

## The Coronavirus Pandemic and Holocaust Survivors in Israel

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Holocaust survivors in Israel and abroad appear to be especially vulnerable to COVID-19 because of their early life history, advanced age, and associated health conditions. And although some survivors may experience retraumatization because of the pandemic, others appear to be especially resilient. We encourage a strength-based approach when working with survivors to foster resilience and effective coping in this uncertain time.

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Israel, similar to many countries, has been affected by coronavirus 2019 (COVID-19). The majority admitted to the hospital as well as fatalities are 65+ years of age; and among older adults, Holocaust survivors are highly vulnerable. Today all survivors are 75+ years old (i.e., born before 1945), with various health conditions, placing them at greater risk of acute respiratory distress and death (Remuzzi & Remuzzi, 2020; Wu et al., 2020). The first COVID-19 death in Israel was of an 88-year-old Holocaust survivor and to date, survivors constitute 7% of COVID-19 deaths in Israel (12 of 170 fatalities as of April 20, 2020; Yartzky, Yegna, & Horodenichano, 2020). This is more than 3 times greater than their share of the population (i.e., 2%; Shnoor & Be'er, 2019).

Most Holocaust survivors immigrated to Israel soon after World War II or after 1989 from the former Soviet Union. There are currently 189,500 survivors (Israeli; Ministry of Finance, 2020) who constitute more than one third of Israelis





75+ years of age (Shnoor et al., 2019). During World War II, survivors underwent a range of traumatic experiences (e.g., deported, sent to concentration camps, lived in ghettos, hid in woods or with gentiles); they lived in Europe, the former USSR and Nazi-occupied North Africa (e.g., Libya, Tunisia).

Israel took relatively quick measures to prepare for the pandemic. Following increasingly tight restrictions, the government declared a partial lockdown on March 25 (Ministry of Health, 2020a). People were restricted to remain within 100 m of their homes (excluding essential workers); maintain a distance of 2 m in public; required to wear protective masks in public; refrain from visiting others, especially older family members (Associated Press, 2020b). Older people in particular have been strongly encouraged to remain home (Ministry of Health, 2020a). As a result, many older adults recently spent the Seder dinner marking the beginning of Passover alone for the first time in their lives (Roth, 2020). Even as restrictions are gradually eased (Ministry of Health, 2020b) older adults are likely to remain in isolation for longer in light of their greater vulnerability.

The coronavirus has been especially lethal for residents of care facilities, many of whom are Holocaust survivors in Israel. These facilities have been plagued by high rates of COVID-19 infection and mortality (Tercatin, 2020). Specifically, 37% of COVID-19 deaths have been residents of nursing homes and assisted living facilities (Freidson & Raved, 2020). To protect residents, most have restricted visits and limit contact between residents and staff (Tercatin, 2020). Such restrictions may remind survivors of early life losses. Especially vulnerable are survivors with dementia, who may not understand or forget why their families no longer visit (David & Pelly, 2003). Following 4 weeks of isolation, new guidelines were issued in April 21 that permit short visits in residential settings while using restrictions to maintain the safety of residents. A single visitor may come, which needs to be scheduled in advance and take place separate from other residents (Ministry of Health, 2020c).

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## Holocaust Survivors' Response to the Pandemic and Possible Mental Health Implications

Older adults are currently at risk of prolonged social isolation and the associated effects of limited mental, social, and physical activity. This can lead to symptoms of depression, anxiety, loss of functional capabilities, and cognitive decline (Armitage & Nellums, 2020; Brooke & Jackson, 2020). Survivors may be especially vulnerable because isolation and fear can trigger traumatic memories (Maltz, 2020). For instance, the lockdown might become associated with wartime restrictions in the ghettos and camps (Reuters, 2020). Isolation can bring up feelings of uncertainty and helplessness because they are once again dependent on others for food and medicine (Roth, 2020).

Research suggests that in difficult times, Holocaust survivors may be both most vulnerable (i.e., wear-and-tear hypothesis), yet they may also demonstrate considerable resilience. And existing research suggests these coexist (Zimmermann & Forstmeier, 2020). Survivors exhibit symptoms of traumatic stress and other psychopathology, even though they do not differ from other older adults in physical health, life satisfaction, and cognitive functioning (Bachner, Carmel, & O'Rourke, 2018; Barel, Van IJzendoorn, Sagi-Schwartz, & Bakermans-Kranenburg, 2010). Shrira, Palgi, Ben-Ezra, and Shmotkin (2010) contend that early-life trauma can both sensitize and buffer Holocaust survivors from new adversities; they exhibit general resilience yet specific vulnerabilities (Shrira et al., 2010).

Indeed, many survivors are hardy and see themselves as examples of survival and resilience (Associated Press, 2020a), and they emphasize that despite the crisis, there is no equivalence to their wartime experiences. For example, one survivor was quoted as saying that during the Holocaust they were ghettoed, had no food, and were terrified of what was outside. Today there are no such fears (Associated Press, 2020b) and survivors know they are not persecuted, food is available, and they can go outside and speak to loved ones, even if through a window, on the phone, or online. The pandemic is temporary and the past has prepared them well (Associated Press, 2020b). Yet further research is needed to examine the long-term effects of extended isolation on survivors' mental health and well-being.

### The Current Organization of Health Care in Israel

Every resident of Israel is entitled to healthcare under law (Bentur, Gross, & Brammli-Greenberg, 2004). Medical services are provided by four healthcare organizations that are required to accept all subscribers, regardless of medical history. These healthcare organizations are supported by monthly subscriber premiums, reimbursed by the government per capita and supported by progressive income taxation. Accordingly, all medical care and services related to coronavirus are covered by the health care system at no extra cost.

### What Is Helpful and What Is Less Helpful in Dealing With the Situation?

In general, less helpful practices are those that emphasize the vulnerabilities of older adults and treat all survivors as a homogeneous, fragile population. The health care system in Israel is fo-

cused mainly on the physical health of COVID-19 patients, with little attention to psychosocial strengths and abilities, despite their importance to morbidity and mortality (Maaravi, 2020). Moreover, the media and societal discourse are rife with ageist and paternalistic attitudes toward older adults, including survivors, who are often treated as weak, vulnerable, and sometimes disposable (Roth, 2020; Wurgaft, 2020). However, not all older adults have the underlying health conditions associated with increased risk of severe disease or death from COVID-19 (Chow et al., 2020). In fact, a universal approach of extended isolation for all older adults may pose greater risk for comparatively healthy seniors than the virus.

More helpful practices entail a strengths-based approach that encourage survivors to optimize their skills and resources to foster effective coping. Such initiatives are now underway. When Israel marked Holocaust Remembrance Day on April 21 this year, various ceremonies and activities were held online for the first time to honor survivors and their resilience (Associated Press, 2020b). In Israel, nongovernmental organizations supporting survivors such as Amcha/עמך, which provides psychosocial support services, have experienced increased call volumes in the wake of the pandemic and are now providing support by phone and video chat in either individual or group format (Reuters, 2020). Practitioners use holistic approaches to emphasize survivors' strengths, including psychotherapy (e.g., dynamic psychotherapy, cognitive-behavioral therapy), online group activities (e.g., social support meetings, physical activity classes), and provision of information. This is in addition to helping survivors contact other community services such as social workers and volunteer organizations that provide food and medicine. Practitioners should acknowledge the potential vulnerability as well as resilience of survivors and strive to cultivate their strengths to foster better coping and overall health.

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