

**Testimony Before the United States Senate Special Committee on Aging  
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Chairman Nelson, Ranking Member Collins, and Members of the Committee:

Thank you for the opportunity to speak with you today regarding the needs of aging Holocaust Survivors in the United States. My name is Sandy Samuels, and I currently serve as President and CEO of Bet Tzedek Legal Services, a Los Angeles-based non-profit organization. Our professionals are recognized internationally as experts on the unique needs of Holocaust survivors, with 40 years of experience in representation and advocacy on behalf of the survivor community. It is an honor to be able to share Bet Tzedek's experience with members of this Committee as we work to meet the needs and address the challenges faced by America's aging Holocaust survivor population.

**I. Bet Tzedek's Background**

For nearly 40 years, Bet Tzedek Legal Services has provided high-quality, free legal services, with a core mission to fight injustice against our community's most vulnerable residents. Bet Tzedek uses direct legal service, impact litigation, community outreach, and legislative advocacy to assist more than 15,000 people every year in the areas of employment rights, housing, public benefits, debtors' rights and bankruptcy, elder rights, guardianships and conservatorships, and Holocaust reparations.

Since its inception, Bet Tzedek has sought justice for Holocaust survivors, believing that no Holocaust survivor should live in poverty or without the necessities of life. Bet Tzedek remains one of the only legal services agencies in the U.S. that offers free legal services to survivors applying for reparations from Germany and other European countries. Bet Tzedek has submitted amicus briefs to the United States Supreme Court and litigated landmark cases, including *Grunfeder v. Heckler*, 748 F.2d 503 (9th Cir. 1984), which led to the exclusion of reparations payments from eligibility determinations and calculations involving federally-funded public benefits. Bet Tzedek also serves as a clearinghouse for attorneys and social services agencies across the country seeking information or advice about compensation and services for Holocaust survivors.

In 2008, Bet Tzedek launched a nationwide initiative known as the Holocaust Survivors Justice Network (HSJN). The network, which is active in more than 30 cities in the United States and Canada, includes more than 100 law firms, corporate legal departments, and Jewish social services agencies. Bet Tzedek trains professionals from these organizations to conduct outreach, spread awareness and assist survivors in

their communities with compensation claims and appeals. HSJN has successfully recovered more than \$23 million in new economic resources for survivors in 31 cities across North America. HSJN is the largest national pro bono initiative ever launched, and in 2009, the American Bar Association awarded the Pro Bono Publico Award to HSJN.

Recently, Bet Tzedek has also expanded its service to the survivor community by providing a broad range of legal services designed to meet the unique needs of aging Holocaust survivors, including government benefits assistance, housing assistance, protection from abuse and neglect, and end of life planning. Through these efforts, Bet Tzedek has helped survivors receive thousands of caregiving hours and other community-based health services, increased advance planning using such tools as powers of attorney, health care directives and simple wills in the survivor community, obtained elder abuse restraining orders and conservatorships to protect survivors, and increased financial stability for impoverished survivors, among other results.

Having piloted this holistic approach to serving the needs of aging Holocaust survivors in Los Angeles, Bet Tzedek is currently in the process of using HSJN to bring these services to other American cities with significant survivor populations, including but not limited to: New York City, NY; Chicago, IL; Ft. Lauderdale, FL; Miami, FL, West Palm Beach, FL; San Francisco, CA; and Washington, D.C. Through these efforts, Bet Tzedek seeks to honor the victims of the Holocaust by ensuring that those who survived are able to live in comfort and dignity.

## **II. Challenges Facing Aging Holocaust Survivors**

According to the Conference on Jewish Material Claims Against Germany (the “Claims Conference”), it is estimated that there are approximately 500,000 Holocaust survivors dispersed around the world, with at least 110,000 residing in the United States.<sup>1</sup> The average age of American Holocaust survivors is estimated to be 82, while twenty-five percent are over the age of 85.<sup>2</sup> At least sixty percent of American survivors are women.<sup>3</sup>

As they grow older, survivors are now confronting the stresses and challenges of aging, including an increase in major illnesses, cognitive impairment, risk of institutionalization, and vulnerability to abuse and neglect.<sup>4</sup> 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.<sup>5</sup>

