

guardians of the sick



בִּיקוּר חוֹלִים דְּבִאֲרַת פְּאָרַק

גטד

5216 Eleventh Avenue, Brooklyn, New York 11219

Tel. (718) 438-2020 / Fax. (718) 438-5259

Officers

President
Shiya Hollander

Vice Presidents
David Moskowitz
Chaim Schoenblum
Rabbi Shmuel Hoch

Treasurers
Saul Rosenberg
Alex Blass
Yaakov Hirsch

Secretaries
Yisroel Herskovits
Rabbi Yossi Newmark

Trustees
Max Berg
Dr. Marcel Biberfeld
Martin Einhorn
Mendy Feigenbaum
Rabbi Joseph Fischman
Yitzchok Fleischer
Mayer Fleischman
Joseph Handler
Douglas Jablon
Ely Kleinman
Reuben Lewkowitz
Leo Loffler
Rabbi Yaakov Lonner
Rabbi Moshe Neeman
Elazor Rand
Rabbi Gershon Tannenbaum
Chaim Wollman
Zev Wylzer

Honorary Trustees
Usher Bauer
Pinchas Berger
Harry Biemstock
Nai Bodner
Yeruchim Friedman
Leon Goldenberg
Isidor Greenberger
Moshe Hellman
Yeshaya Hershkowitz
Rabbi Chaim Israel
Dr. Israel J. Jacobowitz
Michael Karfunkel
Mendel Landau
Israel Lefkowitz
Siegfried Lobel
Marvin Neiman
Shlomo Neuman
Oscar Reichner
Shmuel Sauber
Alfred Schonberger
Rabbi Yaakov Spitzer
Yidel Tabak
Max Wasser

Executive Director
Rabbi Shmuel Steinharter

Administrator of Chevra Kadisha
Solomon Mermelstein

Consultant
Rabbi David Grossman, CSW

Honorary President
Louis Glueck, ז"ל

January 30, 2004

Hon. Edward R. Korman, Chief Judge
United States District Court
Eastern District of New York
Holocaust Victims Assets Litigation
P.O. Box 8300
San Francisco, CA 94128-8300

Dear Judge Korman,

Enclosed please find a proposal for allocation and distribution of possible unclaimed residual funds for needy victims of Nazi persecution. The proposed program, "Makor HaYeshua," will be under the auspices of Guardians of the Sick / Bikur Cholim of Boro Park, and its constituent program, The Ezer L'Cholim Project for Holocaust Survivors. This project is sponsored in part by the Claims Conference on Jewish Material Claims Against Germany.

As required, our proposal includes specific data concerning survivor demographics, needs, and other information. Materials regarding the sponsoring organization are attached.

If there is additional information needed in connection with the proposal, please do not hesitate to contact me.

We thank you for the opportunity to put forth our recommendations for enhanced service to Jewish victims of Nazi persecution.

Very truly yours,

Rabbi Shmuel Steinharter
Executive Director

Celebrating Fifty Years of Humanitarian Service to the Sick and Needy

Medical Relief Project - allocations, liaison to doctors, hospitals, referrals, emergency dental care · Pinchas & Sonia Broker Medical Equipment Free Loan Volunteer Program in local hospitals, nursing homes and for the homebound · Community Blood Drives, Blood Donor Program for designated donors Community Wide Chevra Kadisha Services · Family Crisis Intervention Program · Health & Safety Project · Medical Advocacy & Assistance Program for Holocaust Survivors



גבולות חולים
גבולות צפונם

5216 Eleventh Avenue, Brooklyn, New York 11219

*Celebrating Fifty Years of Humanitarian Service
for the Sick and Needy*

Hon. Edward R. Korman, Chief Judge
United States District Court
Eastern District of New York
Holocaust Victims Assets Litigation
P.O. Box 8300
San Francisco, CA 94128-8300



FEB 04 2004

LEGAL SERVICES



“MAKOR HAYESHUA”
A PROGRAM FOR PROVIDING ASSISTANCE
TO NEEDY JEWISH VICTIMS OF NAZI PERSECUTION

Proposal Submitted To

Hon. Edward R. Korman
United States District Judge
Eastern District of New York

By
Guardians of the Sick
Bikur Cholim of Boro Park
Ezer L'Cholim Project for Holocaust Survivors
Brooklyn, New York

January 30, 2004

“MAKOR HAYESHUA”

A PROGRAM FOR PROVIDING ASSISTANCE TO NEEDY JEWISH VICTIMS OF NAZI PERSECUTION

Table of Contents

Introduction	1
Overview of the Distribution Agency	2
Guardians of the Sick / Bikur Cholim of Boro Park	2
The Ezer L'Cholim Project for Holocaust Survivors	6
Size and Distribution of the Target Group	11
Locating and Estimating the Target Group	11
Previous Estimates of the Target Group	20
Level of Need Among Members of the Target Group	23
Assessment of Specific Survivor Needs	26
“Makor HaYeshua”	34
Summary and Conclusions	37
Bibliography	38
Attachments:	
Guardians of the Sick / Bikur Cholim of Boro Park	
Financial Statement	
Board Members and Affiliations	
The Ezer L'Cholim Project for Holocaust Survivors	
Quarterly Report to the Conference on Jewish Material Claims	
Against Germany	

“MAKOR HAYESHUA”
A PROGRAM FOR PROVIDING ASSISTANCE
TO NEEDY JEWISH VICTIMS OF NAZI PERSECUTION

Submitted By
Guardians of the Sick
Bikur Cholim of Boro Park
Ezer L’Cholim Project for Holocaust Survivors
Brooklyn, New York

Pursuant to the Order of Edward R. Korman, United States District Judge, Eastern District of New York, dated November 17, 2003, “In Re: Holocaust Victim Assets Litigation,” the following is a plan for allocating unclaimed residual funds as recommended in the Interim Report filed by Special Master Judah Gribetz on October 2, 2003.

Introduction

This is a proposal for funding to create a new initiative within an established program serving Jewish victims of Nazi persecution who now reside in Brooklyn, New York. The “Makor HaYeshua” initiative will offer social services to all survivors, and will administer direct relief to survivors in financial need. Like its parent organization, the Ezer L’Cholim Project for Holocaust Survivors, the “Makor HaYeshua” initiative will make services available to all members of the survivor community in Brooklyn, with special emphasis on offering culturally appropriate services to those for whom religious observance is a critical identity component.

Through presentation of data from the U.S. Census 2000, estimating the location and number of needy Holocaust survivors in specific Brooklyn neighborhoods, this proposal will establish the size and distribution of the target population, along with its level of financial need. An overview of the “Makor HaYeshua” initiative and its constituent services will follow.

Our intent is to show that services delivered through the “Makor HaYeshua” initiative will reach out to needy survivors of Nazi persecution in our local, established catchment area, while also drawing in survivors from additional neighborhoods for whom our unique service delivery model is culturally appropriate.

Overview of the Distribution Agency

BIKUR CHOLIM OF BORO PARK. Currently celebrating 51 years of humanitarian service to the sick and needy, Guardians of the Sick, Inc., also known as Bikur Cholim of Boro Park, is a grassroots community charitable organization. It was founded and incorporated in 1953 by a group of Holocaust survivors responding to the adversities faced by the refugee community in the post-war years. The community experienced a series of suicides and family related problems compounded by illness. In response, Guardians of the Sick was established to provide financial assistance, emotional help, and supportive services. During the next four decades the organization evolved to become a major provider of services to the needy sick and disadvantaged.

The Executive Director oversees day-to-day operations undertaken by caseworkers and office support staff. A Board of Directors meets regularly, discussing all pressing matters and making decisions including the allocation of funds to needy individuals who have applied for help with medical related bills. Our budget in the fiscal year 2003 was over \$3,300,000.

Funding. Support for the operation of our multi-faceted programs is solicited from private donors through an Annual Dinner and Journal Campaign, mailings, Ladies Auxiliary functions, and appeals in local synagogues and community gatherings. The Guardians of the Sick has received additional funding from New York State, and is the recipient of a New York City DYCD grant for our Family Crisis Intervention Program. Past funding for the Family Crisis Intervention Program has included a grant from the Gruss and Butler Foundations, arranged with assistance from the Metropolitan Coordinating Council on Jewish Poverty. A grant from the New York City Department for the Aging supports our Living With Dignity Program, serving older adults through volunteer services and case assistance.

Affiliations. The Guardians of the Sick is a member of the Association of Bikur Cholim Organizations, a member of the Task Force on Child Abuse of the UJA-Federation of New York and a member of the Ad Hoc Community Task Force on Child Abuse. It is affiliated with the Metropolitan Coordinating Council on Jewish Poverty, and is recognized by a number of local medical centers, including Maimonides Medical Center, New York Methodist Hospital, Long Island College Hospital, Lutheran Medical Center, Brooklyn Caledonia Medical Center, and SUNY at Brooklyn Medical Center.

Programs. Through a range of programs and services, Guardians of the Sick reaches out to community members of all ages and circumstances. A brief overview of our programs follows.

I. VOLUNTEER AND MEDICAL RELIEF PROGRAMS.

Volunteers receive orientation and ongoing training seminars to sensitize them to the needs of those they visit, so that the encounter will be meaningful. *Hospital volunteers* make daily visits to patients in local hospitals. Aside from a friendly visit, they are trained to assist patients with personal needs and to identify problems that need to be brought to the attention of the hospital administration. *Emergency Room volunteers* interact with hospital staff to care for the personal needs of patients, act as a liaison to family, and assist staff and visitors in a variety of ways. *Volunteers for the Homebound and Elderly* visit older adults in their homes whenever warranted.

In the 2003 calendar year, of the 2,000 families that had direct services from our staff and caseworkers, close to 10% were elderly. Our exposure to the general community and our relationships with local synagogues help us to identify the elderly in need. Additionally, as a result of hospital and emergency room visitations, volunteers are able to identify the patients who will need continued visitation and support at home, after discharge.

A local organization such as Guardians of the Sick can relate to the Orthodox, Hasidic, and Russian Jewish immigrant communities whose unique cultural sensitivities need to be respected. Currently, among the elderly of the Boro Park and Flatbush communities, there are many Holocaust survivors. Local community volunteers can best relate to their situation and adequately respond to their specific needs.

The mission of our **Medical Relief Program** is to arrange competent medical care, regardless of ability to pay, to all who turn to us in their time of need. Our organization provides hundreds of thousands of dollars in assistance to the needy sick. In 2003, over \$600,000 in direct payments was allocated. In addition, the organization has relationships with a network of doctors, dentists, medical labs, and facilities so that the value of allocated funds facilitates a many-fold return in services.

