

JDC PROGRAMS IN 1964

ISRAEL

Malben, JDC's services in Israel for the care of the sick, aged and handicapped immigrants, has been a partner in the country's endeavors and shared in the miraculous achievements of the past fifteen years.

In early statehood, the foremost concern was for the most elementary needs of immigrants: for food and shelter for all, and medical and welfare services for the large proportion of sick, aged, ailing and invalid whom the mass immigration brought to the country's shores. Malben-JDC's task then was to convert, as fast as possible, former British Army huts and other unused structures into hospitals and homes for the aged, so as to provide, with the least possible delay, shelter, care and rehabilitation for the handicapped thousands. Today, as waiting lists are a haunting memory of the past and the organization has the facilities it needs at its disposal, it can care, on an individualized basis, for the steady stream of handicapped newcomers who arrive with the renewed waves of unselected mass immigration, while at the same time join with national agencies in the development of those permanent health and welfare services that are still badly needed in the country.

To help Israel's national and voluntary authorities expand and improve their own medical and social services, Malben-JDC has during the past few years, with the same budget at its disposal, gradually shifted its emphasis from direct services to clients to indirect ones that benefit these clients, as well as the population as a whole. While formerly an eligible aged immigrant couple would have been admitted to one of the organization's homes for aged, Malben-JDC now explores all possibilities of, and provides all necessary aid for, settling this couple right in the community.

Acting as a catalyzer, it has been helping its partners—the Ministries of Health and Social Welfare, local authorities, voluntary agencies and others—first to evaluate needs and establish programs of action, and then, if necessary, make available funds and technical assistance. Be it the establishment of a chronic diseases ward in a municipal hospital, a public education campaign to arouse the population to the needs of deaf children, a project to keep a community's elder citizens happy and occupied, a rehabilitation unit for psychiatric patients: Malben-JDC comes to the fore, not with one-time stop-gap aid but with plans for permanent facilities that take into account the future needs of a growing, modern but vastly heterogeneous society. Thus, over the years the organization's own services and activities will slowly be integrated into Israel's overall social welfare-health-rehabilitation fabric, to benefit not only new immigrants as in former years, but the entire citizenry of Israel.

This, in effect, is a policy of "helping Israel to help itself", of providing adequate health and welfare services for all. In a young nation that has been developing under the stresses of constant emergencies caused by the security situation, sudden mass immigration and their resultant economic crises, unconquered problems in certain fields are bound to linger on. Malben-JDC sees as one of its foremost tasks the joining of forces with government, local authorities, and public and private organizations to stimulate their awareness of still unmet, but badly felt needs. And, by its eagerness to cooperate, it encourages the nation's own agencies to mobilize their financial and manpower resources to expand and perfect their services to their people.



Yemenite Jews celebrate Simchat Torah (rejoicing in the Law) in Malben-JDC's village for the aged at Ein Shemer.

JDC PROGRAMS IN 1964

EUROPE

France

The story of the influx of Jews from Algeria and other countries in 1961-1962, and the heroic efforts made by JDC and the Fonds Social Juif Unifié, the central French Jewish welfare agency, to meet their physical and spiritual needs, is by now well-known.

It had been hoped that by this time the problems created by this sudden influx would be well on the way to solution. The prompt action on the part of the government in making special grants available to the repatriates, the special employment and housing bureaus set up to meet their needs, the additional aid given to the newcomers by the various Jewish communities of Europe, gave hope to believe that within a year the load of physical relief would be largely solved and what would remain for the Jews would be the setting up of facilities not in the province of the government—synagogues, schools, centers, homes for the aged and children's homes.

Progress has been made in both directions, even though it is not as great as had been hoped for. Many of the Algerians have been housed, many have been placed in jobs. There are still many, however, who continue to need some form of cash relief. Even though they are fewer than there were originally, the cost to us will not decrease because we will have to give them more, now that the government special grants have ended. In addition, there is another factor—the movement of Jews from other North African countries, especially Tunisia, continues. These people, not being citizens of France, are not entitled to any special services from the government, and the entire burden of their care falls on the Jewish community. Although the cash relief load for the Algerian Jews is decreasing, that for the Tunisians is definitely on the increase, with the

result that our cash relief load is going up instead of down.