## A. Poverty and Social Isolation

Holocaust survivors are significantly more likely to live in poverty and social isolation than other older Americans.<sup>6</sup> In Los Angeles County, it is estimated that nearly half of Holocaust survivors are poor or low-income, while one-third live at or below the federal poverty line. This is nearly three times the poverty rate for older Americans.<sup>7</sup> In New York City, fifty-two percent of survivors are estimated to be poor under Federal guidelines.<sup>8</sup> This poverty and isolation is often aggravated by non-existent or weakened familial and social support networks due to loss of immediate and extended family during the war.<sup>9</sup>

## B. Physical and Mental Health

Holocaust survivors are also likely to have greater health needs than the general population and are more susceptible to certain illnesses such as osteoporosis and cognitive impairments.<sup>10</sup> Many survivors experienced long periods of malnutrition, confinement, physical assault, exposure to severe weather conditions, and other hardships that have had lasting effects on their physical condition.<sup>11</sup> Survivors also have a high incidence of chronic depression, anxiety, sleeping disorders, and Post-Traumatic Stress Disorder (PTSD).<sup>12</sup> Thus, although the total population of Holocaust survivors is decreasing, the number of survivors requiring services continues to grow as survivors age, increase in frailty, and develop various debilitating conditions.<sup>13</sup>

## C. Dementia

For the general population, the risk of developing Alzheimer's or other forms of dementia increases with age, reaching nearly 50% by age 85.<sup>14</sup> With a median age of 82, the prevalence of dementia among survivors is rapidly increasing. Studies suggest that the risk of dementia may be even greater for survivors than for the general population.<sup>15</sup>

As an individual develops dementia, he or she is likely to progressively lose short-term memory, and more time will be spent reflecting on memories from the past.<sup>16</sup> People with dementia may also have difficulty separating current memories from past memories. Survivors with dementia may experience frequent nightmares and flashbacks to the horrors they suffered during the Holocaust. Due to the unique ways dementia can affect survivors, the need for assistance and supervision by caregivers is often much greater.

Dementia also can prevent survivors from obtaining Holocaust reparations. Those who

suffer a loss of mental or legal capacity may have difficulty describing their persecution with enough specificity to sustain a claim, and they are frequently unable to assist in collecting evidence and identifying witnesses. As a result, survivors who were previously ineligible or chose not to apply for reparations when they were financially secure often cannot benefit from new or recently expanded Holocaust compensation programs.

Dementia also increases the need for access to medical care, adequate housing, advance planning, and protection from abuse and neglect. Unfortunately, studies have shown a lack of end-of-life planning among Holocaust survivors, including a failure to complete advance health care directives.<sup>17</sup> Survivors do not talk about their health care wishes with their children, and children of survivors often avoid this topic of conversation as they do not wish to upset their parents.<sup>18</sup> Having the proper end-of-life planning in place can be important, however, for ensuring that a survivor is properly cared for and that his or her dignity is preserved while in the throes of dementia.

#### D. Institutionalization

The health needs of Holocaust survivors with advanced illnesses and physical limitations may require institutionalized care at a Skilled Nursing Facility (SNF) or other institutional setting. Although such dislocation can be difficult for anyone, this may present additional complications for a Holocaust survivor.<sup>19</sup> It can be emotionally and psychologically difficult for survivors who worked so hard to rebuild their life, health, and independence after the war and are now experiencing this loss again. Relocation to an institutional care facility can also trigger traumatic memories for Holocaust survivors, often associated with the following aspects of such settings:<sup>20</sup>

- *Admission:* The elderly and sick were executed by the Nazi regime, and admission to a SNF may bring feelings of dread, fear, and loss of hope;
- *Uniformed personnel:* This may trigger painful memories of Nazi personnel.
- *Routines and schedules:* While usually beneficial for seniors, regimented schedules may trigger memories from Nazi camps;
- *Interacting with medical personnel:* Medical experimentations, selections by physicians, and other war experiences may result in a lack of trust of medical personnel, particularly in an institutional setting;
- *Being showered or bathed by medical personnel:* Those who died in the gas chamber were often told they were going to shower, and being showered by medical personnel in an institutional setting may result in fear and anxiety;
- *Loud sounds and voices:* Sounds of others crying or screaming, sirens, and other loud noises may cause anxiety and fear for survivors;

- *Lack of privacy and space*: Tight or overcrowded spaces may trigger memories of overcrowded ghettos, camps, and transports.