We also provide sick children and children of sick parents with **summer camp scholarships**. Over \$50,000 was allocated in 2003, assisting 579 children from 225 families to go to summer camp.

Through our **Medical Equipment Free Loan** program, we lend out hospital beds, wheelchairs, walkers, commodes, nebulizers, breast pumps, and other medical equipment for as long as necessary, at no cost. If the patient is indigent, the organization pays for delivery and pick up fees.

In response to countless calls, Bikur Cholim of Boro Park operates a **Medical Referral Service**, using a list of top Brooklyn doctors, compiled by specialty and location. Our experience is that most individuals prefer to see a physician in their local area, except in cases of medical emergency or life threatening circumstances. We make referrals and arrange appointments as requested. For extreme cases and specialized medicine, we

make use of special referral agencies with which we are affiliated, such as ECHO and Ezra L'Marpeh.

Bikur Cholim gives direct financial contributions to the needy sick for **religious needs**, before the Jewish holidays. In addition, patients in local area hospitals and nursing homes are provided with necessary religious needs before the Sabbath and Jewish holidays.

Our efficient office staff operates a **Resource Center**, responding to hundreds of telephone inquiries and office visitors each week. Guardians of the Sick is the only Bikur Cholim organization with a fully staffed office and twenty-four hour emergency line. Our office staff provide useful information on topics such as transportation to hospitals, apartments available near New York City hospitals for families who wish to stay with their loved ones over the Sabbath, and a listing of all Bikur Cholim organizations with services offered and hospitals served. On behalf of the Association of Bikur Cholim Organizations, an umbrella organization covering all of New York State, Guardians of the Sick published a Resource Information Book acquainting member organizations with each other's operations and services.

II. COMMUNITY BLOOD DRIVE PROJECT – DESIGNATED DONOR SERVICE.

Last year at Maimonides Medical Center, our local community hospital, patients used 15,000 units of blood. The entire catchment area contributed less than 10% of the hospital's blood needs. Concerns about potential contamination of the blood supply with the AIDS virus have literally frightened away many potential donors, and have heightened the fear of patients who need to be transfused. In 1985, in response to this critical situation, the Guardians of the Sick/Bikur Cholim of Boro Park initiated a major project to mobilize blood donors from the local community. In 2003, we succeeded in bringing in close to 4,000 donors to Maimonides Medical Center, from the 6,000 donors listed in our files. Our Blood Drive Coordinator is on call twenty-four hours a day, arranging for designated donors in any hospital in Greater New York. She sent over 350 designated donors in 2003, at a transportation cost to the organization that can range in the thousands per month.

III. BURIAL SOCIETY – CHEVRA KADISHA.

Bikur Cholim serves the community with its volunteer Burial Society ("*chevra kadisha*," or Holy Society), composed of seventy members, women and men, available to those in need at their time of profound grief, to ensure that loved ones are interred in accordance with the highest Orthodox Jewish legal standards and customs of respect for the deceased. Free burial is arranged for the indigent, and free burial plots are given when necessary. Our volunteers operate citywide, making arrangements for those who pass away with no family or assets. Volunteers in medical centers and nursing homes distribute information about drafting a living will in accordance with Jewish law.

IV. FAMILY CRISIS INTERVENTION PROGRAM.

Bikur Cholim of Boro Park, at the request of the local community's Ad Hoc Task Force on Child Abuse, Hatzolah Volunteer Ambulance Corps, and other interested parties, consented to undertake coordination of community resources to serve the needs and help protect the interests of those at risk for neglect or abuse.

A unique aspect of this program is the establishment of a volunteer case management group that reaches out to families as a preventive measure whenever a situation of high risk for abuse or neglect is identified in the neighborhood. Trained community volunteers work with children and families, in an effort to alleviate pressures *before* they reach the critical stage. Volunteers and staff also reach out to potential abusers to offer assistance and referral to professional mental health services, when appropriate.

Bikur Cholim of Boro Park serves as a background support for families at risk for child neglect and abuse, by assisting with program such as camp scholarships, medical relief, and payment for professional services, special education tuition, etc. Our organization works in conjunction with the Metropolitan Coordinating Council on Jewish Poverty to solicit additional support in the form of furniture, rent, and food vouchers.

V. HEALTH AND SAFETY PROJECT.

To promote community awareness of safety measures and health needs, Guardians of the Sick has engaged in several different forms of public education. In conjunction with the Burn Center at the New York Hospital Cornell Medical Center, we distribute a booklet entitled, "BURN WISE! – Burn Prevention Information of Special Interest to Observant Jews." Together with the Hatzolah Volunteer Ambulance Corp. and the Torah Safety Commission, we have initiated a safety awareness program targeting mainly the adult population. For children, we have published a series of Health and Safety Coloring and Activity Books, distributing over one hundred thousand copies. Now in its fifth edition, the book addresses a wide range of health and safety issues, also stressing the importance of hygiene and physical fitness.

VI. EZER L'CHOLIM PROJECT FOR HOLOCAUST SURVIVORS.

An overview of this valuable addition to our comprehensive services to the community will be presented in the following pages.

The most recent financial report for Bikur Cholim of Boro Park, and a list of the names, addresses, and affiliations of its Board, are attached at the end of this proposal.

THE EZER L'CHOLIM PROJECT FOR HOLOCAUST SURVIVORS. Opening its doors in 1999, the Ezer L'Cholim Project has a well-established track record of assisting needy Jewish victims of Nazi persecution. Under the leadership of Bikur Cholim of Boro Park, a consortium of five participating agencies ("The Guardians of the Sick Alliance") delivers services to over 1,400 survivors. Our participating agencies are COJO of Flatbush, Nefesh Chaya Bikur Cholim of Flatbush, Bikur Cholim Rena V'Yeshua of Staten Island, Peshah Elias Bikur Cholim D'Bobov, and N'shei Ahavas Chesed. The project is funded by the Conference on Jewish Material Claims Against Germany, with supplemental resources available from private donations.

Any Jewish survivor of Nazi persecution is eligible for services through Ezer L'Cholim. Our clients include aging survivors as well as those who were children during the *Shoah*. We provide services to those who have already established a reparations file with the Claims Conference, as well as those who have never before sought recognition of their survivor status. Because the program is housed in *chessed* organizations in Brooklyn and Staten Island, with services delivered by religiously observant volunteers and staff, we naturally attract survivors whose religious observance is Orthodox. Therefore we put emphasis on creating programs that are culturally sensitive to the special needs of the religious community.

A client of Ezer L'Cholim may come to us for help with one specific need, or take advantage of our full array of services, which include the following:

1. **Placement of Personal Emergency Response Systems.** Particularly for survivors living alone or with a spouse who is incapacitated, this intervention is the single most critical one we can offer. It has been, literally, life saving. We have obtained a favorable service contract that enables us to offer emergency response pendants to survivors at a substantially discounted rate, and for those with extremely limited funds, we subsidize the cost completely. A trained, committed volunteer installs the systems in individual homes, and arranges for maintenance and other ongoing needs related to PERS devices.
2. **Friendly Visitation.** For the homebound, and for those without family or friends, friendly visits by an Ezer L'Cholim volunteer are a lifeline. Many survivors depend on these visits to add joy to their Shabbat. Some volunteers visit several times during the week, and may assist the survivor with shopping, errands, reading mail, making phone calls, or going out for a walk. The heart of the visit, of course, is the relationship – the company, the listening ear, the caring heart. These restore the survivor's link with the community, and show beyond a doubt that we have not forgotten them.
3. **Emergency Cash Grants.** Thanks to funding made through the Holocaust Survivor Emergency Assistance Program, Ezer L'Cholim is able to assist financially need survivors who meet eligibility guidelines. Emergency grants are given for medical expenses, home care, housing-related needs, food, and other needs such as warm clothing. Our funding does not enable us to give grants to all

survivors – only to those with financial need. Similarly, we are not usually able to give for ongoing needs – only for emergency situations. Case Managers assist survivors to make plans for resolving the emergency and improving their situation, including the option of applying for additional funding when the program's limit has been reached.

4. ***Home Cleaning and Chore Service.*** Home cleaning services are provided biweekly to needy clients who, because of frailty, disability, or illness, are unable to maintain a proper hygienic environment in the home. In many cases, chores (e.g., help with laundry, or changing a light bulb) become an added component in the service. Far from being a luxury, home cleaning service is a basic requirement for older survivors who are literally unable to tend to their home environments without assistance.
5. ***Case Management.*** All of our clients who live independently in the community are offered the services of a paraprofessional case manager, whose job is to assess their situation and help them gain access to the services and benefits they need. Whether signing up for Meals on Wheels, referring for help in applying for Medicaid, arranging for a home aide who speaks the client's original language, bringing in a service for the visually impaired, sending friendly visitors, arranging transportation and escort for doctor visits, or making sure the client is invited to social gatherings, the case manager is an advocate, guide, and friend to our clients. For survivors who come to us with an existing relationship to another social service agency, the Ezer L'Cholim case manager's role is to offer linkages to specific features of our program, in coordination with other services.
6. ***Supportive Counseling.*** Trained social workers, themselves members of the religiously observant community, visit survivors in their homes to offer supportive counseling when needed. Whether the problem is depression, anxiety, bereavement, difficulty coping with changes in health, or a need to assess changes in mental ability, Ezer L'Cholim's social workers combine professional sophistication with a deep understanding of clients' spiritual value system. In many cases, they work closely with family members to ensure that the best possible care is rendered. If appropriate, they enlist additional community resources. A mobile crisis team, operating through another Jewish communal agency, provides comprehensive professional assessment, while a geriatric specialist offers psychiatric services on a regular basis at the Bikur Cholim facility.
7. ***Social Gatherings.*** Each month, Ezer L'Cholim invites clients to a social gathering, held at a spacious neighborhood facility with a kosher kitchen. Programming is appropriate for the needs of the Orthodox community. An inspirational speaker, usually a rabbi or rebbetzin from the community, sets the tone for this uplifting event. Music or another form of entertainment follows. A hot meal and personal attention from volunteers and staff provide the finishing

touches. We provide round-trip transportation so that all are able to attend these events. For many of our clients, the "party" is the highlight of their month.

