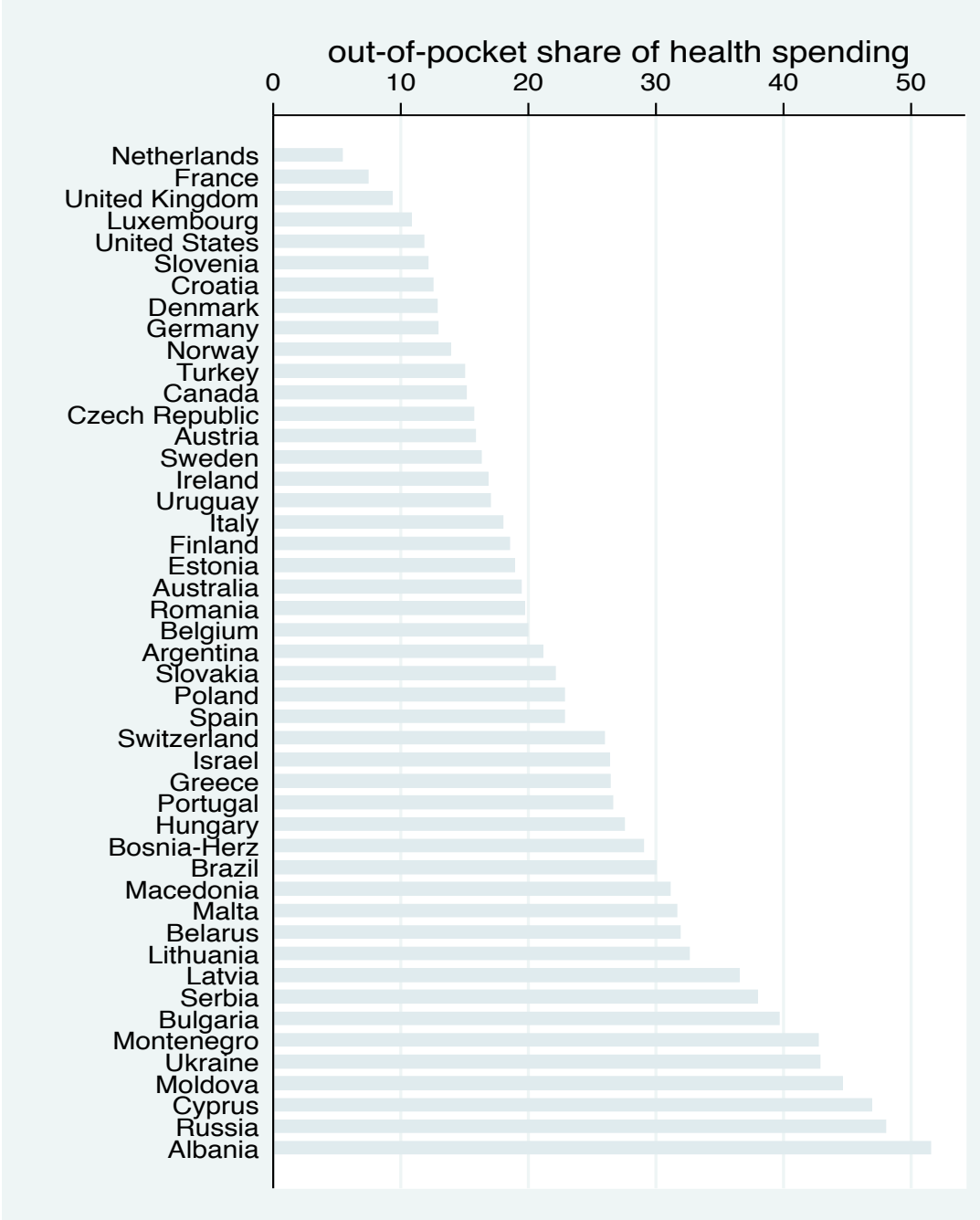
Medigap cover is an additional $150

Avg. Social Security : $1200/mnth

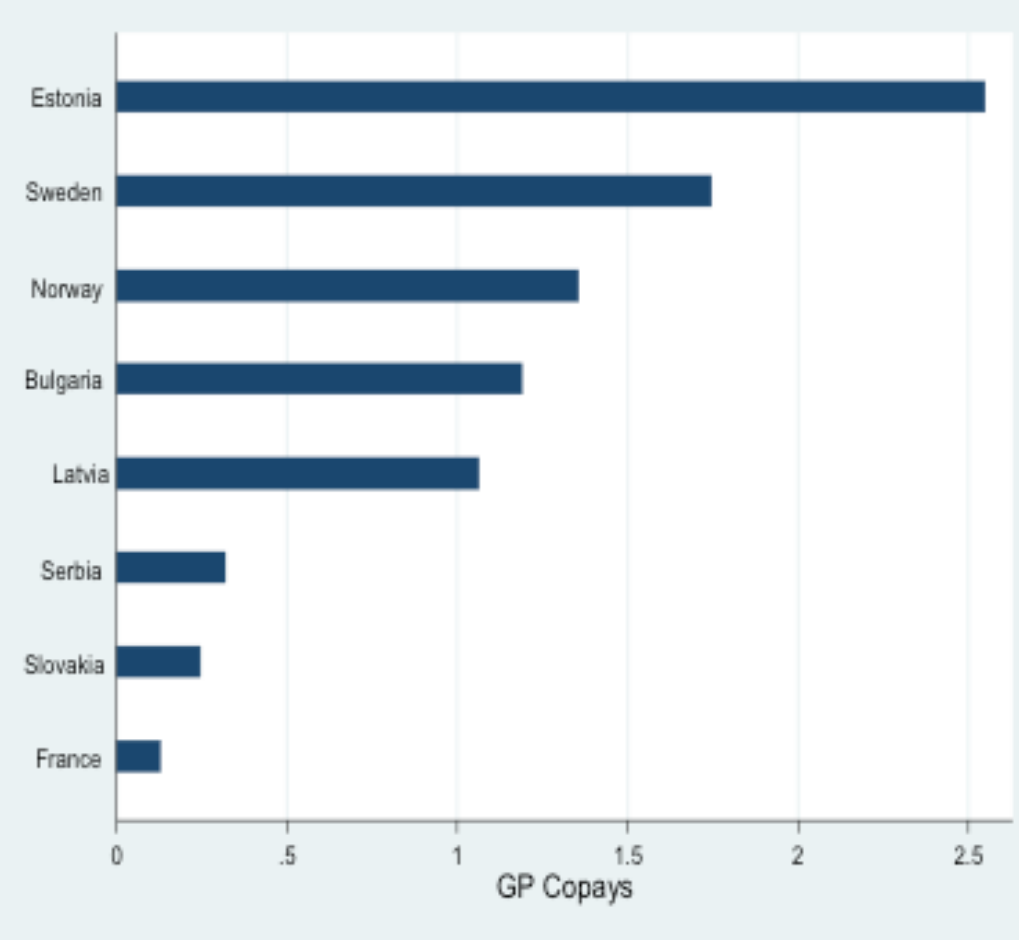