These are just a few examples of triggers that can be brought on by institutional care facilities. For many survivors, community-based health services that provide them with the ability to live independently can prove vital for preserving dignity and comfort at the end of their lives. Bet Tzedek staff works with social services and governmental agencies to extend survivors' access to community based services, such as in-home care, so that they can live out their days in relative comfort in their own homes. The need for these services continues to increase as survivors age, however, and currently available resources are not always enough to avoid institutional care facilities for some Holocaust survivors.

### **III. Notable Programs and Gaps in Services Available to Aging Holocaust Survivors**

Due to high rates of poverty, many Holocaust survivors in the United States must rely on government-funded public benefits to meet their basic needs. In addition to government-funded programs, Germany, other European governments, and private organizations provide limited funding to help meet the financial and caregiving needs of survivors.

#### **A. Government Programs**

Despite their unique needs, Holocaust survivors enjoy no government-funded programs in the United States that specifically serve such individuals. However, the *Victims of Nazi Persecution Act of 1994* exempts reparations payments received by Holocaust survivors from being counted when “determining eligibility for and the amount and benefits of services to be provided under any Federal or federally assisted program which provides benefits or services based, in whole or in part, on need.”<sup>21</sup> Need-based government programs relied on by survivors to assist with their health and financial deficits include, but are not limited to:

- *Supplemental Security Income (SSI)*: Many low-income survivors—including a large proportion of the Soviet “refuseniks” who immigrated to the United States from the Soviet Union after 1969—must rely on SSI to subsist;
- *Medicaid*: Medicaid helps fund important health services for Holocaust survivors. In California, survivors may take advantage of Home and Community-Based Services Waiver programs,<sup>22</sup> such as the Multipurpose Senior Services Program (MSSP) and the Assisted Living Waiver Program (ALWP) to avoid unnecessary

institutionalization.

- *In-Home Supportive Services (IHSS)*: In California, Medicaid-eligible Holocaust survivors may qualify for In-Home Supportive Services, which pays a caregiver to provide housecleaning, meal preparation, laundry, grocery shopping, personal care services, accompaniment to medical appointments, and protective supervision for the mentally impaired.
- *Subsidized Housing*: Many Holocaust survivors rely on subsidized housing programs, such as Section 8 and other federally-assisted programs, in order to keep a roof over their heads.
- *Other Programs*: Survivors must rely on many other programs, such as Home Energy Assistance Programs, Access Transportation, and Meals on Wheels in order to obtain the basic necessities of life.

Unfortunately, due to cuts in funding, strict eligibility requirements, caps on program enrollment and services, and limitations imposed by the Sequester, these programs are not sufficient to meet the needs of aging Holocaust survivors. In 2013, an 8% across-the-board cut in In-Home Supportive Services was imposed on all IHSS recipients.<sup>23</sup> Dental benefits provided through California's Medicaid program have been severely limited.<sup>24</sup> There can be a waiting period to access Home and Community-Based Services Waiver programs.<sup>25</sup> Applications for the Section 8 program in Los Angeles are closed indefinitely.<sup>26</sup> Such cuts and limitations erect barriers to Holocaust survivors accessing the services they need to live safely and comfortably in their communities.

Further, many survivors face barriers to accessing needed benefits on account of their receipt of Holocaust reparations. Bet Tzedek has been at the forefront of efforts to ensure that government agencies do not deny survivors the benefits they rely on to meet the basic necessities of life because they receive reparations or pensions related to their persecution. Despite these efforts, government workers frequently do not understand the 1994 law exempting reparations payments from being counted for eligibility purposes, and survivors are wrongfully terminated from needed programs or have their benefits reduced. In order to correct this problem, Bet Tzedek must assist survivors in appealing these cases and provide education to government workers and other professionals who interact with Holocaust survivors on the law and available reparations programs.

Here are three client stories that highlight the barriers that Holocaust survivors face when relying on government programs to meet their needs:

### 1. Client Story 1 – Reparations and Federally-Funded Public Benefits

Client 1 is an 80-year-old Holocaust survivor from Ukraine who relies on SSI as his only source of income. After the war, Client 1 was later drafted by the Soviet Union to be a clean-up worker following the Chernobyl disaster and suffers serious health problems on account of these experiences. In the 1990s, Client 1 received a lump sum payment of about \$3,000 from a Holocaust compensation program funded by the German government known as the Hardship Fund. The client correctly understood these Holocaust compensation funds to be exempt from being counted for SSI eligibility purposes, and planned to save the funds for emergency expenses. In late 2012, Social Security reviewed the client's records and charged him with an overpayment of \$37,000 for having "excess resources," and it began garnishing 10% of his SSI income to pay back this amount. The client tried to appeal on his own and was denied, but Bet Tzedek was able to resolve the issue with the Social Security office and restore his benefits.