8. ***Adult Day Health Program.*** In conjunction with the Metropolitan Jewish Health System, Ezer L'Cholim has created the "*Shemesh*" program within the context of an existing adult day health center. Holocaust survivors with a doctor's referral who are enrolled in Medicaid (or Medicaid eligible) may attend this unique, two-day-a-week program offering socialization, activities, and basic health services under one roof. Designed to meet the needs of religiously observant survivors, the program offers a weekly lecture on the Torah portion, two kosher meals, separate activities for men and women, and a range of special therapeutic and medical services. Activities include exercise, discussions of current events, arts and crafts, gardening, and so on. Like the sun, which was created to support life, "*Shemesh*" nurtures and heals the body and soul.
9. ***Men's Socialization Group.*** Once weekly, a small group of men who survived the Holocaust gather together in the living room of a private home in Boro Park, to learn, celebrate, and enjoy each other's company. Based on the "*bayit cham*" ("Warm Home") model developed in Israel and the Former Soviet Union, this group allows for socialization as well as any special activities of interest to participants. Sessions are held in Yiddish, under the overall auspices of a male, Yiddish-speaking social worker from the Ezer L'Cholim staff. This form of socialization is especially appropriate for religiously observant men whose interests and needs are not adequately addressed by other socialization options.
10. ***Classes by Telephone.*** In conjunction with DOROT, a Manhattan-based agency serving the Jewish community, Ezer L'Cholim has organized a series of classes, delivered by rabbis from the greater New York area, on topics including the weekly Torah portion, meanings of the Jewish holidays, and ethical/religious themes in daily life. Part of DOROT's "University Without Walls" program, these classes are delivered using a special telephone hookup, enabling the elderly to participate from the comfort of their own home. Through this creative medium, survivors gain access to a world of social and mental stimulation that might not otherwise be available to them.
11. ***Educational Offerings.*** Approximately once a month, Ezer L'Cholim organizes educational programs dealing with topics related to the needs and concerns of Holocaust survivors, particularly as they age. Open to professionals, survivors, and family members, and to the general public, these sessions are given by experts from the New York area and worldwide. Funded by a small grant from the UJA/Federation of New York, this series provides up-to-date information and perspective on a range of topics related to our work.

Bikur Cholim of Boro Park, as the project's lead agency, houses Ezer L'Cholim's professional staff, and serves its own caseload of survivors in the Boro Park community. In addition, staff at Bikur Cholim of Boro Park provide coordination for all program-wide

endeavors, including administration of the Holocaust Survivor Emergency Assistance Program, organization of social gatherings, provision of supportive counseling, and coordination of all of our special supplementary programs and events. Program development and administration, under the leadership of Ezer L'Cholim's director, originates at Bikur Cholim of Boro Park, in close collaboration with the participating agencies.

Our five participating agencies, each with an Ezer L'Cholim coordinator on site, are grassroots *chessed* organizations. Community-based coordinators reach out to survivors through their geographic and social networks, providing local volunteers for friendly visitation, offering case management, and making referrals for specialized services within the project or with the involvement of outside agencies.

A client may be referred by family members, concerned neighbors, or word of mouth, and may come to us for any of the services we offer. The intake procedure involves completion of an information form, and an initial home visit by one of the coordinators or social workers. Many times, we will meet a survivor on the basis of an initial need, and from there we will establish a gradually deepening relationship that enables us to be of more help as circumstances require. Coordination and communication among program staff, family members, volunteers, and other service providers are the key to maintaining an effective network of services and relationships that sustain survivors in their efforts to maintain the fullest quality of life, with the highest degree of independence possible.

As mentioned above, Ezer L'Cholim offers financial assistance to needy survivors through grants awarded in conjunction with the Holocaust Survivor Emergency Assistance Program ("HSEAP"). In 2003, we received HSEAP funding through our original "Claims Conference Holocaust Survivor Emergency Assistance Program" grant. In addition, we administered two grants awarded at the direction of the United States District Court supervising the lawsuit *In Re: Holocaust Victim Assets Litigation* ("Swiss Banks"), and a one-time allocation from the Swiss Fund for Needy Victims of the Holocaust via the World Jewish Restitution Organization ("WJRO"). In addition, the program received funding, as of 2003, to expand in-home service programs for vulnerable Jewish Nazi victims, through the International Commission on Holocaust Era Insurance Claims ("ICHEIC").

This combination of funding streams has enabled Ezer L'Cholim to respond more adequately to the financial needs of Holocaust survivors in distress, within the categories established by each funding source. In general, the areas eligible for funding through the HSEAP have included the following:

- Home Care services (personal care, skilled nursing)
- Medical Expenses (doctor/dentist visits and co-pays; adjunctive therapies; medication; medical equipment and supplies)
- Personal Emergency Response Systems
- Housing-related needs, including emergency rent and utility payments
- Emergency food and clothing
- Transportation to medical appointments and services

Because of the program's association with Bikur Cholim of Boro Park, we are able to maximize the actual value of emergency cash allocations, by taking advantage of special rates offered by healthcare providers within our network. Doctors, dentists, and providers of medical services and equipment will offer discounted rates at the organization's request. This special feature of Ezer L'Cholim's program enables us to gain additional services on our clients' behalf, when administering emergency cash funds.

While our current funding enables us to respond to many of the needs we encounter, we are painfully aware of other humanitarian needs that we cannot adequately address because of funding limitations and restrictions. It is these needs that form the basis of the current proposal. Further information about services to be offered through "Makor HaYeshua" will be detailed below.

A copy of Ezer L'Cholim's most recent Quarterly Report to the Conference on Jewish Material Claims Against Germany is attached.

Size and Distribution of the Target Group

The "Makor HaYeshua" program will serve Jewish victims of Nazi persecution living in specific Brooklyn communities, identified as home to a significant concentration of religiously observant survivors. Because Bikur Cholim of Boro Park has a unique ability to serve the special needs of the religiously observant community, this program bases its target population on their numbers. However, the program is committed to serving all Jewish Nazi victims who reside in the target neighborhoods, regardless of their degree of religious observance. In this respect, it is consistent with the history of its parent program, the Ezer L'Cholim Project for Holocaust Survivors, which has successfully served Jewish Nazi victims from across the spectrum of religious observance, while maintaining a core identity reflecting sensitivity to the cultural patterns characteristic of traditional Jewish communities.

In order to identify the target neighborhoods of special interest, and to specify estimates of the target population residing in these neighborhoods, we adopted a two-tiered approach to analysis of data from several sources. These analyses are based on original demographic research conducted by Bikur Cholim of Boro Park, with the assistance of Rabbi Daniel Jackson, Ph.D., a sociologist associated with Yeshiva University.

Locating and Estimating the Target Group

First, we constructed a Neighborhood Index, reflecting the probable density of Jewish victims of Nazi persecution in each of the 758 census tracts (as defined by the U.S. Census) in the Borough of Brooklyn. The Neighborhood Index incorporates three factors for each census tract: an estimate of the number of foreign-born respondents born before 1946 whose birth country was the object of Nazi incursions; an estimate of the number of respondents born before 1946 who reported speaking Yiddish in the home; and the median age of all respondents in the census tract. All of these figures were derived from data generated in the U.S. Census 2000. Adjacent census tracts reflecting relatively high values of the Neighborhood Index have been aggregated together into ten *target communities*.

These target neighborhoods, in which there is a significant likelihood that the program's target population will be found, then become the subject of a second tier of analysis. Using data drawn from case records of Nazi victims who have sought services from the Ezer L'Cholim Project for Holocaust Survivors, we developed a series of regression equations. Applied to census data, these equations allowed us to estimate the number of Jewish victims of Nazi persecution residing in each target community.

Why have we chosen to work with data derived from the U.S. Census 2000? To begin with, by relying on census data, we are basing our estimates on information gathered for the entire *population* of those residing in Brooklyn in the year 2000. In taking advantage of the resources and technical expertise involved in the U.S. Census enterprise, we are able to cite actual population figures from which we derive estimates relevant to our specified target group. Population figures, unlike sample-based estimates, are

characterized by a standard error rate of zero. Moreover, they provide for consistency and comparability between our figures and those used by federal and local governmental bodies granting apportionments and services based on census results. By choosing to examine data from the U.S. Census, we are relying on figures that represent the “gold standard” of data sources for many forms of demographic research.

To make the census data useful in estimating the number of Jewish survivors of Nazi persecution in our target neighborhoods, we made a series of preliminary analyses. Because the census study did not directly query respondents about their religion or their Holocaust-related status, we relied on other indicators to yield the estimates we need. Specifically, we worked with three dimensions that were included in the census protocol: country of origin, age, and language spoken at home. We conducted an analysis of census data to gain estimates of the number and distribution of respondents who, as of the U.S. Census 2000,

- were born in areas of Eastern Europe, Western Europe, and Southern Europe that were directly affected by Nazi incursions,
- were aged 55 or older in the year 2000, and
- reported speaking Yiddish in the home.

By working with these dimensions in the first tier of our analysis, we constructed the Neighborhood Index.

FIRST TIER: Preliminary Analyses. In what way have we worked with these indicators to give preliminary estimates of the number and location of the target population we wish to serve?

Factor One: Estimating the number of foreign-born respondents born before 1946 whose birth country was the object of Nazi incursion. We began our analysis by examining the dimension of U.S. Census 2000 labeled, “Place of Birth for Foreign-Born Population.” By sorting respondents based on this indicator, we were able immediately to set aside those who were born anywhere outside of the geographic areas directly affected by the Nazi onslaught. Those who remained were additionally screened in order to identify those most likely to have been victims of Nazi persecution. We used two additional dimensions to accomplish this aim.

“Age” is the second dimension in the U.S. Census 2000 that we considered. Those born before 1946 would have been aged 55 or older, as of the year 2000. Therefore, from the subpopulation of those born in the relevant geographic areas, we selected those who, by virtue of age, had the greatest likelihood of suffering catastrophic life consequences related to genocidal operations of the National Socialists. The group now identified included those who were present in the affected countries at the time of Nazi occupation, as well as those who fled those areas in order to escape Nazi persecution. This grouping reflects the expanded definition of “Nazi victims” used in studies such as Della Pergola (2003) and Ukeles (2003).

We derived figures representing “country of origin by age” from aggregating estimates from each of the 758 census tracts in the Borough of Brooklyn. For each census tract, we were able to ascertain a specific weighting of respondents’ age distributions. Applying those weightings to each of the subpopulations representing a specific country of origin within that census tract area, and summing across the 758 tracts, we arrived at borough-wide totals reflecting estimated age distributions by country of origin. These results are presented in Table 1.