Premiums + deductible ~$320/mnth

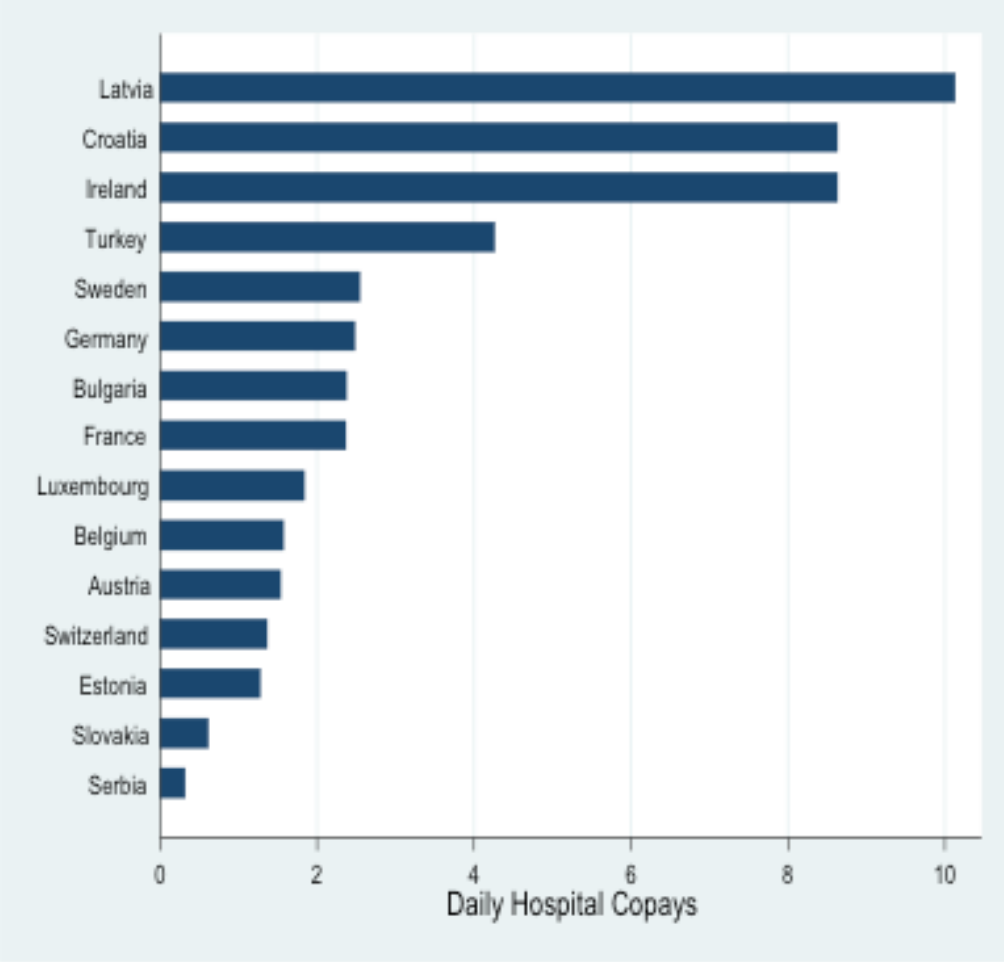
- Many universal and social insurance systems have high out-of-pocket expenses