### 2. Client Story 2 – Sequester

Client 2 is 94 years old and suffers from significant health problems. A 20-year resident of the City of West Hollywood, the client relied on a Section 8 voucher to pay rent. His family had a plan to make sure he was properly cared for at home. The client's building owner decided to no longer participate in the program and gave the client notice to vacate. Due to a shortage of Section 8 housing, the client was unable to find another unit in West Hollywood where he could transfer his voucher, so he found an apartment in the City of Los Angeles near his doctors. Because of the Sequester, however, the Housing Authority denied his request to transfer the voucher to an apartment in Los Angeles because the jurisdiction's payment standard was approximately \$50 higher than the West Hollywood payment standard. This policy was only put in place as a result of the Sequester. Thus, to keep his voucher, the client would have to move far away from his doctors, community, and support structure. Because of his impaired health, such a move was impossible. After much advocacy, Bet Tzedek was able to convince the Housing Authority to make an exception for this client so he could keep his voucher and avoid institutionalization, but many Holocaust survivors continue to face similar problems.

### 3. Client Story 3 – Lack of Caregiving Resources

Client 3 is an 83-year-old Holocaust survivor who Bet Tzedek assisted with a Holocaust reparations claim. Client 3 was diagnosed with a brain tumor, dementia, and other medical complications that left him nearly bedridden. He lived with his wife, who served as his primary caregiver. His caregiving needs were significant, and his wife quickly

became overwhelmed and exhausted. Client 3 applied for IHSS and was approved for approximately 100 hours per month, which was insufficient to meet his needs or provide his wife with the requisite respite to continue caring for him, putting the client at risk of unwanted institutionalization. The client was denied IHSS hours for Protective Supervision, which would have provided many additional caregiving hours, but has strict eligibility requirements. The local Jewish family service agency was unable to use funding from the Claims Conference to pay for additional caregiving services because Client 3 already received the maximum 100 hours of in-home care. Although Bet Tzedek stepped-in to appeal the client's IHSS hours, the client passed away shortly thereafter. Due to the limitations of programs available to assist Holocaust survivors with caregiving, Client 3's final months were made unnecessarily difficult and stressful.

## B. Other Funding Sources

In addition to government-funded programs, American Holocaust survivors may look to resources provided by the German government, other European governments, and private organizations. However, many of these programs only provide modest compensation, may have need-based and other eligibility requirements, or may no longer be accepting applications.

In other cases, certain entities complicit in the atrocities of the Holocaust have yet to offer any compensation to survivors. One such corporation is the French national railroad, Société Nationale des Chemins de fer Français (SNCF), which was paid per head and per kilometer to transport more than 75,000 Jews and thousands of others toward Nazi death camps. SNCF has consistently refused to provide justice to the thousands of survivors deported on its trains. Yet, through the tireless efforts of Senator Schumer, Chairman Nelson and other bipartisan co-sponsors of the Holocaust Rail Justice Act (S.1393),<sup>27</sup> members of the survivor population will hopefully see justice from SNCF in the near future.

Additionally, limited funding for home care, medical and dental expenses, food assistance, or financial emergencies may be available from non-governmental sources such as the Claims Conference, local Jewish communities, and charitable organizations. Much of this funding is allocated to Jewish family and children's services agencies which coordinate and provide the needed services. Despite these efforts, the available funding does not cover the needs of the survivor community, which grow in incidence and cost even as the number of survivors diminishes.<sup>28</sup> For example, Holocaust survivors in Los Angeles are limited to 25 hours per week of caregiving services funded by allocations from the Claims Conference, which cannot be combined with other government programs and are only available for survivors with significant caregiving needs. Similarly, funds are provided for dental work, but the waiting list for



these services in Los Angeles is extremely long.

### C. Reauthorization of the Older Americans Act

On account of the unique issues that Holocaust survivors must face as they age, survivors in the United States are in greater need of financial, caregiving, health, and other related services than the general population of older adults. As discussed, the current government and private programs available to help meet this need are grossly insufficient.