TABLE 1.
Selected Foreign-Born Brooklyn Respondents in U.S. Census 2000,
Sorted by Country of Birth, With Age Estimates

Country of Origin	Estimated Population By Age								Total 55+
	Total All Ages	55-59	60-64	65-69	70-74	75-79	80-84	85+	
Eastern Europe									
Czechoslovakia	3,840	136	142	128	159	155	108	106	934
Hungary	4,281	110	121	113	159	162	107	107	879
Poland	35,382	1718	1784	1446	1499	1401	988	877	9,713
Romania	4,253	132	147	130	170	165	112	113	969
Belarus	9,406	452	548	484	549	499	339	355	3,226
Russia	51,781	2538	3028	2624	2958	2716	1863	1889	17,616
Ukraine	55,573	2735	3407	2939	3353	3087	2100	2148	19,769
Bosnia/Herzegovina	463	18	19	16	18	15	11	9	106
Yugoslavia	3,566	166	177	153	171	154	105	108	1,034
Other	16,565	820	946	831	927	856	587	614	5,581
Subtotal, Eastern Europe	185,110	8825	10319	8864	9963	9210	6320	6326	59,827
Western Europe									
Austria	1,621	57	61	54	69	67	47	50	405
France	2,034	90	79	70	79	73	50	50	491
Germany	4,917	213	203	177	212	197	136	141	1,279
Netherlands	411	19	15	14	18	18	11	16	111
Other	1,298	47	45	41	50	48	32	31	294
Subtotal, Western Europe	10,281	426	403	356	428	403	276	288	2,580
Southern Europe									
Greece	4,876	254	235	218	235	211	147	140	1,440
Italy	24,719	1267	1267	1220	1287	1165	812	767	7,785
Subtotal, Southern Europe	29,595	1521	1502	1438	1522	1376	959	907	9,225
Total	224,986	10772	12224	10658	11913	10989	7555	7521	71,632

© Daniel H. Jackson, Ph.D., 2004.

The data presented in Table 1 give an accurate overview of the number of *all* foreign-born Brooklyn respondents, aged 55 and older, who originated in countries affected by the Nazi onslaught. These figures represent an outer limit to the number of Jewish Nazi victims that may be identified from each of the countries specified. That is, we may assume that the actual number of those who suffered Nazi persecution is less than 100% of the estimates given; certainly, that number cannot be greater than 100% of the figure specified. The figures in Table 1, then, allow us to set an upper limit to the estimates at which we will ultimately arrive.

How may we isolate, within this group, Jewish respondents who are most likely to have suffered Nazi persecution, as opposed to those who were residents of affected countries but not targeted for genocidal operations?

Factor Two: Estimating the number of respondents born before 1946 who reported speaking Yiddish in the home. We identified use of the Yiddish language at home as a means of specifying respondents who are now religiously and/or culturally Jewish, were so at the time of the Holocaust, and therefore were targeted for destruction by the Nazi regime.

At the time of the *Shoah*, Yiddish was a marker for Jewish identity among many of the Jewish communities of Western and Eastern Europe. It remains so in the United States today, both for Jews who are traditionally religious, and for those whose primary identification is with cultural Jewishness. The use of Yiddish in the home does not characterize *all* members of the class of those who were Jewish victims of Nazi persecution. For instance, we know that there were targeted Jewish communities in which Yiddish was not prevalent, such as the Sephardi communities of Italy and Greece, and the more assimilated Ashkenazi communities of Germany and France. Therefore, this dimension will not capture the entire universe of Jewish victims of Nazi persecution.

However, the speaking of Yiddish in the home does point us reliably in the direction of communities that are unarguably Jewish in nature, in that any Yiddish speaker may reasonably be assumed to be Jewish. Moreover, the presence of a large concentration of Yiddish speakers in a neighborhood indicates that the neighborhood is likely to be home to a recognizably Jewish population. And Yiddish speaking in the home is a useful indicator, in the present study, of neighborhoods with a high concentration of traditionally observant Jews. For this reason, our Neighborhood Index includes this factor, as it points us towards neighborhoods where there is a distinct likelihood of finding high densities of our target population.

"Language Spoken At Home" is the dimension of the U.S. Census 2000 data that yields information relevant to this factor. Whereas the census gives us information about absolute numbers of those speaking Yiddish in the home who are of 18 years and older, it does not give further age breakdowns. Therefore we conducted another preliminary analysis to estimate the number of Yiddish speakers of age 55 and older. Returning again to the census tract level, we constructed weightings for each census tract unit on incidence of those speaking Yiddish in the home. Summing across the 758 tracts, we

derived borough-wide totals reflecting the estimated number of Yiddish speakers, 55 years and older in 2000. These results are presented in Table 2.

TABLE 2.
Brooklyn Respondents in U.S. Census 2000,
Reporting Yiddish Spoken in the Home, By Age Categories

Age Categories	Estimated Number Speaking Yiddish in the Home
55 to 59 years	1741
60 to 64 years	1999
65 to 69 years	1822
70 to 74 years	2588
75 to 79 years	2531
80 to 84 years	1635
85 years and over	1603
Estimated total, 55+	13,918

© Daniel H. Jackson, Ph.D., 2004.

The total number of those born before 1946 who speak Yiddish in the home is estimated at 13,918. This represents 30% of the total number of Brooklyn Yiddish speakers over age 18, reported in the U.S. Census 2000 as 46,074.

Table 3 shows a comparison of the estimated number of those speaking Yiddish in the home, by age categories, with estimated number of foreign-born respondents by age categories. Comparisons are made first for the total number of foreign born, and then for foreign born from Eastern and Western Europe. Since many communities in Southern Europe speak Ladino, or the language of their country of residence, rather than Yiddish, it is reasonable to omit their numbers for statistical analysis. As indicated in Table 3, the total number of those over 55 who speak Yiddish in the home (13,918) represents 20% of the total number of foreign born respondents born before 1946 from all three regions of Europe, and 22% of the total number of foreign born respondents born before 1946 from Eastern and Western Europe.

TABLE 3.
Respondents Speaking Yiddish in the Home,
With European Born Respondents, By Age Categories

Age Categories	Estimated Number Speaking Yiddish in the Home	Estimated Number Born in Eastern, Western, and Southern Europe	Estimated Number Born in Eastern and Western Europe
55 to 59	1,741	10,722	9,251
60 to 64	1,999	12,224	10,722
65 to 69	1,822	10,658	9,220
70 to 74	2,588	11,913	10,391
75 to 79	2,531	10,989	9,613
80 to 84	1,635	7,555	6,596
85 +	1,603	7,521	6,614
Totals	13,918	71,632	62,407

© Daniel H. Jackson, Ph.D., 2004.

Note that these figures do not represent all of the Brooklyn respondents born before 1946 who speak Yiddish. Respondents who speak Yiddish as a second language, and do not use it as a first language in the home, are not captured in these figures. Therefore, the data in Table 2 represent an *underestimation* of the actual number of Yiddish speakers who were over age 55 in 2000. Through our contact with Jewish victims of Nazi persecution in the Ezer L'Cholim Project, we are aware of many who speak fluent Yiddish, but rely on English, Hungarian, or Russian, for example, for communication within the home.

We should also note that these figures do not represent all the Brooklyn respondents over age 55 who come from a traditional Jewish religious background, and/or who maintain a lifestyle characterized by continued adherence to fervently Orthodox patterns. Some European Jewish communities were not typically characterized by the speaking of Yiddish, even among the fervently Orthodox. As mentioned above, traditional Jews originating in Southern Europe would be more likely to speak Ladino, Greek, or Italian in the home. By the same token, those from the more assimilated communities of Western Europe, if they speak any language other than English in the home, are more likely to speak French or German than Yiddish, regardless of their level of religious observance and affiliation.

Therefore, we use the estimates in Tables 2 and 3 strictly as one component of our Neighborhood Index, rather than as reliable estimates of the target population itself.

Factor Three: Median age for each census tract. Figures specifying median age are taken directly from U.S. Census 2000, which has calculated this value for each census tract.

FIRST TIER: Constructing the Neighborhood Index..

The Neighborhood Index was computed separately for each of Brooklyn's 758 census tracts, yielding a composite rating for each one. Ratings are based on the relative loading, in each census tract, of the three primary dimensions of the Neighborhood Index: presence of foreign-born respondents born before 1946 from specified areas of Europe; presence of those reporting that they speak Yiddish in the home; and median age of the tract's total population.

For data on the foreign born, we constructed a standardized distribution of each country of origin around its mean, then summed standardized values for all countries within each tract. Adding in a standardized score for the number of those speaking Yiddish in the home, and the median age, we arrived at a composite Neighborhood Index value. Values of the index ranged from positive to negative, reflecting the probability of occurrence, for each census tract, of the combined characteristics of interest.

These results are most easily inspected when presented in map form. Figure 1 (following) plots relative values of the Neighborhood Index on a map showing all U.S. census tracts in the Borough of Brooklyn. Tracts colored white have a Neighborhood Index below zero, indicating a minimal probability that those neighborhoods have the combination of factors associated with presence of our target population. Neighborhoods with an increasingly saturated density of color, along the spectrum from gray to blue, show increasing values of the Neighborhood Index.

Clusters of census tracts representing values of the Neighborhood Index over 10, visible as the pigmented areas of Figure 1, will be aggregated into target communities in the next step of our analysis.

FIRST TIER: Using the Neighborhood Index to Identify Target Communities. Census tracts showing a Neighborhood Index value of at least 10 were plotted within the system of New York City Community Districts. This grid enabled us to aggregate tracts into meaningful communities for which further in-depth demographic data is readily available. Table 4 presents the eight target communities, together with their Community District designations, and the number of census tracts showing a Neighborhood Index value of 10 or above. Communities are listed in descending order of their median Neighborhood Index values.

TABLE 4.
Target Communities: Selected Features*

Target Community	N.Y.C. Community District	Number of Census Tracts Represented	Median Neighborhood Index
Boro Park	12	16	27.19
Brighton Beach	13	13	24.30
Canarsie/ Mill Basin	18	2	21.38
Kensington/ Ocean Parkway	12	4	19.97
Sheepshead Bay	15	12	16.71
Williamsburg	1	5	16.00
Bensonhurst	11	16	15.02
Flatbush	14	12	12.48

© Daniel H. Jackson, Ph.D., 2004.

Our analysis has now yielded a precise identification of the locations in Brooklyn in which there is a high probability that we will find significant numbers of adults 55 years and older, who speak Yiddish in the home, and were born in areas of Europe (including three regions of the Former Soviet Union) subjected to Nazi incursions. Our next task: extrapolating from these data to estimate the number of Nazi victims living in our target communities.

*Note: Starrett City (C.D. 5), and Fort Hamilton (C.D. 10), although they scored high on the Neighborhood Index on the basis of a few census tracts, are omitted from Table 4 because they are not considered target communities for purposes of this project. Subsequent analysis in Tier Two indicated a low probability that the target population would be found in substantial numbers in either area.

SECOND TIER: Estimating the Target Population in Target Communities.

In this phase of our analysis, we turned to a second source of data. The Ezer L'Cholim Project for Holocaust Survivors compiled a list of addresses reflecting over 1,200 Jewish victims of Nazi persecution who sought services from the program in the year 2003. These addresses were converted into census tract information for tracts associated with the target communities, and the resulting data was subjected to further analysis.