- These expenses are extremely regressive, and undermine the health of those with low incomes

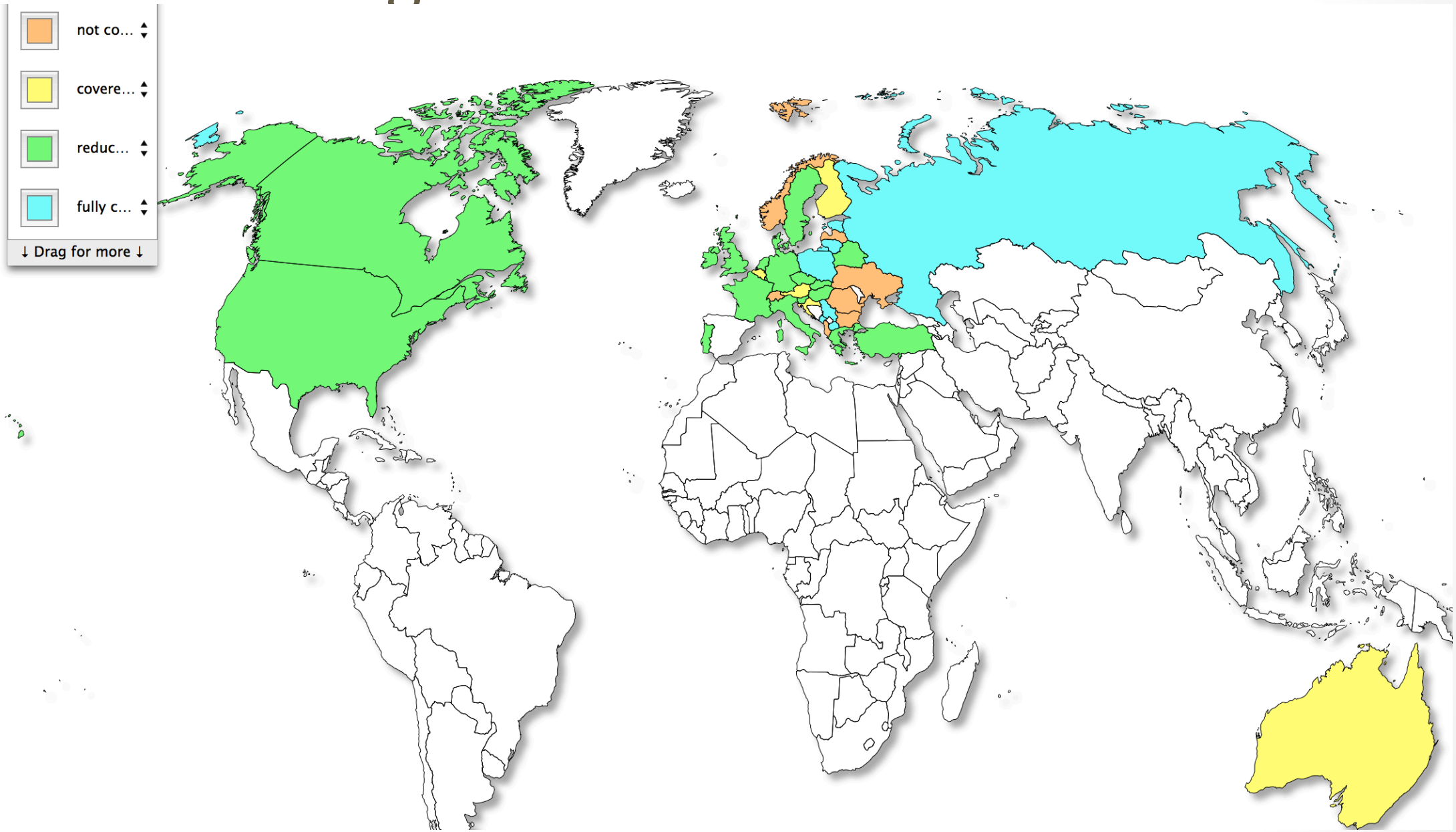


Copays and co-insurance can be expensive