

DEMOGRAPHIC INDICATORS, ECONOMIC FACTORS, AND PSYCHOLOGICAL CONDITIONS OF THE JEWISH AGED IN HUNGARY

PROFESSOR DAVID GUTTMANN

University of Haifa School of Social Work, Haifa, Israel

The Hungarian Jewish elderly are physically, financially, and psychologically vulnerable. Living in an unstable society making a painful transition to a market economy, their lives are permeated by fear—fear of the uncertain future, fear of rocketing inflation, fear of crime. And because many elderly are Holocaust survivors whose families perished in the war, they have no relatives to help them. The American Joint Distribution Committee acts as surrogate family members, providing much-needed cash assistance and social services.

The situation of the Jewish aged in Hungary needs to be seen in the context of the overall socioeconomic condition of that country. Demographic indicators, as well as economic and psychological factors, play a central role in the well-being of the Hungarian Jewish elderly. Data gathered from available statistics serve as background to the central issues that affect social policy.

DEMOGRAPHIC INDICATORS IN HUNGARY

Hungary is a small country in the cross-roads of Central, Southern, and Eastern Europe. Today, it has a population of just over ten million, of whom one in five is elderly. Old age in Hungary begins at age 60 when people retire and are eligible for state-provided pensions. According to the Hungarian Central Bureau of Statistics, in 1994 there were close to two million persons aged 60 years or older, of whom about 800,000 were male and 1.2 million were female.

The "surplus" of elderly females over males is due to their longer life expectancy. In the 65-69 year cohort, there are 100,000 more females than males. No wonder then that Hungarian society is full of widows.

For every widower there are four-and-a-half widows. Perhaps this factor explains the high rate of suicide in Hungary. In 1991, there were 4,000 suicides, proportionately more than in any other country in Europe.

JEWISH ELDERLY IN HUNGARY

The Jewish community in Hungary predates the Hungarian conquest of the territory between the Carpatian mountains. Jews have been living in the Roman Empire's outpost on the Danube for centuries. They were welcomed by the first Hungarian kings, but until the last third of the nineteenth century when they were finally emancipated, they experienced expulsions, degradations, and humiliations. By the outbreak of World War II, Jews numbered close to ten percent of the population and had a well-developed, rich, and important community, among the largest in Europe (Orban, 1991).

Today, after the Holocaust in which over three-quarters of Hungarian Jewry perished, and after forty years of living under a Communist regime in which the Jewish religion and ties to Israel were discredited, only 30 of the more than 2,000 prewar *kehillot* (communities) are still functioning. No one knows how many Jews are living in Hungary today. Some community leaders put the figure at close to a quarter-million, using the infamous Nuremberg laws—that one of the individual's grandparents was Jewish before 1920—as indicators. Others

Based on a presentation presented at the Conference on Aging and Solidarity among the Generations, The European Council for Jewish Community Services, London, September 12, 1993.

claim far more modest figures—between 80,000 to 130,000. Thus, the Nazis and the Communists in combination reduced the number of Jews in Hungary from 800,000 in 1939 to the present population of about 100,000. And today the Jewish population is disproportionately elderly because of the many deported survivors of the Holocaust who have since returned to live in Hungary. A reliable estimate, therefore, is 20,000 to 30,000 Hungarian Jews aged 60 or older.

More reliable data are available from the American Joint Distribution Committee (JOINT) for the recipients of the cash assistance that they dispense through the Jewish Social Support Foundation. According to a survey of 2500 recipients of cash assistance, 76% are over 70 years old and 45% are 80 years old or older. Of the assistees, 20% are men, and 80% are women. The problem of loneliness is more clearly illustrated by the finding that 48% of the men and 68% of the women live alone. The one-quarter of the Jewish elderly who live outside the capital city of Budapest are even more isolated.

ECONOMIC FACTORS AFFECTING THE JEWISH ELDERLY

Hungary's transition to a market economy has been a painful one for its citizens. The closing of unprofitable companies and factories has led to a previously unknown and high rate of unemployment—12.3% of the labor force in 1992. In some parts of the country, the rate has been as high as 25%. The stress of learning new ways of thinking and behavior brought on by the transition to democracy, as well as the high rate of unemployment, has resulted in a steady increase in the number of psychiatric cases (Nepszabadsag, 1993).