There is no doubt that in 1964 we will be facing budgetary needs in France at least as great as were those for 1963.

Other European Countries

In the other Western European countries, steadily greater strides are being made towards self-support. Not only are these countries doing more for themselves, but they are also raising money to contribute towards meeting the special emergency needs of France. The Standing Conference of European Jewish Community Services, whose creation was inspired by JDC, is now taking over more and more responsibility and promises to provide for the future the central advisory and consultative services that JDC now places at the disposal of the communities in their efforts to become self-supporting.

In Poland, the main part of the JDC program is devoted today to providing help for the physically handicapped, to provide care for the aged in their own homes and institutions, to support programs of Jewish education, to operate feeding programs for children, and to provide medical care for those who are not eligible for aid from existing sources in the country. JDC has also been instrumental in the strengthening of the Kehillah, the local religious group which, though tolerated by the government, has no source of funds with which to carry on its work. An important element in the JDC program in Poland is the providing of summer camp programs through which Jewish children are brought together in a Jewish atmosphere and given Jewish instruction, in addition to enjoying the health-giving benefits of regular camp life.



*Slum children get fresh air and nourishing food in a JDC-supported summer camp.
More than 24,000 Jewish boys and girls attended 116 camps in the summer of 1963.*

NORTH



Medical examination.

Vocational training.



AFRICANS IN FRANCE



Child care.



Jewish education.

JDC PROGRAMS IN 1964

MOSLEM COUNTRIES

There has been a sharp reduction in the Jewish populations in Morocco, Algeria and Tunisia, bringing the total Jewish population in the Moslem countries JDC serves (four, including Iran) down to a quarter of a million people. JDC serves more than 98,000 people in these countries, which means that almost two-fifths of all Jews residing in these countries receive JDC assistance either in the form of cash relief, supplementary feeding, medical care, schooling, kindergartens, and vocational training.

While the number of Jewish inhabitants has dropped and probably will continue to drop, there is no comparative decline in the dependence on JDC aid. As can be seen in the table on pages 16 and 17, the Jewish population of the Moslem countries declined by just about 40% in the period 1962-1963. The same table shows that the decline in the number of JDC beneficiaries in those countries for the same period was less than 10%.

Nowhere is this more graphically illustrated than by the experience in Algeria. Before the mass exodus in 1962, when the Jewish population of Algeria numbered about 130,000, the JDC spent less money annually in Algeria than it is spending currently when there are only 6-7,000 Jews. The poor and needy have remained. Those who helped take care of these poor and needy have left.

We cannot discuss the Moslem countries without specially mentioning CARE, which puts so many of its facilities in Iran at our disposal.

OTHER COUNTRIES

While JDC generally divides its worldwide activities into three geographical areas—Europe, Israel and the Moslem countries—there are countries in other areas in which it also provides help for needy Jews. The most important such program at present is in Australia, which in the past ten years or so has become a major haven for Jews fleeing persecution and seeking new homes. During the past year JDC has helped the Australian community take care of more than 4,000 men, women and children who needed some sort of help in order to reach the goal of self-support.

Other areas in which JDC provides this same type of help to enable countries to absorb newly-arrived immigrants are Brazil, Chile, the Dominican Republic, Haiti, the Philippines and Uruguay. JDC still provides support to the handful of Jews in China who are otherwise entirely cut off from contact with their fellow Jews in the rest of the world, and in recent years has started a program in India devoted mainly to feeding undernourished children and providing vocational training, through ORT.

The photograph below illustrates the feeding program in the Kadoorie School in Bombay.



JDC IN THE MOSLEM COUNTRIES

Clinic in Iran.



Care of aged in Morocco.



Kindergarten in Tunisia.