even in low out-of-pocket countries

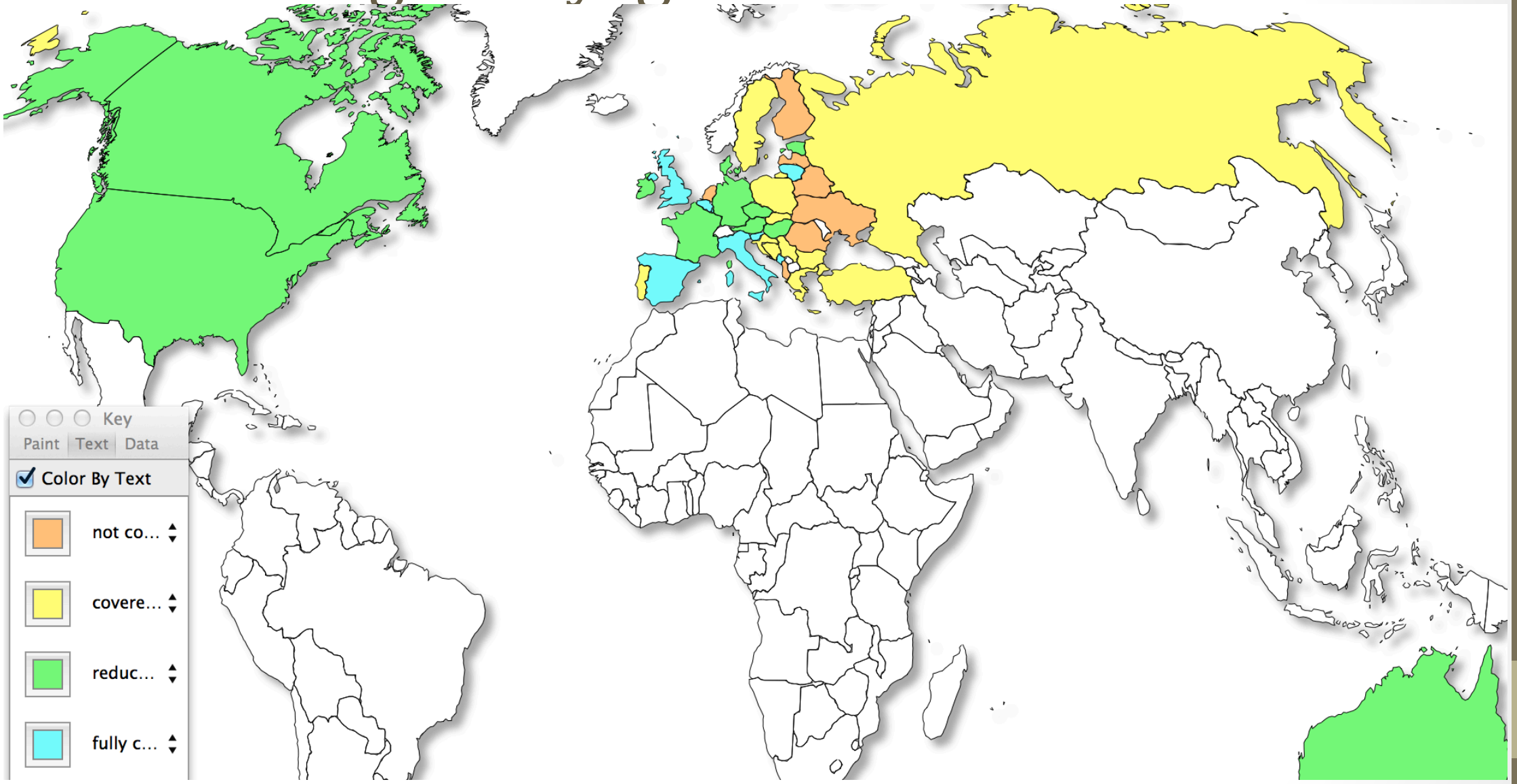




Coverage of Dentures



Coverage of Eyeglasses



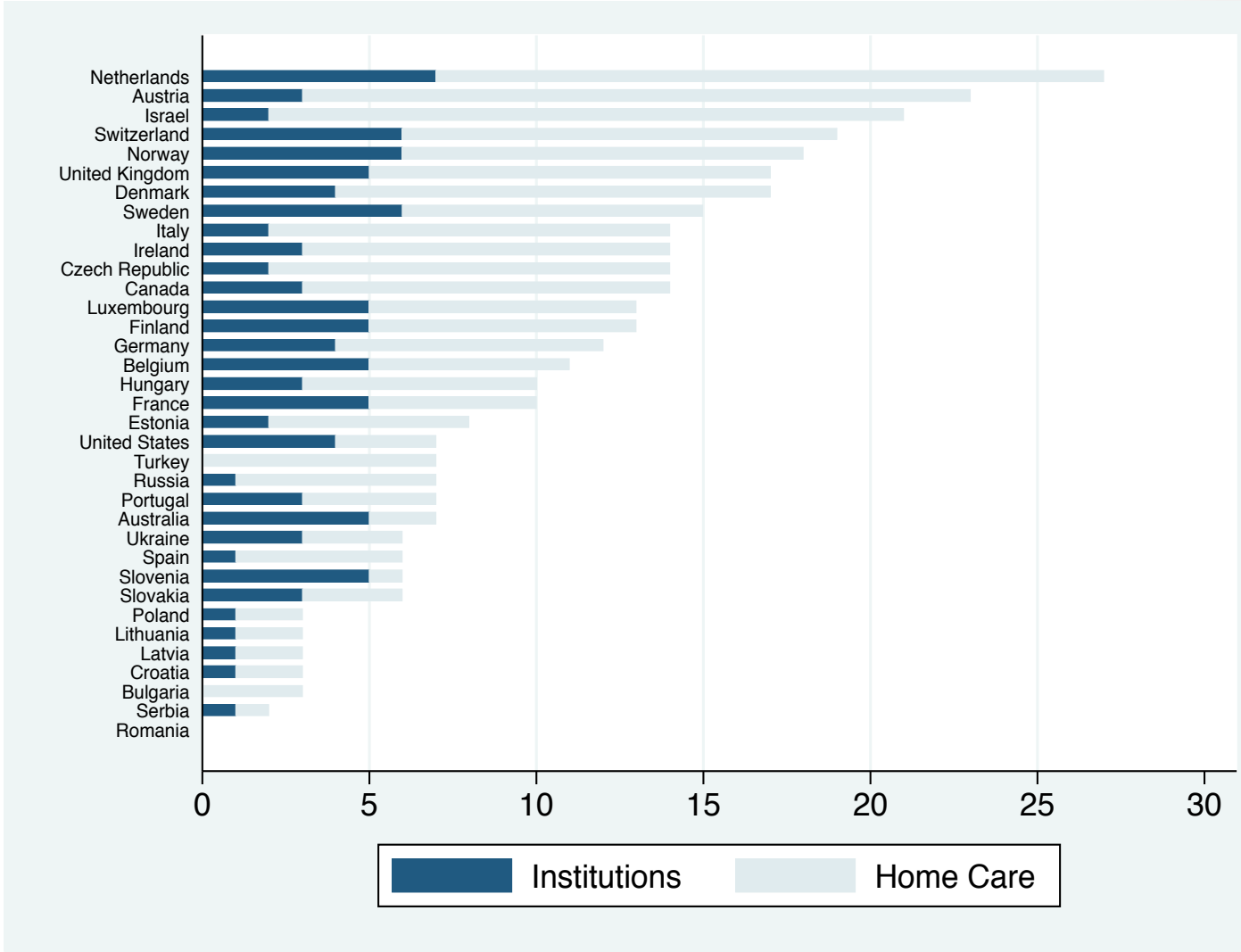