In the second tier of analysis, our objective was to develop a more precise understanding of the target communities and the attributes most closely associated with the presence of Jewish victims of Nazi persecution. Regression analysis was used to generate parametric estimates of potential survivor cases, based on known cases in census tracts with a Neighborhood Index of 10 or more. These parametric estimates were used to create a raw estimate of all survivor cases we would expect to find in those tracts. Aggregating across census tracts, we developed an estimate of the total number of Jewish victims of Nazi persecution living in the target communities as a group.

At the start of our research, we defined a population consisting of the total number of Brooklyn respondents born before 1946 who originated in European countries affected by Nazi operations. That population, according to the estimates based on census data and presented in Table 1, includes 71,632 respondents. Once we identified the eight target communities, we were able to separate out the total number of respondents, born before 1946 and originating in the relevant countries, who resided in the target areas. That estimate is 65,730, representing the upper limit of potential Nazi victims in the eight target communities.

By developing regression equations based on analysis of over 1,200 Ezer L'Cholim cases, and applying those equations to the sub-population of 65,730 potential Nazi victims living in our target communities, we derived an estimate of the actual magnitude of our target group. Our analysis led us to conclude that **the number of Jewish victims of Nazi persecution residing in our identified target communities is estimated at 17,696.** This figure represents 27% of the potential number of Nazi victims residing in the target communities, as derived from U.S. Census 2000 data.

Our estimate is constructed from the upper limit of the confidence interval of our sample. It reflects the high end of the probable distribution of Nazi victims in areas demographically similar to those already served by Ezer L'Cholim, and the low end for areas that – because of factors such as residential segregation patterns and availability of housing for new immigrants – are demographically dissimilar to areas with which we have the most experience. However, we consider this estimate to be a workable basis on which to proceed in determining the needs of our target population, and planning to address those needs through “Makor HaYeshua.”

Previous Estimates of the Target Group

As specified in the Order issued by Judge Korman establishing guidelines for the current submission (2003, p. 3), demographic information is presented for Jewish Nazi victims at various levels of specificity. To begin with, we will address estimates of the target population worldwide.

Jewish Victims of Nazi Persecution, Worldwide. Table 5 presents data derived from two recent documents commissioned by the International Commission on Holocaust Era Insurance Claims, offering alternative perspectives on the worldwide incidence of Jewish victims of Nazi persecution. These studies are, "An Estimate of the Current Distribution of Jewish Victims of Nazi Persecution," by Ukeles Associates, Inc. (October, 2003), and "Review of Relevant Demographic Information on World Jewry," by Professor Sergio Della Pergola of Hebrew University in Jerusalem (November, 2003).

TABLE 5.
Number and Location of Jewish Victims of Nazi Persecution, Worldwide

Location of Nazi Victims	Ukeles (2003)	Della Pergola (2003)
Israel	265,000	1,092,000
Former Soviet Union	149,800	146,000
Europe	125,700	
Western Europe		197,000
Eastern Europe		32,000
United States	109,900	174,000
Elsewhere	37,500	32,000

Jewish Victims of Nazi Persecution, United States. Studies providing estimates of Jewish victims of Nazi persecution living in the United States include the National Jewish Population Survey, 2000-01, reported by the United Jewish Communities in November 2003, and "A Plan for Allocating Successor Organization Resources" from the Conference on Jewish Material Claims Against Germany (June 2000), which cites data from the Meed Registry of Holocaust Survivors, a voluntary registry maintained at the National Holocaust Memorial Museum. These studies yield the following percentages of Jewish victims of Nazi persecution in various regions of the United States, as indicated in Table 6.

Table 6.
Number and Location of Jewish Victims of Nazi Persecution, United States

Region	UJC Report (2003)	Meed Registry (2000)
Northeastern U.S.	53%	(59%)
New York		42%
New Jersey		7%
Pennsylvania		4%
Maryland		3%
Massachusetts		2%
Connecticut		1%
Midwestern U.S.	8%	(10%)
Illinois		5%
Ohio		3%
Michigan		2%
Western U.S.	26%	(15%)
California		15%
Southern U.S.	13%	(9%)
Florida		8%
Texas		1%
Unspecified States		7%
Total Estimated Survivor Population	122,000	Unspecified

Jewish Victims of Nazi Persecution, New York City. A 2003 study prepared for the UJA/Federation of New York, co-chaired by Nicki Tanner and Judah Gribetz (“Jewish Community Study of New York: 2002,” conducted by Jacob B. Ukeles and Ron Miller) presents estimates of the target population based on a telephone survey of 4,533 self-identified Jews in the 8-county New York area. Among those interviewed were a total of 412 individuals who answered affirmatively to a series of questions aimed at eliciting respondents’ Nazi victim status.

Based on data derived from these interviews, which lasted an average of 20-21 minutes, Ukeles and Miller concluded that the 8-county New York area is home to an estimated 55,000 Jewish victims of Nazi persecution – approximately 15% of all the Jews born before 1946 who now reside in the New York area. Of these, 54% are thought to reside in the Borough of Brooklyn, for a total of 29,700 Brooklyn Nazi victims. Ukeles and Miller estimated that 7,900 of the Brooklyn survivors do not speak Russian, while 21,700 do speak Russian. They did not present figures reflecting the number of Yiddish speakers, or the number of Russian speakers who also speak Yiddish.

Conclusion. The study reported by Ukeles (2003) estimates that 29,700 Jewish victims of Nazi persecution reside in the Borough of Brooklyn. The research presented here suggests that the total number residing in eight target communities of Brooklyn should be estimated at 17,696. Is this divergence in estimates cause for concern? On the contrary, we consider this difference to be inevitable, for two reasons, and therefore we see no basis for questioning either set of figures.

First, it is not surprising that two studies using two such different methods would yield different results. Whereas the estimates made by Ukeles reflect a sample-based approach in which movement is from the smaller (local cases) to the greater figures (borough-wide estimates), the opposite direction is evident in the study reported here. We moved from the greater unit of analysis – locations thought to have a high likelihood that the target population will be present – to the more particular – a closer estimate of the magnitude of that likelihood. Our sample of over 1,200 survivors known to Ezer L'Cholim was not used as a basis for estimating the population. Our population estimates were drawn from the U.S. census. The sample was used as a basis simply for delineating, within the census data, the sub-population of Nazi victims, through the development of regression equations based on our sample. This methodological difference in itself could account for the divergence in values.

Moreover, there is no inconsistency in claiming that the total number of survivors in the borough is greater than the number of those living in eight selected regions of the borough. That conclusion is, in fact, self-evident. Even granting that the whole is greater than a subset of its parts, it appears that there is a difference in scale between the two estimates. This difference may indicate that the difference in scale reflects underestimation and/or overestimation by one or both studies. We are simply unable to resolve these questions at the present state of our knowledge. Both sets of estimates represent probabilities; reality lies within reach, but will be grasped only through experience with the communities and the survivors themselves. Our work on behalf of victims of Nazi persecution will provide us with the opportunity for continuing that investigation, as we develop a deeper and more comprehensive knowledge of the target communities and the survivors residing in them.

In our view, it is appropriate to base our analysis and planning on the figures developed through the methods outlined in this proposal. This figure is based on the specific method we have adopted, which begins with the *probable location* of Jewish survivors of Nazi persecution in Brooklyn, and then estimates the size of the population *in those locations*. The method, in turn, is directly relevant to our intention: to reach out to Jewish survivors of Nazi persecution who live in identified areas of Brooklyn containing significant numbers of those who speak Yiddish in the home. All Nazi victims living in these target communities form a natural constituency for the services of the program we propose, whether they speak Yiddish, English, Russian, or another language. Our focus is on cultivating a relationship with survivors in those communities, regardless of their religious or national background, or other dimensions of difference.

Level of Need Among Members of the Target Group

As specified in Judge Korman's Order (p. 3), estimates of need among Jewish victims of Nazi persecution, worldwide, is presented in this section.

Needy Jewish Victims of Nazi Persecution, Worldwide. In 2000, the Conference on Jewish Material Claims Against Germany cited estimates on poverty levels among survivors in "A Plan for Allocating Successor Resources." The following table summarizes worldwide estimates provided by the Claims Conference, for Nazi victims whose incomes place them at the "Poor" and "Near-Poor" level.

TABLE 7.
Number and Location of Needy Jewish Victims of Nazi persecution, Worldwide
(Claims Conference, 2000)

Location of Nazi Victims	"Poor"	"Near-Poor"
Israel	65,000	140,000
Former Soviet Union	119,300	39,400
Europe		
Western Europe	19,200	43,280
Eastern Europe	21,215	13,073
United States	16,700	21,000
Elsewhere	8,935	11,798

Needy Jewish Victims of Nazi Persecution, United States. Within the United States, the NJPS Survey of 2000-01 (United Jewish Communities, 2003) concluded that 25% of Jewish Nazi victims now residing in the United States are living on incomes below the federal poverty threshold. Taken as a percentage of the estimated 122,000 Nazi victims in the United States as of that study, the number of those living below the U.S. federal poverty line is specified at 29,700. Thus, the number of Jewish victims of Nazi persecution considered to be "Poor," according to the 2003 UJC report, is considerably higher than the figure cited in the 2000 Claims Conference document.

TABLE 8.
Number of U.S. Nazi Victims Living Below Poverty Level

Source of Estimates	Estimated Number Below Poverty Level ("Poor")
Claims Conference (2000)	16,700
NJPS Survey (2003)	29,700

Needy Jewish Victims of Nazi Persecution, New York City. Ukeles and Associates (November 2003), reporting on findings from the 2002 Jewish Community Study of New York, estimate that fully 51% of all Nazi victims in the New York area live in households with household income below 150% of the U.S. poverty guidelines. This percentage includes those with household incomes below 100% of the U.S. poverty level (38%), and those with household incomes below 150% of the U.S. poverty level (13%). These estimates are presented in the following table.

TABLE 9.
Number of Needy Nazi Victims in New York City Area
(Ukeles, 2003)

Annual Household Income	Estimated Number	Percent of All Nazi Victims In NYC
"Poor" (Below 100% of U.S. Poverty Guidelines)	21,000	38%
"Near Poor" (Between 100-150% of U.S. Poverty Guidelines)	7,000	13%
TOTAL	28,000	51%

Incomes below approximately \$9,000 per year for individuals, and \$12,000 per year for two-person households are below 100% of the U.S. poverty level, and are designated as "Poor." Incomes below approximately \$13,000 for individuals, and \$18,000 for two-person households are below 150% of the U.S. poverty level, and are designated as "Near Poor." Ukeles (2003) notes that the 150% poverty level is used as the operational definition for designating needy Jews in New York City, according to reports produced for the New York Metropolitan Coordinating Council on Jewish Poverty by David Grossman of the Nova Institute.