Accompanying this painful transition has been high inflation, which has reached 20 to 25 percent in each of the last five years. As a result, large numbers of Hungarians are now poor, in a society in which social stratification had been ideologically nonexistent. Sharp economic differences between the new class of rich, estimated at

10 to 20 percent, and the large class of poor, estimated at 40 to 50 percent of the population, have emerged. It is no wonder that a survey conducted by a reliable Austrian company found that about 75 percent of Hungarians feel they are worse off today than they were five years ago. The 1994 elections in which the Socialist Party was returned to power are testimony to the yearning for the good old days.

Those who suffer the most from the current economic situation are individuals whose only source of income is their monthly state pension; namely, the aged and the disabled. Over 25 percent of the population live on state pensions. People who spent a lifetime working in a factory or state-owned enterprise retire, only to find that their pension is just enough to keep them in poverty, and more often than not, in dire misery. According to data published by the Hungarian Social Security Office in 1993, 75% of the elderly receive a monthly pension of less than \$125, whereas the minimum amount needed to survive, as estimated by an independent family assistance center in Budapest, is \$169 monthly. As a result, each winter, many thousands of old people are exposed to the cold as they are unable to pay rising utility costs.

The Jewish elderly are subject to the same economic misfortune and the same inadequate state pensions as their non-Jewish neighbors. However, they do have one advantage: they are part of the Jewish community and benefit from its tradition of helping the poor, the aged, the needy. With the assistance of the JOINT, they are spared much hardship and misery.

PSYCHOLOGICAL FACTORS

Although aging is a time of loss in even the best of situations, the situation of the Hungarian Jewish elderly is worsened by several factors. First, because of the need to make major changes in its transition to a market economy, the direction of change in Hungary is from relative financial and personal security to insecurity. Given the fact that

society is in turmoil, traditional support systems—family, relatives, friends, and neighbors—cannot be relied upon.

Second, the present generation of Jewish elderly, in particular those over 75 years old, constitute a “missing” generation. They are the people who survived the Holocaust either as forced laborers, deportees, residents of the ghetto in Budapest, or who managed to hide with false papers. Now in their seventies or eighties, they have no family to turn to for support, for their relatives have all perished. Thus, the Jewish community, particularly the JOINT, acts as surrogate family members for them.

A visit to the seventh and eighth district of Budapest where most Jewish elderly reside reveals that many live in tiny apartments in dilapidated old buildings, with the bathroom located at the end of the hallway. Doors are chained and blocked with iron bars. Fear is a constant factor—fear of all strangers, of being mugged or robbed or beaten. The economic turmoil experienced by Hungary has given rise to a sharp increase in crime, and the elderly are frequently the victims.

EXISTING PROGRAMS FOR JEWISH ELDERLY IN HUNGARY

In 1989, when the Communist regime collapsed and Hungary embarked on the road to Western democracy, the JOINT was once again able to operate openly and officially. Since then it has engaged in the rebuilding of an autonomous Jewish community in Hungary, and especially in Budapest. The means used in this enterprise is the Jewish Social Support Foundation, which is responsible through its board of directors for establishing and running health and social welfare programs for the elderly.

In the past five years many new programs have been introduced, updated, and enlarged. First and foremost among those programs are cash assistance to those needy elderly whose sole income is their pension provided by the state, which is well below the minimum amount needed for survival.

As indicated earlier, there are approximately 2,500 elderly, mainly sick and lonely people older than age 70, who are the beneficiaries of this program. Yet, a vigorous outreach to those elderly in need who are not yet known to the Jewish Social Support Foundation could locate several hundred more such people, according to various leaders of the organized Jewish community.

There are at present five social clubs in which hundreds of elderly people enjoy a friendly atmosphere and have opportunities for social and cultural activities. In several of these clubs hot meals are served at an extremely reduced price. Four of the five clubs function as day care centers for the elderly, but they do not meet the standards generally accepted in the West for this service. For example, there is no organized transportation to and from the day care center for elderly struggling with problems of mobility. The result is that only those living near these centers or those capable of using public transportation can benefit from these services.

A growing need for quality old age homes for the many sick, vulnerable, lonely, and physically and/or mentally infirm elderly is currently met by two old age homes. Their combined capacity enables them to serve about 100 aged people, but the need is far greater. These old age homes have been recently rehabilitated, and the quality of the service is improving constantly.

There is also a Jewish hospital, which is vastly different from its prewar condition, when it had the highest standards and the best professionals in the city. Today it has a modest wing that serves Jews and non-Jews. However, once again the need for hospital-based health care services of elderly Jews is far greater than the capacity to provide these services.