LONG-TERM CARE

Percentage over 65 in long-term care

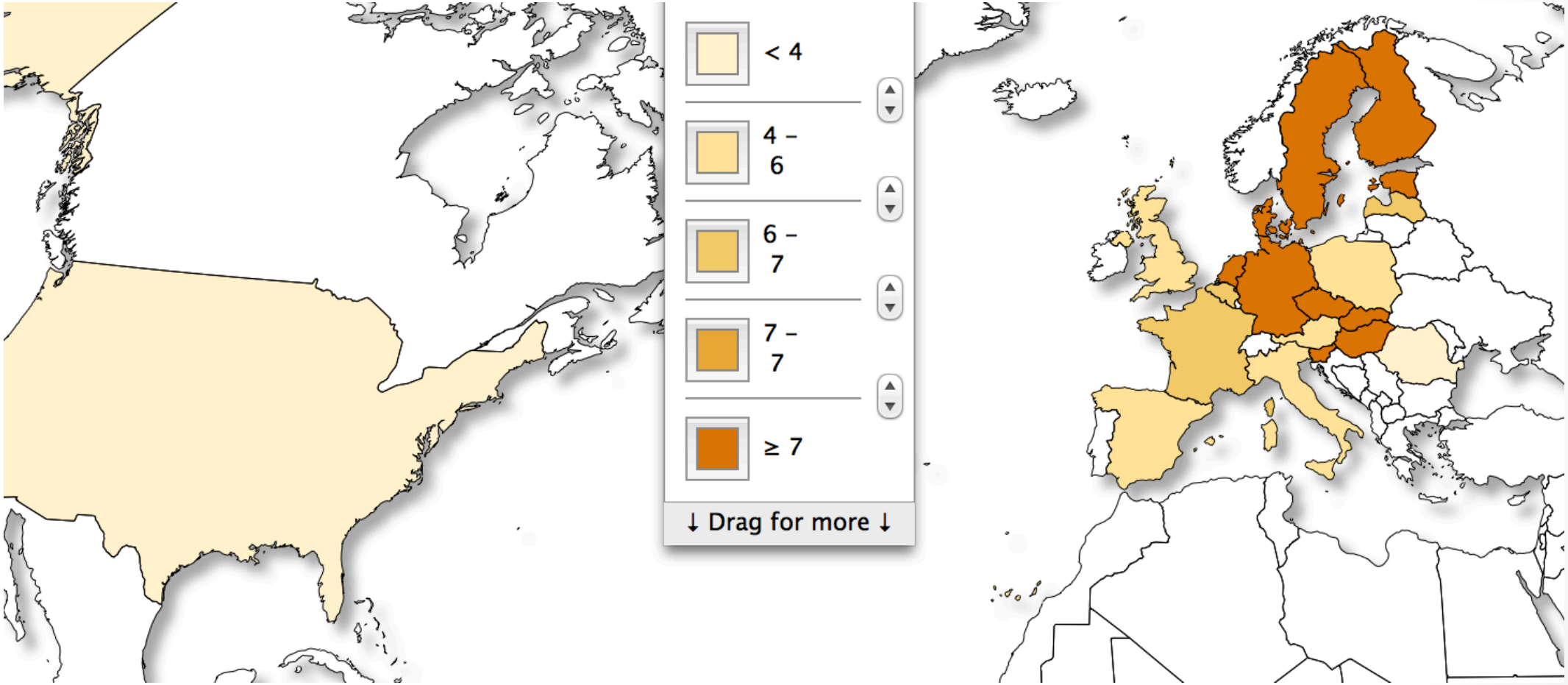
Traditionally divided by:
-- Medical and Social Care
--Formal and Informal