Longevity Estimates for the Target Population. Another indication of need is reflected in estimates of the remaining lifespan of those in our target population. As victims of Nazi persecution age, their need persists and increases. The following data on life expectancy of Nazi victims in the greater New York area is derived from tables prepared by the UJA-Federation of New York (January, 2004).

If we assume that 100% of our population was still living as of the year 2000 (the year for which we have the most current data from the U.S. Census), a specified percentage of that population will continue to live in each successive year. Using a classic life table model, the UJA-Federation of New York assumes a standard proportion of survivors each year, from those who were still living in the previous year. Those assumptions are presented in Table 10.

TABLE 10.
Life Expectancy Assumptions for the Target Population

Year	Percent Surviving from Year 2000	Percent Surviving from Prior Year
2000	100%	100%
2001	95.8%	95.77%
2002	91.6%	95.67%
2003	87.7%	95.69%
2004	83.9%	95.69%
2005	79.3%	94.50%
2006	74.8%	94.37%
2007	70.7%	94.50%
2008	66.8%	94.47%
2009	63.1%	94.47%
2010	58.7%	93.01%
2011	54.6%	92.99%
2012	50.7%	92.98%
2013	47.2%	93.01%
2014	43.9%	92.98%
2015	40.8%	92.95%

Based on estimates provided by UJA-Federation of New York, 2004.

Table 10 suggests that, 16 years after an initial estimate of the target population's size, less than half (40.8%) of the original number will continue to live. What are the implications of this assumption for our understanding of the needs of those we wish to serve?

In brief, we can predict that, although the absolute number of those surviving will have declined, the magnitude of their need will have increased. Like other older adults, aging victims of Nazi persecution will continue to experience declines in their mental and physical abilities, and changes in their health status, for the duration of their remaining years. In fact, the lingering results of injury, deprivation, and frank trauma experienced during the *Shoah* is likely to leave them at a disadvantage, relative to their age peers who did not endure those hardships. In light of this, we can confidently predict that their health and functional status will deteriorate over the years that they continue in life. Therefore, although their numbers will decrease, the sheer amount of need for service will not.

Moreover, Nazi victims are likely to experience a decline in their financial standing as they continue to age. First, assets will be consumed and ultimately depleted over the years, as savings are applied to costs associated with the declining health and/or abilities of a survivor or spouse. Second, economic trends will result in a decline in the absolute purchasing power of monthly income. Although federal entitlements will reflect modest increments linked to the cost of living, actual changes in that cost are likely to outpace the increases. For those who rely on German reparation payments to supplement their federal pensions, there is no guarantee that any increments for increased cost of living will be

granted. And finally, since our target population resides in New York City, where available resources may easily be outstripped by escalating costs in, e.g., rent, utilities, and food, there is even more reason to conclude that survivors' level of financial need will increase with each additional year of life.

Thus, life expectancy estimates lead us to conclude that surviving members of the target population will continue to need assistance, and that their need will only increase over the course of their lifetimes, for reasons of health as well as finance. Therefore these estimates help us to construct a realistic picture of survivor needs over time.

Assessment of Specific Survivor Needs

A listing of specific requirements for elderly Jewish survivors is provided in "A Plan for Allocating Successor Organization Resources" (Conference on Jewish Material Claims Against Germany, 2000, pp. 60-62). These include the following:

- Home Care (personal care and housekeeping)
- Dental Care
- Prescription Drugs and Supplemental Medical Insurance
- Food
- Transportation and Escort
- Socialization Experiences
- Supportive Counseling
- Home Modification for Injury Prevention
- Medical Equipment
- Rent Subsidies
- Case Management and Outreach

The Claims Conference document also lists five types of resources potentially available to assist survivors in meeting these needs, with actual availability depending on region and scale of need:

- informal care provided by family members;
- personal resources to pay for privately funded services;
- "safety net" options offered in the general community;
- "safety net" options offered in the Jewish community; and
- specific programs for Nazi victims. (2000, p. 63)

A similar matrix, citing needs and "safety nets," is utilized in the analysis presented in the section on "Social Safety Nets" in the "Special Master's Proposal," In Re: Holocaust Victim Assets Litigation (September 2000).

Comparisons of victims of Nazi persecution living in the United States, with those living elsewhere, especially in Central and Eastern Europe and the Former Soviet Union, frequently conclude that levels of need in the United States are typically addressed by a resource-rich structure of "safety nets." While it is true that Nazi victims residing in the United States typically have access to most or many of the resources listed, it is important to consider the actual availability of each of type for an individual survivor in need.

What we have found, throughout the operation of the Ezer L'Cholim Project for Holocaust Survivors, is that **psychological barriers to acceptance of services can result in a situation as bleak and as difficult as if no services had been offered at all.**

- An elderly victim of Nazi persecution who refuses to accept "blood money" in the form of reparation payments from Germany may scrape by on social security or SSI

payments placing him or her well below the U.S. poverty level – in New York City, where the cost of living far outpaces federal benefits.

- A survivor whose entire life has been a testament to the power of stubborn, willful assertion of her right to exist, in the face of repeated adversities, remains determined not to allow the second generation to know of her extreme financial need. Even less would she consider requesting or accepting help from the children whose welfare is *easily* more important to her than anything else in the world.
- A fervently Orthodox woman, whose adherence to traditional patterns was her lifeline throughout the Shoah and subsequent years, will not allow a non-Jewish helper to enter her kosher kitchen, either to cook or to clean. Her husband will not allow a female attendant to bathe or dress him. Neither of them will allow a female attendant to remain with the husband in the wife's absence. All of these strictures, reflecting a deep commitment to religious tradition, make it virtually impossible for this couple to accept homecare provided by Medicaid-eligible agencies.
- A deeply suspicious, cognitively rigid older survivor continues to resist all efforts by his family and social service workers to enroll him in Medicaid. He has never depended on anyone, he will not share financial information with anyone, he will find his own way to cope with his own needs – primarily, by self-doctoring and limiting his daily activities severely. Over time, continued casework and family intervention may result in his applying for and receiving this important government subsidy. In the meantime, he is without the federal benefit that would have been his safety net.

These are situations in which a Jewish victim of Nazi persecution, although living in a social context more fortunate than his peers elsewhere in the world, may still find himself or herself living a life of severe deprivation. Because of beliefs, attitudes, values, and strongly held preferences, survivors may sustain themselves at a minimal level of nourishment, healthcare, hygiene, personal comfort (e.g., “steam” in the winter), and activity level. In some cases, they are overtaken by events such as the death of a spouse, which results in a loss of income as well as other forms of support. They may find that a family member who had helped them maintain a basic standard of living is now, for their own reasons, unable to assist. Or their health, after years of gradual decline, may suddenly take a turn for the worse, leaving them without the strength or will to maintain self-care.

These are people who live in two worlds at once. We see them as having access to all the governmental and communal safety nets afforded by one of the wealthiest nations in the world. Yes, they live in the United States. And yet, for all practical purposes, they live in another world, one of their own creation, reflecting images of deprivation, impoverishment, heroic struggle, and lonely efforts to overcome adversity by sheer strength of will. It is not for nothing that we call them “survivors.” They have survived, and they continue their efforts to survive, in the only way they know: by depending on themselves, and (for the religiously observant) on the outcome of their prayers. “Safety nets” are simply not in the picture. They walk on a high wire, *without* the net. This is their identity.

In sum, the fact that a barrier to service is internal does not make it less real. Just as an invisible disability can render a worker unable to function without proper accommodation, an internal barrier to service can render the service unavailable. Jewish victims of Nazi persecution living in the New York area may not access the assistance that exists in their environment. Despite the best efforts of social service workers, children, neighbors, and community leaders, they may cling to the attitudes and behaviors that have seen them through the entire journey of their adulthood up to this point. We will continue our efforts to reach them and alter their views. But in the meantime, we must provide for them within the limits of what they will allow.

- An elderly, never-married survivor born in France visits the Bikur Cholim offices several times a week. Living in the dormitory of a local yeshiva, he is determined to enlist the help of prominent figures in the Jewish world to assist him in gaining legal status in this country. He believes that if he returns to France, he will be the victim of rising rates of anti-Semitism and hatred. He is not eligible for government programs, because of his anomalous immigration status; he will not apply for German restitution payments, fearing to draw attention to that status. He receives assistance from the Medical Relief program of Bikur Cholim of Boro Park, for medication and other expenses within that program's guidelines. Ezer L'Cholim helps him with his modest food costs. He refuses to accept money for clothing, although he lacks a warm winter coat. A male, Yiddish-speaking caseworker continues every effort to create more and more "safety nets" for this vulnerable, needy survivor. But they must be the arrangements he will tolerate. Any other arrangements are simply not an option.
- A long-term client of Ezer L'Cholim had been living with a family member for many years. When that situation changed due to health reversals, she found herself living alone with an income at the "Near Poor" level. Frail and with limited mobility, she refuses personal care. Five days a week, she exerts the full strength of her will to get to the local senior center where she receives a hot kosher meal. She eats about half, and takes the rest home for dinner. For the weekends, she receives food from *Tomchei Shabbos*, a community charity for the Sabbath observant. She begs the Ezer L'Cholim caseworker, "Please don't tell my children! Don't tell them I eat only one meal a day. I want to have money to give them when I die! I want to give money to my grandchildren at Chanukah! I don't care about myself. *They* are the reason I am alive!" With her limited income, she still sets aside what she can for the next generations – a reflection of her traditional values, and of the priorities that have guided her life for decades. Those values will not change, and we must address her needs with those values in mind.
- Community members contacted Ezer L'Cholim to voice concern about an elderly couple whose situation was deteriorating. The husband suffers from Alzheimer's disease, which is worsening. The wife recently sustained a fall and has limited ability to care for herself or her husband. The couple has no home care arrangements, and in the absence of Medicaid they have no financial ability to pay.

Their home environment has not been cleaned in many months. Hygiene concerns are pressing in light of continence issues, and exterminator services are also needed. Both of the couple's adult children live at some distance and work in relatively low paying positions in Jewish education, supporting large families at near poverty level. For years, these survivors have managed on social security/SSI payments alone. Now it is time for the wife to accept what she has resisted for so long – government assistance and Holocaust reparation funding. Members of the Ezer L'Cholim staff are working to convince her to apply for these forms of aid; the process of changing her mind looks to be a lengthy one. In the meantime, this couple is in need of significant financial help just to cope with present needs.