New programs have been created in recent years to cater to the needs of the blind and visually impaired, with the support and cooperation of the Braille Institute in New York. The hearing impaired and deaf as well are now enjoying the services that the

JOINT created for them during the past year. In addition, a legal aid program for elderly Jews helps them claim former properties and reimbursement for lost freedom and other indignities suffered during the War.

The JOINT has also established a volunteer program for friendly visiting in the homes of bed-ridden elderly. Some 200 volunteers are listed by the Jewish Social Support Foundation as available for this service, and many volunteers are active on a daily basis. Efforts were made to enhance intergenerational ties and relationships by organizing students in the Jewish schools in Budapest and in the Pedagogium to work with the aged; today about 30 students are involved in organized activities on behalf of the elderly.

One of the more innovative programs created during the past two years by the JOINT is Club Shalom, which is aimed at providing high-level cultural and social activities for elderly survivors of the Holocaust. This Club has a membership of well over 200 people. The elderly members themselves are making special efforts to become self-sufficient and autonomous in running the program. The Club produces a monthly newsletter, *Shofar*, in which members publish their stories, poems, reflections, and recollections of events that shaped their lives. Celebration of Jewish holidays, birthday parties, trips, and visits to various places of interest are also included in Club Shalom's repertoire.

A unique service, provided by trained volunteers, is to record the personal story of Holocaust survivors on audiocassettes and to use these materials for educating the younger generation. There is a sense of urgency to this program, as the survivors are in their seventies, eighties, and even nineties, and time is running out for these living witnesses of the Holocaust.

Particularly difficult is the situation of the Jewish elderly in the provinces, especially in the smaller communities. There is only one old age home in the city of Szeged

in the southern tip of Hungary, but it has a very limited capacity and the quality of its services is very poor. No other services, hot meals and cash assistance are available in that city. In addition, many Jewish elderly living in the provinces are simply afraid of becoming known to their non-Jewish neighbors as Jews assisted by the organized Jewish community.

VULNERABILITY TO STRESS EXPERIENCED BY THE JEWISH AGED IN HUNGARY

Vulnerability means being at risk because of personal, social, or societal reasons (Harel et al., 1990). The term implies a situation in which a person or a group of individuals feel open to attacks or unprotected and who, in consequence, need the concern, protection, help, and understanding of those whose responsibility it is to enable them to live in security and dignity.

Vulnerability implies more than the customary risks and problems of everyday life. A person's or a group's vulnerability to a wide array of harm and injury may serve as a concept that guides the policies of the social service system. In that case, vulnerability is at the heart of difficult policy decisions; namely, how much risk for being harmed may qualify a person for a certain benefit or entitlement or, in the negative sense, for the restrictions on his or her freedom and self-determination posed by institutionalization.

Old people experience physical, financial, housing, and transportation vulnerabilities (Atchley, 1990). The Hungarian Jewish aged are particularly vulnerable in all these areas.

Physical and health vulnerability. "In later life, health becomes significantly more vulnerable because of increased morbidity from injury, illness, impairment, or disability" (Townsend & Harel, 1990, p. 33). Because of their very limited incomes, which forces them to scrimp on needed food and heat in the winter, the Hungarian Jewish aged are even more vulnerable to health

problems.

Depression, mental illness, and cognitive impairment all increase with age. In Hungary, the high rate of suicide, particularly in the elderly population, is largely related to depression.

Financial vulnerability. The discrepancy in Hungary between the minimum amount needed to keep an individual above poverty and the amount provided by state pensions subjects the elderly to lives of constant scrimping and doing without.

Housing vulnerability. The elderly are continually fearful of being ousted from their state-provided apartments for failure to pay for the ever-increasing cost of utilities.

Transportation vulnerability. The Hungarian elderly are unable to use available services because of the lack of inexpensive and accessible transportation. In addition, there is no specialized transportation that can be used by the physically disabled.

Kahana and colleagues (1990), in presenting a useful conceptualization of the stress paradigm, have demonstrated that the ability to cope with negative life events is directly related to the resources—both external and internal—that people have at their disposal. Internal resources include both personality resources and coping strategies used to overcome stress. The more such internal and external resources are available to the older individual, the less his or her vulnerability to stress. As described above, elderly Hungarian Jews have neither the external nor the internal resources available to them and so are highly vulnerable.