The Older Americans Act was last reauthorized in 2006 and was scheduled for reauthorization in 2011, though this did not happen. On September 30, 2013, Senators Bernie Sanders (D-VT), Tom Harkin (D-IA), and Lamar Alexander (R-TN) introduced the Older Americans Act Reauthorization Act of 2013 (S.1562).<sup>29</sup> Approval of this legislation would help facilitate much-needed assistance for Holocaust survivors in the United States. Given the age, need, and vulnerabilities of the survivor population, Bet Tzedek would like to take this opportunity to respectfully request that the Senate work as quickly as possible to approve this bipartisan legislation.

## IV. Conclusion

Holocaust survivors in the United States are entitled to have the final chapter of their lives be dignified and peaceful. There are many special needs unique to the Holocaust survivor community that can make the aging process much more difficult. Tragically, many survivors are ending their lives impoverished, alone, and without access to adequate medical care. Although the survivor population may be declining, the need for services will continue to remain high for many years to come.

I look forward to working with members of this Committee, along with our federal, state, and local partners, to meet the needs and address the challenges of America's aging Holocaust survivor population.

Mr. Chairman, this concludes my testimony and I would be happy to answer any questions.

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<sup>1</sup> Conference on Jewish Material Claims Against Germany, 2012 *WORLDBOOK: A GUIDE TO CLAIMS CONFERENCE PROGRAMS WORLDWIDE* (July 2013), *available at* <http://selfhelp.net/sites/default/files/Selfhelp-Holocaust-Survivors-in-New-York.pdf>.

<sup>2</sup> *Id.* at 11.

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<sup>3</sup> *Id.*

<sup>4</sup> Paula David M.S.W., *The Social Worker's Perspective*, in BAYCREST CENTRE FOR GERIATRIC CARE, CARING FOR AGING HOLOCAUST SURVIVORS: A PRACTICE MANUAL 102 (Paula David & Sandi Pelly eds., 2003).

<sup>5</sup> *Id.*; Greg Schneider, Conference on Jewish Material Claims Against Germany, A REVIEW: SOCIAL WELFARE FOR JEWISH NAZI VICTIMS 2 (Holocaust Era Assets Conference, Prague, June 2009), available at <http://www.holocausteraassets.eu/en/working-groups/special-session> (last visited January 8, 2014).

<sup>6</sup> *Id.* (citing Pearl Beck & Ron Miller, *Nazi Victims of the Holocaust: In-Home Service Needs, 2005: Review and Cost Estimate Projections*, Prepared for the Conference on Jewish Material Claims Against Germany (April 14, 2005)).

<sup>7</sup> A PROFILE OF OLDER AMERICANS: 2011, ADMINISTRATION ON AGING, available at [http://www.aoa.gov/Aging\\_Statistics/Profile/2011/docs/2011profile.pdf](http://www.aoa.gov/Aging_Statistics/Profile/2011/docs/2011profile.pdf).

<sup>8</sup> Selfhelp Community Services, Inc., HOLOCAUST SURVIVORS IN NEW YORK: TODAY THROUGH 2025 (2d ed. April 2013), available at <http://selfhelp.net/sites/default/files/Selfhelp-Holocaust-Survivors-in-New-York.pdf>.

<sup>9</sup> Schneider, Conference on Jewish Material Claims Against Germany, at 2.

<sup>10</sup> *Id.* at 2-3 (citing Beck & Miller (2005); Laurence Kotler-Berkowitz, Lorraine Blass & Danyelle Neuman, *Nazi Victims Residing in the United States* 9, 23 (New York: United Jewish Communities, 2004));

<sup>11</sup> Selfhelp Community Services, Inc., HOLOCAUST SURVIVORS IN NEW YORK: TODAY THROUGH 2025, at 7.

<sup>12</sup> David K. Conn, *The Psychiatrist Perspective*, in BAYCREST CENTRE FOR GERIATRIC CARE, CARING FOR AGING HOLOCAUST SURVIVORS: A PRACTICE MANUAL 126 (Paula David & Sandi Pelly eds., 2003); Schneider, Conference on Jewish Material Claims Against Germany, at 7.

<sup>13</sup> Selfhelp Community Services, Inc., HOLOCAUST SURVIVORS IN NEW YORK: TODAY THROUGH 2025, at 1.