Many countries have comparatively recently legislated in this area, but have long had things near equivalents

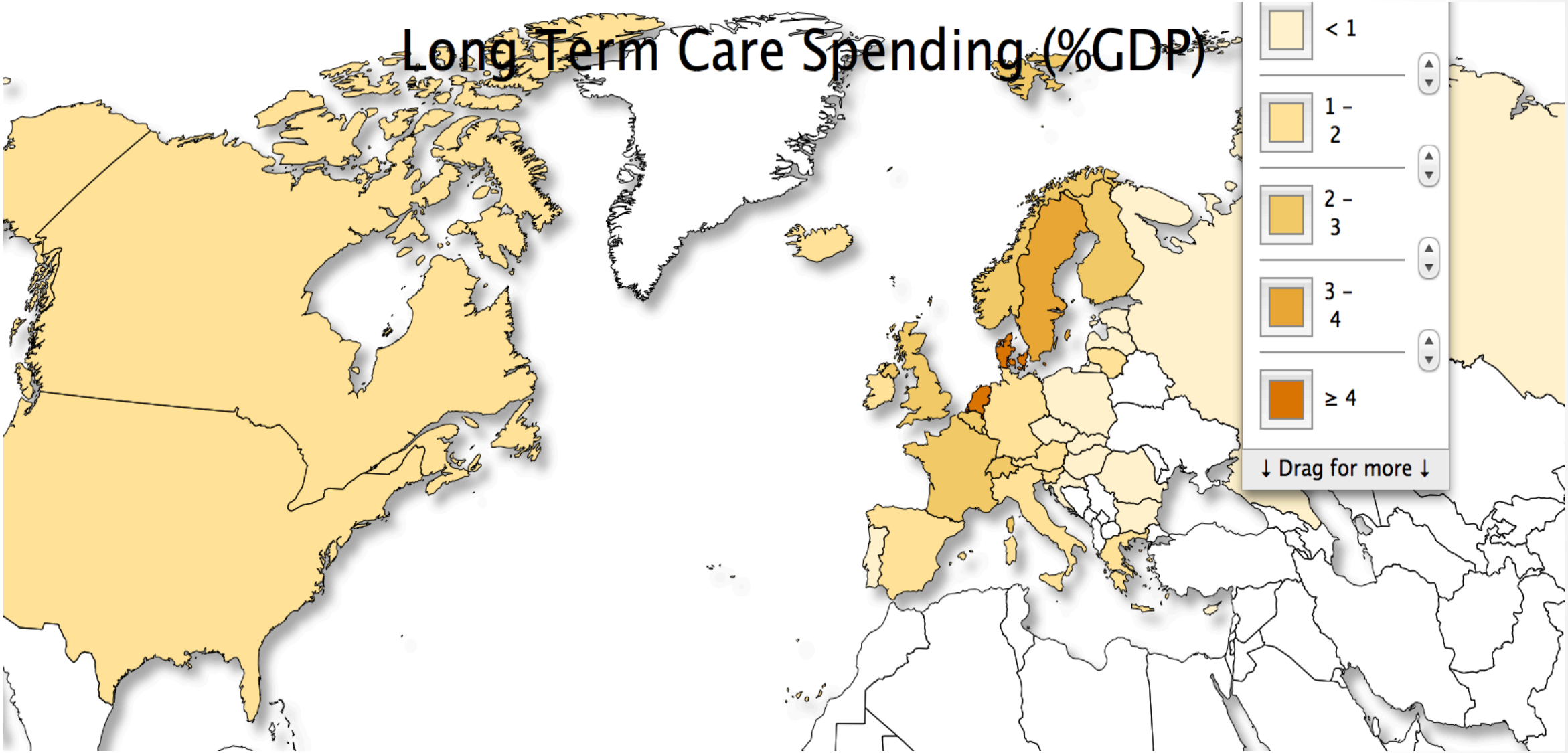
constant attendance allowance
disability supplements



Accessibility and affordability of LTC



Long Term Care Spending (%GDP)