FUTURE PROSPECTS FOR THE HUNGARIAN JEWISH ELDERLY

Hungary's economic situation is bad, and it will take many years before the transition to the market economy will bring prosperity, if at all, and before its hoped-for benefits will filter down to the needy, poor, and the elderly. Although there are no reliable figures on the Jewish community's economic strength, it is strongly affected by the socio-

economic and political situation of Hungary. No one knows when or if the government of Hungary will return Jewish properties and wealth confiscated during the Holocaust. However, it is reasonable to assume that it will take many years before the Jewish community will become self-sufficient and be able to support its needy aged.

So far little is known about the capacity and willingness of the newly created social class of rich Jews in Hungary to undertake and support social welfare programs for Jewish aged. This new generation was raised under the former regime and generally is not imbued with the traditional Jewish values of care and responsibility for the less fortunate among the members of the community.

The Hungarian Jewish community's current priorities in resource allocation rank social welfare concerns lower than restoration of synagogues, cemeteries, Jewish schools, and other institutions that serve as symbols of Jewish life. The community relies on outside help, from the JOINT, to meet the social welfare needs of its vulnerable citizens.

In allocating resources to meet the many legitimate needs of both the elderly and the young generations, the Hungarian Jewish community will need to make choices between competing interests. Should the Jewish community undertake a vigorous outreach program to discover Jewish elderly in need of cash assistance or should it concentrate on other needs? Should it lower the amount of cash assistance provided to each individual to enable more to benefit, or should it increase the level, thereby lifting the current recipients out of poverty? Should new programs and services be introduced, or the quality of the existing ones be improved? And should the Jewish community concentrate on the frail, vulnerable elderly at risk of institutionalization or invest its resources on preventive and rehabilitative services for the next cohort of elderly?

Another issue concerns the standards by which Jewish social service institutions are

run and programs are delivered. The insistence of the JOINT on using professionals in service delivery, planning, and accountability is seldom met with full understanding. Consequently, some of the services for the elderly are below acceptable standards for Western-trained professionals.

The mental health of the tens of thousands of elderly and younger survivors of the Holocaust who do not turn to the JOINT for support is sadly neglected. No one knows how many elderly suffer from loneliness, nightmares, and social isolation and who live in fear of the newly awakened anti-Semitism in Hungary. They fear that Hungary will be in danger of war with its neighbors over territorial, water, and ethnic issues. Memories of the Holocaust are still vivid and return with greater force because of the weakened ability to repress them found in most elderly. Yet, no specific program addresses these mental health concerns (Hodos, 1993).

CONCLUSION

Rabbi Nachman of Breslav, one of the giants of the Chasidic movement who was famous for his combination of practical wisdom with a quest for improving human life in this world, used to explain the verse from Deuteronomy 6:7, "And you knew today and have entered into your heart," that it is necessary to feel in our hearts the troubles of the individual, and even more so the troubles of the community. For it is possible that a man knows the troubles of his

friend, and the pain of those troubles, and nevertheless his heart does not feel—and if his heart does not feel—he should bang his head against the walls of his heart, as the verse indicates, for *we must bring knowledge into our hearts.*

REFERENCES

- Atchley, R. C. (1990). Defining the vulnerable older population. In Z. Harel, P. Ehrlich, & R. Hubbard (Eds.), *The vulnerable aged: People, services and policies* (pp. 18-31). New York: Springer.
- Harel, Z., Ehrlich, P., & Hubbard, R. (Eds.). (1990). *The vulnerable aged: People, services, and policies*. New York: Springer.
- Hodos, G. (1993, April). Anti-Semitism in Hungary. *Midstream*, pp. 23-27.
- Kahana, E., Kahana, B., & Kinney, J. (1990). Coping among vulnerable elders. In Z. Harel, P. Ehrlich, & R. Hubbard (Eds.), *The vulnerable aged: People, services and policies* (pp. 64-85). New York: Springer.
- Orban, Ferenc. (1991). *Magyarország Zsidó Emlékei, Nevezetességei*. Budapest: Panorama.
- Townsend, A., & Harel, Z. (1990). Health vulnerability and service needs among the aged. In Z. Harel, P. Ehrlich, & R. Hubbard (Eds.), *The vulnerable aged: People, services and policies* (pp. 32-52). New York: Springer.
- Yearbook 1991. (1992). *Health trends in Hungary's population*. Budapest: Ministry for Public Welfare.