Needs and Safety Nets, Revisited. The anecdotes provided above illustrate some of the many ways in which internal barriers to service may operate to limit a survivor's access to the resources that might otherwise be available. A review of the five types of resources, listed in the Claims Conference (2000) document, will summarize the impact of service barriers on some of the victims of Nazi persecution in our target communities.

Family resources are present only for survivors with living children (or other relatives capable of offering help), with whom a positive relationship has been sustained, and from whom they will accept help. Unfortunately, there are a number of cases in which one or more of these conditions are not met. Some are childless. Some have children who have resolved long standing family conflicts by moving away, either geographically or psychologically. Others have children who remain involved in their lives, but they will absolutely not consent to accept help from the second or third generation, as this would go against the central core of meaning in their life up to this point – providing for succeeding generations, not “being a burden.” As a result, with family resources actually or effectively absent, an individual survivor may be very much alone in facing the vicissitudes of aging in an urban environment.

Private funding of needed services is often the preferred recourse for survivors who have the ability to pay. Because they hire those who provide assistance, they retain some measure of control over the relationship and the care they receive. However, for many survivors this option, if present at all, is soon exhausted. Savings may be depleted, for instance, during the final illness of a spouse, or following a prolonged period of disability after a fall. Survivors who have received grants for emergency relief through the Ezer L'Cholim program are often without any private resources at all, or face a radical change in their personal resources as a result of a health reversal. Those who for years were not eligible for emergency cash assistance, due to assets over the \$10,000 limit, may become fully eligible in a matter of months as these assets are exhausted.

While “*safety net*” provisions in the general community are available in principle to most survivors living in the United States, in practice their availability may be severely limited due to cultural factors. For instance, the Claims Conference document acknowledges that some sub-populations experience barriers to service, even in the relatively resource-rich environment that is the United States. Two under-served populations identified in the Claims Conference report are the Russian and the Hassidic (or more generally, fervently

Orthodox) communities. In connection with the presumed availability of home care resources through governmental "safety nets" (such as community Medicaid), the report comments that

The Hassidic population is reportedly often uncomfortable about relying on helpers who come from outside of their community. Especially problematic are situations where a male client requires ADL assistance (e.g., dressing, toileting, etc.) and only female attendants are available. (2000, p. 72)

Additional factors affecting homecare usage in the Hassidic and fervently Orthodox population include religious injunctions against allowing a non-Jewish helper to cook their food, reluctance to allow anyone to handle food or kitchen implements unless they are fully conversant with Jewish dietary laws, and religious prohibitions limiting the conditions under which adults may spend time with members of the other sex in a non-public setting. Moreover, for those who are linguistically isolated, or who have inadequate English communication skills, it may simply not be realistic to receive help from a worker who is not able to communicate in the survivor's primary (or only) language.

Beyond these culturally determined barriers to accepting homecare services in the format most often offered through "safety net" programs (i.e., provision of caregivers whose presence or activities raise serious concerns for the religiously observant survivor), there is the more general issue of accepting assistance at all. Caseworkers in the Ezer L'Cholim program often invest many months of effort in convincing Nazi victims to engage in the financial disclosures necessary for enrollment in Medicaid, the most common "safety net" offered for assistance with medical expenses. Experiencing the Medicaid application process as unacceptably intrusive, and often speaking about their reluctance to "having the government mix in with my finances," survivors may present a mixture of pride and suspicion that effectively cuts them off from certain forms of help even when they are eligible. (Claims Conference, 2000, pp. 77-78)

Thus, although the general community offers various forms of assistance, internal barriers to service may operate to render these "safety nets" inoperable, or inaccessible, in individual cases.

"Safety nets" in the Jewish community do contribute some degree of security for survivors in need. Particularly in the religiously observant community, a number of charitable organizations offer services such as food for Sabbath and festival observance; volunteers to provide transportation and escort, respite care, meal preparation and delivery, and other helpful services; and free loan of medical equipment and discounted medical and dental care through referral from certain *bikur cholim* organizations. Such contributions may be literally life saving. Yet they are limited. Particularly in densely populated areas that support a variety of Jewish charitable organizations, there is also a density of need, and competition for the resources that are available. This can result in significant gaps even where such "safety nets" are present.

When all else fails, needy Jewish victims of Nazi persecution may avail themselves of *specific programs for survivors*, provided primarily by the Claims Conference, to address

their emergency needs. As the dollars available for such programs have gradually increased, it has been possible for administering agencies to address a greater percentage of survivors' needs, in almost all of the basic "requirements" for elderly survivors listed by the Claims Conference (pp. 60-62). These contributions have made a world of difference in the lives of needy Nazi victims, and to the extent that such funds continue to be made available for distribution, a number of pressing needs will be addressed. Yet as we have seen, there continue to be survivors who will not consider availing themselves of this source of assistance. Once again, an internal barrier to service may serve to keep a needy Jewish victim of Nazi persecution from having the benefits of the "safety nets" that exist.

Specific Needs of the Target Population. Based on experience with Nazi victims receiving assistance from the Ezer L'Cholim Project, we are aware of specific needs for which substantial additional funding is required. All of these needs may be summarized under a single objective: the goal of enabling a survivor to age in place, maintaining a life of dignity and independence, to the fullest extent possible, in the original community setting.

A Yiddish saying states, "*Alte mebble rikt men nisht.*" "Don't move old furniture." After many years in a preferred environment, the aging victim of Nazi persecution has set up habits that, like furniture, provide support in the business of daily living. Those who have managed to live, however sparsely, in a given community know where to shop; they know whom to visit; they know where to pray; they know how to navigate the terrain, and most importantly, they have developed a felt sense of the opportunities and potential hazards posed by their environment. If moved from this microcosm, the pieces of their lives will fall apart, and simultaneously their identities will be dislocated and broken – at least temporarily, and possibly for all time. "Don't move old furniture!"

To enable an aging survivor to remain in the community, a number of accommodations must be in place, as their needs inevitably change over time. Some require regular financial subsidies simply to guarantee the most basic of needs: a roof over their heads, warmth in the winter, basic hygiene in their living environment, food and clothing. Many, due to health reversals or progressive disabilities, require a range of health-related supports that may or may not be covered by the "safety nets" on which they rely. Almost all members of the target population will benefit considerably from the availability of a personal emergency response system, as the risks of unexpected medical need increase with age.

All of the needs to be outlined below have a direct bearing on our central focus: enabling and empowering aging victims of Nazi persecution to remain at home in the target communities that have sheltered them up to this point. Whether they are recent immigrants from Eastern Europe, or Brooklyn residents who arrived soon after liberation, they share in common a set of requirements for daily living. To the extent that available "safety nets" do not support them in these requirements, "Makor HaYeshua" is designed to be a source of help and renewal, providing the wherewithal for continuing a life pattern that is recognizably theirs.

Areas of assistance offered to aging victims of Nazi persecution through “Makor HaYeshua” will include:

- installation and maintenance of personal emergency response systems,
- provision of important housing-related supports, including rent subsidies, utility payments, home cleaning, and home modifications to prevent injury;
- provision of food and clothing;
- provision of home care, including personal care and skilled nursing;
- provision of home-based adjunctive services such as physical and occupational therapy, as part of a program of palliative care for those with chronic illness or pain;
- provision of medical services, both community-based and inpatient, covering unpaid costs for doctor and dentist visits, medications, medical equipment, and supplemental medical insurance;
- provision of transportation subsidies to cover situations in which regular transportation programs are unavailable.

As will be detailed below, these are the areas in which the “Makor HaYeshua” program will administer financial assistance directly to survivors, based on systems that the Ezer L’Cholim program already employs in granting emergency and ongoing financial relief to needy victims of Nazi persecution. In operating this program, we hope to alleviate the situations of distress and deprivation that we encounter among survivors of the *Shoah* who live among us in the target communities we have identified.

“Makor HaYeshua”

Types of Assistance. The program we propose will rely significantly on the existing infrastructure and community networks developed by the Ezer L'Cholim Project for Holocaust Survivors in its past years of operation. With the exception of funding for additional casework and outreach staff, and overhead costs associated with increased service demands, all of the requested funding will be used to pay directly for survivor needs. As detailed below, these are substantially similar to needs cited by the Claims Conference (2000) in its planning for successor organization funding.

1. Personal Emergency Response Systems. An integral part of the “supportive community” model developed in Israel for ensuring that older adults will always have access to life saving interventions in time of need, the PERS is an essential support for continued independence and aging in place. Because of a favorable contract arranged by Bikur Cholim of Boro Park, we are able to offer PERS devices at a substantial discount for those with means to pay. Through funding provided by “Makor HaYeshua,” we will be able to offer many more devices on a fully subsidized basis. We plan to use this simple, yet crucial service as one of the cornerstones of our outreach program. By promoting the availability of PERS systems to all residents of our target communities, we will attract a number of new clients to whom we can subsequently offer additional needed services.

2. Housing Related Needs. “Makor HaYeshua” will provide housing subsidies for Jewish victims of Nazi persecution who pay rent to live independently in the community. Those who live as “poor” or “near poor,” and whose rental costs constitute more than 50% of total household income, will be eligible to apply for a subsidy. The existing infrastructure of the Ezer L'Cholim Project for Holocaust Survivors provides a fully adequate basis for assessing need, awarding allocations, and disbursing funds.

In the notoriously overpriced housing market of the New York City area, older adults living on fixed incomes are at considerable risk of depleting their limited funds each month in the process of keeping up with rent payments. Since it is preferable, both from the clients' point of view and in order to promote independence, to maintain older adults in their existing housing situation as long as possible, a small but regular monthly rent subsidy is the most appropriate way of addressing this pressing financial need.

Assistance with utility payments, for those eligible for rent subsidies, may be another essential ingredient in maintaining the aging survivor's ability to remain in an independent community setting.

House cleaning and regular deep cleaning, for households in which no home care worker is present, are often necessary in order to provide a safe, hygienic environment for frail survivors attempting to maintain themselves in the community. At present, we have arrangements with several local agencies that send appropriate workers into the homes of survivors in need, including those with special needs related to religious observance.

An additional housing related need is the provision of home modification for accessibility and injury prevention.

3. Food and Clothing. We have found that, in addition to funding available from government entitlements such as Food Stamps or Meals on Wheels, some clients require further assistance to cover monthly food bills. Moreover, clothing appropriate to the individual circumstances (winter coats and boots, or summer clothing for those without air conditioning) may also be a need. We include these as expenses that come up for some victims of Nazi persecution whose financial situation does not permit them to address these needs within their limited incomes.

4. Home Care Services. As levels of health and ability decline, aging survivors have greater need of assistance with a range of daily living tasks: dressing, bathing, walking, even moving from bed to chair. Their ability to maintain a community-based lifestyle depends on their receiving dependable personal care services, appropriate to their individual needs and preferences.