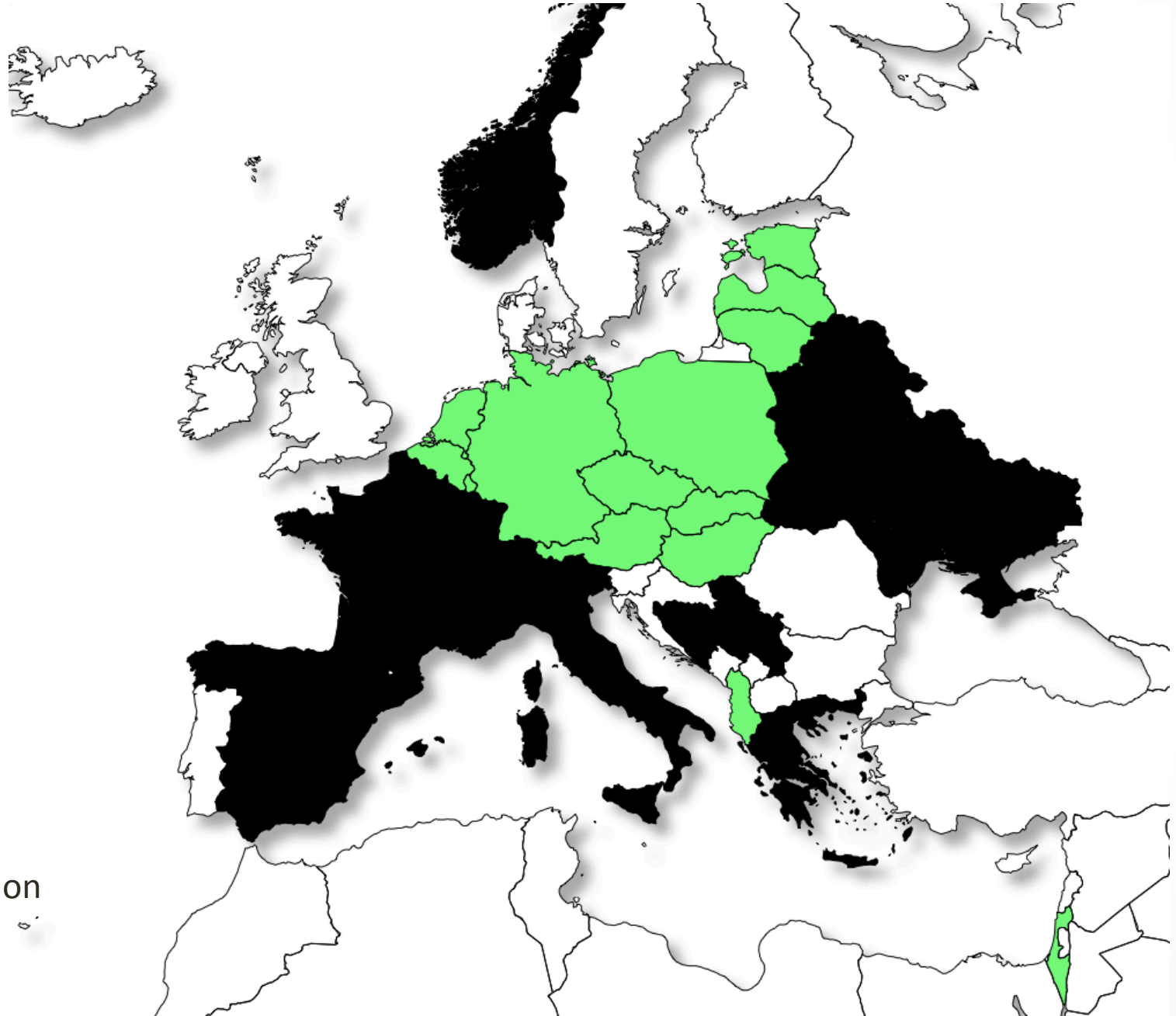


SPECIAL NATIONAL PROGRAMS FOR SURVIVORS AND OTHER VICTIMS

- Several countries provide national benefits for those:
  - Forced/ Slave labor
  - Placed in Ghettos
  - Deported
  - Forced into hiding
- Types of benefits
  - Full or partial compensation pensions
  - Lump-sum benefits
  - Additional healthcare benefits
  - Other Social benefits (housing, transport)
- Most national benefits pre-date 2009

Countries reporting some programs

Albania
Austria
Belgium
Czech Rep.
Estonia
Germany
Hungary
Israel
Latvia
Lithuania
Luxembourg
Netherlands
Poland
Slovakia



