



Greg Link  
Administration for Community Living  
U.S. Administration of Aging  
Department of Health and Human Services  
Washington, DC 20201

August 11, 2016

Dear Mr. Link,

The undersigned organizations are submitting this letter in response to the Notice published in the Federal Register on June 21, 2016, which seeks comments regarding the inclusion of a provision in the Administration for Community Living's (ACL) proposed Program Instruction that would provide guidance regarding the obligation of State Units on Aging to target resources to older adult populations that have the "greatest economic and social need." Specifically, this letter will address the proposed targeting guidance within the Program Instructions as it relates to Holocaust survivors.

Following the 2016 reauthorization of the Older Americans Act (OAA), which included a new provision ("Section 10") directing the Assistant Secretary for Aging to issue guidance for conducting outreach to and serving Holocaust survivors, The Jewish Federations of North America (JFNA) brought together 56 experts from secular and religious aging providers, national aging service organizations, and institutions specializing in services to survivors for three phone calls to review the Program Instructions and gather feedback and recommendations in response to the Notice. In addition, agencies providing direct services to survivors were encouraged to submit in-depth recommendations to JFNA through an online survey. We received recommendations from 24 communities in the following states: Arkansas, Arizona, California, Connecticut, Florida, Missouri, New Jersey, New York, Ohio, Pennsylvania, and Texas.

We commend ACL for including Holocaust survivors in its targeting guidance and acknowledging that being a Holocaust survivor can "limit the degree to which older adults experience full inclusion in society and are able to access available services and supports." However, we are concerned that, without enforcement, states that have little experience with or education about Holocaust survivors and their unique needs are unlikely to effectively target resources in a way that enables Holocaust survivors to live their last years with dignity and safety in their homes.

The OAA defines "greatest social need" as the need caused by "physical and mental disabilities" and by "cultural, social or geographic isolation, including isolation caused by racial or ethnic status." Under this definition, the majority of Holocaust survivors are at a high risk of being in greatest social need. As survivors age, many begin to suffer from mental health complications that include anxiety, depression, and post-traumatic stress disorder (PTSD), all of which stem from their traumatic experiences during the Holocaust. Facing the normal stressors of aging and the loss associated with it can be particularly painful for survivors. As Sandor Samuels, President and CEO of Bet Tzedek Legal Services, told the U.S. Senate Special Committee on Aging, "On account of wartime and post-war experiences, the struggles of aging can be greatly magnified for survivors, creating a group that ages differently and has more acute needs than do other older Americans."

Furthermore, Holocaust survivors have some unique attributes that contribute to their greatest social need status. The Holocaust was responsible for the mass killing of six million Jewish men, women, and children. As a result, many survivors do not have large extended families, reducing their options for family caregiving. Additionally, the youngest survivors in the U.S. immigrated from the former Soviet Union (FSU) in the 1980s and 1990s, and many are still unable to speak English. These language barriers contribute to further isolation.

The OAA defines “greatest economic need” as “the need resulting from an income level at or below the poverty line.” Under this definition, Holocaust survivors are at or at high risk of being in greatest economic need. Research indicates that at least 25 percent of survivors live at or below the poverty line, although survivors from the FSU, as well as those living in New York City and Los Angeles, face poverty rates closer to 50 percent. Participants in our calls and surveys reported that poverty, which can create stress and mental and physical health issues for all older adults, is especially traumatic for survivors for whom it reminds them of experiences of deprivation during the Holocaust.

Public health experts agree that overall health outcomes for older adults who age in place are often better than for those in unnecessary or premature institutional care. However, if a Holocaust survivor loses their independence once again and enters an institutional setting, the negative impact is further exacerbated due to the many potential Holocaust triggers that are prevalent in institutions. Therefore, home-based services are critical for this population. Moreover, Holocaust survivors correlate displays of weakness with certain death, making them unlikely to seek out services. In spite of this critical need to help Holocaust survivors age in place, we do not believe that most State Units on Aging (SUAs) are currently making systematic efforts to assess the needs of Holocaust survivors, nor do they possess the requisite guidance or training to adequately serve this population.

It is the undersigned organizations’ opinion that a Federal mandate requiring SUAs to assess the needs of Holocaust survivors will ensure the maximum inclusion of this population in programs funded under the OAA. Accordingly, we ask ACL to modify the proposed guidance to expressly require States to describe the actions that should be taken to address the needs of Holocaust survivors. While each state would retain the right to determine, based on their assessment, whether survivors have greatest economic and social need, we expect that after engaging in a comprehensive, good-faith, effort of this population’s needs, many states will conclude that they do. Furthermore, we believe that SUAs require specific guidance on how best to serve survivors in order to avoid retraumatization. In this vein, we have put together a comprehensive recommendations guide that we believe could be used by ACL for further guidance, including technical assistance.

We appreciate your consideration of this request and materials and look forward to continuing to work with ACL in this effort. If you or your colleagues at ACL have any questions about our recommendations and proposed guidance, please contact Elizabeth Leibowitz, JFNA’s Director of Government Affairs, at [Elizabeth.Leibowitz@JewishFederations.org](mailto:Elizabeth.Leibowitz@JewishFederations.org) or 202-736-5878.

Respectfully submitted,