While survivors from across the spectrum of lifestyles will require assistance with personal care, those in the religiously observant Jewish community have special needs, as was previously discussed. Through the Ezer L'Cholim Project, we have established a relationship with a home care agency that is uniquely attuned to the special needs of fervently Orthodox victims of Nazi persecution. Since the agency has a dual capability – eligible for direct government payment, for clients who are enrolled in the community Medicaid program, and also offering private-pay services for those who are not yet Medicaid recipients – we will be able to use its workers to meet the needs of a variety of individual situations.

By recruiting and offering specialized training to home care workers who fit a profile most likely to be accepted by Nazi victims who adhere to a religiously observant way of life, the agency with whom we work ensures that its services will be applicable to the greatest number of our clients. Our contract with the agency stipulates a discounted rate for personal care at various levels of complexity, as well as skilled nursing. This working relationship enables us to provide direct assistance in situations requiring home care where Medicaid is in place to pay for services by appropriately selected and trained personnel, as well as those in which the Medicaid process has still not been completed.

- 5. Medical and Dental Needs.** Included in this category are
- payment for medical or dental co-pays, or charges in excess of those covered by health insurance or government entitlements;
 - medication costs not covered by health insurance or government entitlements;
 - payment for supplemental medical insurance, for those without Medicaid;
 - medical equipment costs not covered by health insurance or government entitlements.
 - adjunctive therapies (physical, occupational, and speech therapies, as well as specialized palliative care for chronic illness and pain management) not covered by health insurance or government entitlements; and

- full payment of all medical, dental, medication, equipment, and adjunctive therapy costs, for those not covered by any health insurance at all due to undocumented immigration status (during the process of applying for PRUCOL status).

6. Transportation. Frail, elderly survivors are frequently in the position of having to make local trips for medical appointments, social service appointments, or participation in day programming. While many are eligible for government programs such as Access-A-Ride, or community programs offering transportation to older adults, in some situations these rides are either not available, or are so unreliable that clients refuse to make use of them. For emergency coverage when other methods of transportation fail, or for appointments for which there is no margin for error, it is essential that we have the capability of subsidizing local transportation arrangements for needy survivors.

Program Structure. “Makor HaYeshua” will make use of the infrastructure and community networks already in place in association with the Ezer L’Cholim Project for Holocaust Survivors. For this reason, only a small fraction of the budget will be needed to defray administrative and service provision costs.

In order to reach out to target communities in which we do not currently serve a large volume of survivors, “Makor HaYeshua” will set up outreach centers housed in community based organizations. Both in the north end of Brooklyn (e.g., Williamsburg) and in the south end (e.g., Greater Coney Island), we have already established working relationships with organizations that, like Bikur Cholim of Boro Park, serve all members of the Jewish community in need, with special sensitivity to the needs of the religiously observant. We plan to establish closer working relationships with other community-based organizations in our other target communities (e.g., Bensonhurst). Organizations such as this are our natural partners, and we anticipate forming a positive alliance on behalf of needy victims of Nazi persecution.

In all of our outreach locations, we will not attempt to duplicate social services already being offered by partner organizations. Rather, we will supplement and enrich those services by being uniquely able to distribute financial relief to those in the greatest need.

Through our experiences with the Ezer L’Cholim, we have become familiar with the process of assessing financial need, establishing casework interventions to secure appropriate funding such as government entitlements and German reparations, developing plans for financial assistance, and disbursing and documenting these funds. “Makor HaYeshua” will build on the track record of the Ezer L’Cholim Project, which is known for full transparency in fiscal transactions and reporting, and careful allocation of resources so that the greatest good may be accomplished for the greatest number.

Program Budget. We anticipate that we will be able to address the full scope of these needs with an annual budget of \$5,000,000. Over a 7.5 year period, the total amount requested will be \$37,500,000.

Summary and Conclusions

In proposing the “Makor HaYeshua” program, we are mindful that aging victims of Nazi persecution all over the world are in situations of need. The process of sifting through those needs and prioritizing them is a weighty one, indeed.

Our choice to submit this proposal reflects the deep connection we feel with those in whose service we act. To quote the motto of the Ezer L'Cholim Project for Holocaust Survivors,

“They survived to give us life. We should be there for them!”

We feel an obligation to give voice to the needs we know – the needs of Jewish survivors of the *Shoah* who reside in our target communities. We are called to advocate for them because we care. It is not our wish to increase the size or visibility of our organization; it is not our goal to replicate programs simply because they have succeeded in the past.

It is our aim to ensure that our elderly neighbors, after all that they experienced in Europe and in its aftermath, receive the financial help they need as they proceed through the final stages of their life’s journey. The help we have set out to give them is little enough, for bodies and spirits that have endured the unthinkable. Yet it is our obligation to offer what we can.

As a program attuned to the needs of all survivors of Nazi persecution, with special care for the experiences of those whose religious commitment has sustained them to this moment, “Makor HaYeshua” will be a *source* of assistance and relief. All but a small fraction of its budget will flow directly to Nazi victims, through the agents (homecare workers, healthcare providers, landlords, grocers, and so on) who provide for their needs. As our demographic research has shown, the target population is among us, and in substantial numbers. We are poised to undertake our mission. We trust that resources will be made available to us, so that we may make them available to those whose need is so great.

Bibliography

Conference on Jewish Material Claims Against Germany, "A Plan for Allocating Successor Organization Resources." Report of the Planning Committee, June 2000.

Sergio Della Pergola, "Review of Relevant Demographic Information on World Jewry." Final report presented to The Hon. Secretary Lawrence S. Eagleburger, Chairman, The International Commission on Holocaust Era Insurance Claims, November 2003.

In Re: Holocaust Victim Assets Litigation (Swiss Banks), "Social Safety Nets." Special Master's Proposal, September 2000.

Jacob B. Ukeles and Ron Miller, "The Jewish Community Study of New York: 2002 Highlights." UJA-Federation of New York, June 2003.

Ukeles Associates, Inc., "An Estimate of the Current Distribution of Jewish Victims of Nazi Persecution." Prepared for the International Commission on Holocaust Era Insurance Claims, October 2003.

Ukeles Associates, Inc., "Nazi Victims in the New York Area: Selected Topics." UJA-Federation of New York, November 2003.

United Jewish Communities, "Nazi Victims Now Residing in the United States: Findings from the National Jewish Population Survey 2000-01." November 2003.

BOARD OF TRUSTEES

NAME AND ADDRESS	POSITION ON BOARD & TERM	CURRENT OCCUPATION	NON-VOTING MEMBER
Shiya Hollander 1626 52 nd Street Brooklyn, NY 11204	President 02-04 2 years	Chairman, CEO Alle Processing	
David Moskowitz 5201 17 th Avenue Brooklyn, NY 11204	First Vice President 02-04 2 years	Retired P/T Ombudsman, Maimonides Medical Center	✓
Hyman Schoenblum 1253 48 th Street Brooklyn, NY 11219	Second Vice President 02-04 2 years	Vice President & Controller, Con Edison Company	
Shmuel Hoch 1529 56 th Street Brooklyn, NY 11219	Third Vice President 02-04 2 years	Retired - Chemist	
Jacob Israel Herskovits 1247 48 th Street Brooklyn, NY 11219	Secretary 02-04 2 years	Sternheim Herskovits Co. CPA	
Joseph Newmark 1432 58 th Street Brooklyn, NY 11219	Secretary 2 years	Professor of Mathematics, Staten Island University	
Alex Blass 1043 50 th Street Brooklyn, NY 11219	Treasurer 2 years	Retired	
Saul Rosenberg 1328 48 th Street Brooklyn, NY 11219	Treasurer 2 years	Retired	
Max Berg 1614 51 st Street Brooklyn, NY 11204	Trustee 1 year	Retired	
Dr. Marcel Biberfeld 4824 11 th Avenue Brooklyn, NY 11219	Trustee 1 year	Vice President, Dept. of Psychiatry, Maimonides Medical Center	
Martin Einhorn 1153 58 th Street Brooklyn, NY 11219	Trustee 1 year	Retired - President, Graphic Dimensions Printing Co.	

NAME AND ADDRESS	POSITION ON BOARD & TERM	CURRENT OCCUPATION	NON-VOTING MEMBER
Mendy Feigenbaum 1433 57 th Street Brooklyn, NY 11219	Trustee 1 year	Owner, Atlantic Coast Rehab	
Joseph Fischman 1530 48 th Street Brooklyn, NY 11219	Trustee 1 year	Retired	
Jules Fleischer 1742 48 th Street Brooklyn, NY 11204	Trustee 1 year	Proprietor Jewelry Shop	
Mayer Fleischman 924 50 th Street Brooklyn, NY 11219	Trustee 1 year	Proprietor, To Life Water Co. and Ruthie's Creations	
Rabbi David Grossman 5205 17 th Avenue Brooklyn, NY 11204	Trustee 1 year	Chief Chaplain, Metropolitan Jewish Geriatric Center	
Joseph Handler 1748 59 th Street Brooklyn, NY 11204	Trustee 1 year	Handler Financial Services	
Yaakov Hirsch 1258 46 th Street Brooklyn, NY 11219	Trustee 1 year	Owner, Hirsch Water Management Co.	
Douglas Jablon 1964 East 13 th Street Brooklyn, NY 11229	Trustee 1 year	Vice President, Patient Services, Maimonides Medical Center	
Elly Kleinman 1705 East 22 nd Street Brooklyn, NY 11229	Trustee 1 year	President & CEO, Americare Certified Special Services	
Reuben Lewkowicz 1232 East 56 th Street Brooklyn, NY 11234	Trustee 1 year	Retired - Bank of New York Executive	
Leo Loffler 1466 46 th Street Brooklyn, NY 11219	Trustee 1 year	Retired - office worker	

NAME AND ADDRESS	POSITION ON BOARD & TERM	CURRENT OCCUPATION	NON-VOTING MEMBER
Jacob Lonner 1941 54 th Street Brooklyn, NY 11204	Trustee 1 year	Dean, Queens Torah Academy for Girls	
Moshe Neeman 1257 45 th Street Brooklyn, NY 11219	Trustee 1 year	Retired - teacher	
Larry Rand 1055 East 24 th Street Brooklyn, NY 11210	Trustee 1 year	Vice President, Y&S Handbags	
Gershon Tannenbaum 927 51 st Street Brooklyn, NY 11219	Trustee 1 year	Director, Rabbinical Alliance of America	
Howard Wollman 1114 East 17 th Street Brooklyn, NY 11230	Trustee 1 year	Sue & Sam Manufacturing Co.	
Zev Wyler 70 Clara Street Brooklyn, NY 11218	Trustee 1 year	Insurance Sales Agent, New York Life	