Black= awaiting information

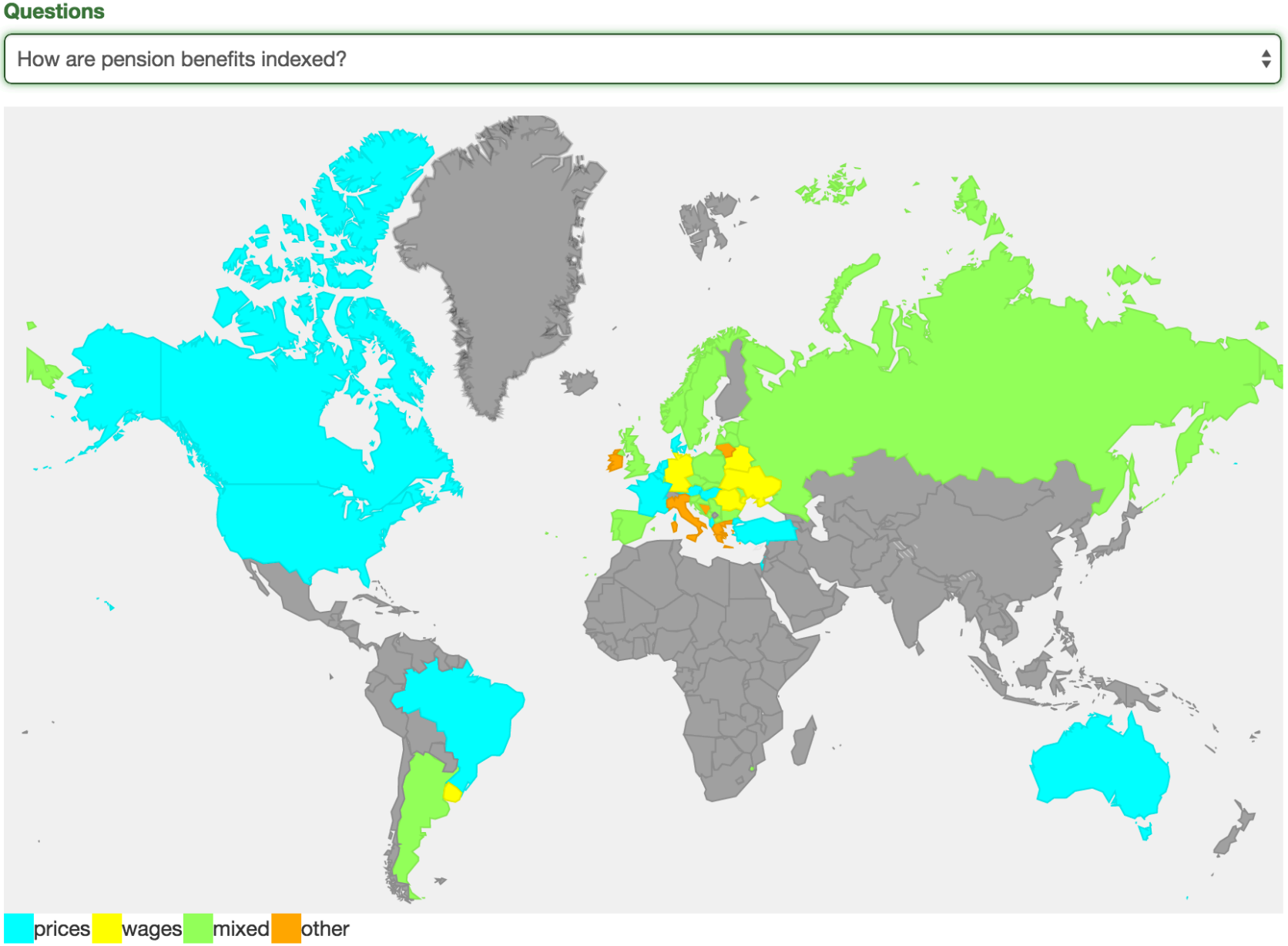
Example: Israeli benefits for survivors

- Provides out of pocket costs for basic prescriptions
- Full financing of treatments related to disabilities related to Nazi persecution
- Discount on medical aids
- Relief in paying utilities and local taxes
- Convalescence
- Supplements to Claims Council (e.g., Article 2/CEEF) pensions of approx 150 euros/ month

Visualizations

http://qvisual2.z.ntaxa.com/web/index.php

fqnt \ ljcneg



Conclusion

- There are likely considerable needs in ECE and FSU countries due to de facto lack of access to many forms of care.
- Improve coordination of provision of compensation and care for Survivors and other victims in country
- Identify those who deserve compensation
- Avoid taxation of compensation payments
- Access to national victim compensation should be reconsidered when it is reconsidered internationally

- Consider mixed indexation rather than price indexation if there are designs on asking pensioners to share costs for care late.
- Limit taxation of pensions
- Consider additional supplements or allowances for older pensioners, who incur larger costs and are more likely to have outlived savings.

Conclusions for health and long-term care

- Charges for care that exacerbated by past persecution should be compensated or subsidized.
- Provide preferential access to health benefits in-kind.
- Total health charges for older pensioners should have global caps.
- While LTC is cheaper than IC, it is not cheaper than ignoring both.
- Consider development of care sectors as mechanisms to make labor markets flexible. Cash-for-care needs to cover needed care.

- For the database:
  - Fully operational in 3 months
  - Completed surveys
  - Over time tracking of policy innovations