<sup>14</sup> 2012 Alzheimer's Disease Facts and Figures, Alzheimer's Association (2012), available at [http://www.alz.org/downloads/facts\\_figures\\_2012.pdf](http://www.alz.org/downloads/facts_figures_2012.pdf).

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<sup>15</sup> Yoram Barak, *Aging of Child Holocaust Survivors*, 1(3) KAVOD - HONORING AGING SURVIVORS: A PROFESSIONAL JOURNAL FOR CARE PROVIDERS AND FAMILIES (2013). Retrieved June 14, 2013, from <http://kavod.claimscon.org/2013/02/aging-child-survivors>.

<sup>16</sup> Ruth Goodman M.S.W., *Aging Survivors with Cognitive Loss*, in BAYCREST CENTRE FOR GERIATRIC CARE, *CARING FOR AGING HOLOCAUST SURVIVORS: A PRACTICE MANUAL* 23 (Paula David & Sandi Pelly eds., 2003).

<sup>17</sup> METROPOLITAN JEWISH HEALTH SYSTEM, *CARING FOR HOLOCAUST SURVIVORS WITH SENSITIVITY AT END OF LIFE: A GUIDEBOOK FOR CLINICIANS* 10 (2012).

<sup>18</sup> *Id.*

<sup>19</sup> Paula David M.S.W., Seminar, Caregiver Support Seminar 3, *When Yesterday Becomes Today: Caring for Holocaust Survivors with Dementia*, Conference on Jewish Material Claims Against Germany, available at <http://www.claimscon.org/what-we-do/allocations/caregiver-support-seminars> (last visited January 6, 2014).

<sup>20</sup> Paula David M.S.W., *Environmental Factors and Potential Triggers*, in BAYCREST CENTRE FOR GERIATRIC CARE, *CARING FOR AGING HOLOCAUST SURVIVORS: A PRACTICE MANUAL* 51 (Paula David & Sandi Pelly eds., 2003).

<sup>21</sup> Victims of Nazi Persecution Act, P.L. 103-286 (1994).

<sup>22</sup> Social Security Act § 1915(c), 42 U.S.C. 1396n(c).

<sup>23</sup> DISABILITY RIGHTS CALIFORNIA, 8% ACROSS-THE-BOARD CUT TO IHSS, PUB. #5524.01 (June 2013), available at <http://www.disabilityrightsca.org/pubs/552401.pdf>.

<sup>24</sup> Mari Edlin, *Medi-Cal Dental Coverage Partially Restored*, CALIFORNIA HEALTHLINE (June 13, 2013), available at <http://www.californiahealthline.org/insight/2013/medical-dental-coverage-partially-restored>; CALIFORNIA HEALTHLINE, *Denti-Cal Cuts Leading to Drop in Adult Visits for Preventive Services*, (Aug. 9, 2010), available at <http://www.californiahealthline.org/articles/2010/8/9/dental-cuts-leading-to-drop-in-adult-visits-for-preventive-services>.

<sup>25</sup> CALIFORNIA MEDICAID RESEARCH INSTITUTE (CAMRI), CALIFORNIA'S MEDI-CAL HOME & COMMUNITY BASED SERVICES WAIVERS, BENEFITS & ELIGIBILITY POLICIES, 2005-2008 (2011), available at <http://camri.universityofcalifornia.edu/documents/medi-cal-waiver-report.pdf>.

<sup>26</sup> Section 8 Housing, HOUSING AUTHORITY OF THE CITY OF LOS ANGELES, available at <http://www.hacla.org/section8> (last visited January 8, 2013) (noting that the "Section 8 application process is closed until further notice"); Section 8 Program, HOUSING AUTHORITY OF THE COUNTY OF LOS ANGELES, available at

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<http://www3.lacdc.org/CDCWebsite/AH/Home.aspx> (last visited January 8, 2013) (noting that the "Section 8 waiting list is closed").

<sup>27</sup> S. 1393, 113<sup>th</sup> Cong. (2013).

<sup>28</sup> Stewart Ain, *Survivors' Needs Continue to Grow*, The Jewish Week (November 5, 2013), *available at* <http://www.thejewishweek.com/news/new-york-news/survivors-needs-continue-grow>.

<sup>29</sup> S. 1562, 113<sup>th</sup> Cong. (2013).