

SWISS BANKS HOLOCAUST



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מלב"ב מרכז לטיפול בקשיש בקהילה

ת.ד. 3235 • ירושלים 91031 • טל. 02-666-6198 • פקס. 02-666-6087

RECEIVED

JAN 06 2004

LEGAL SERVICES

30 December 2003

To
Holocaust Victim Assets Litigation
P.O. Box 8300
San Francisco, CA 94128-8300
U.S.A.

Re: Application to the Funds from the Swiss Banks Settlement

Please find enclosed the application of Melabev to the residual funds from the Swiss banks Settlement.

Please do not hesitate to contact me for any questions.

Sincerely yours,

Leah Abramowitz, Coordinator

MELABEV
Community Clubs for Elderly
P.O. Box 3235, Jerusalem 91031
Tel: 02-666-6198/ 02-655-5826. Fax: 02-666-6087
e-mail: melabev-org@goldmail.net.il

MELABEV Community Clubs for Eldercare

P.O. Box 3235 • Jerusalem 91031 • Tel. 02-666-6198 Fax. 02-666-6087 E-mail: melabev-org@goldmail.net.il

Application

General

1. On November 17, 2003 Judge E. Korman signed an order inviting "any person or organization who seeks to offer a plan for providing assistance to needy Nazi victims" to submit proposals of allocation of the unclaimed residual funds from the \$1.25 billion Settlement fund (the "Order").
2. The undersigned organization hereby submits a proposal for such allocation of the unclaimed residual funds in accordance with the guidelines specified in the Order.

The Organization

3. Melabev, a unique award-winning organization has dedicated itself for over two decades to care of the elderly with Alzheimer's-like symptoms, and to easing the burden on their family caregivers. Melabev is a non-profit organization since 1981. Certificate of association is attached as Appendix A. We offer a full network of services for over 220 elderly and their families, from assessment through the major crises of degenerative dementia. Approximately 100 of all the elderly in our care are Holocaust survivors.
4. Leah Abramowitz, MSW, and Prof. Arnold Rosin of Shaare Zedek Medical Center, pioneered in eldercare in Israel. They started Melabev with one center and today we run four day care centers for the more severely impaired

elderly and four memory clubs for those with milder problems, in neighborhoods throughout Jerusalem. We have a memory club for English speakers, two for Hebrew speakers, and one for Russian speakers. In the Russian speakers group, virtually all of them are Holocaust survivors, and among English speakers are many former refugees who, during or immediately after the Second World War, went from Europe to the U.S. or Canada, and then, at an advanced age, came to Israel. We provide assistance to elderly people who cannot finance similar private treatments. Almost all of the Holocaust survivors, and especially the new immigrants from former USSR, are from low socio-economic background and may be defined as needy survivors.

5. Our aim is to provide them with pleasurable activities to increase their sense of well-being in their final years. Each Melabev's center features creative, stimulating projects such as music, art, plant therapy, exercises, movement therapy and cognitive and memory exercises on the computer. These innovative activities give the elderly an enhanced quality of life, and benefit their families by having their loved one in a safe, caring environment with a dedicated, empathic, professional staff.
6. For patients who are homebound, we run the Isidore and Nathalie Friedman Home Care Program, whereby a multi-disciplinary team brings Melabev activities for the patient into his or her home, along with solid professional guidance for the patient's spouse or adult children. From our experience,

many of our Holocaust survivors do not attend our clubs not only due to medical limitations but due to mental fears of leaving the safety of their homes are in participating in a social are therapeutic groups.

7. The family members benefit from our group leaders and social workers who offer them guidance and counseling as well as support groups. We are now opening two new support groups: one for the patients themselves who are in the early stages of declining ability, and a second group for family caregivers, even if their elderly are not enrolled in a Melabev program. In the latter, we also work closely with the second and third generations of the Holocaust survivors.
8. In addition, Melabev runs a Resource Center that specializes in Alzheimer's care and is geared for lay people, students and professionals in the community. Special seminars are held for foreign home care workers who deal with Alzheimer's patients. A Brochure describing Melabev activities is attached as **Appendix B**.
9. in recognition of its range of quality services, Melabev has received several awards and prizes, and has support from the Ministry of Social Welfare, the Jewish Agency and other public bodies. But in these hard times, when the budgets of public agencies are being cut, grants and contributions from private sources are imperative for making up the difference. Not only can we not cut back on our services, many of our families now need our help more than ever. See Financial Sheets attached as **Appendix C**.

Awards and Prizes

Leonore and Larry Zusman - JDC - Israel Award - 2002

Jerusalem Prize for Good Citizenship - 2001

CLORE 50TH ANNIVERSARY PRIZE – 1998

Jerusalem Municipality Prize for Volunteerism - 1991

ESHEL Prize for outstanding innovative services - 1984

Financial needs and the proposed Project:

10. As specified above, Melabev seeks to alleviate the emotional suffering of elderly people, including approximately 100 elderly Holocaust survivors, by providing a listening ear for those who have Alzheimer's-like symptoms. This involves building a framework of mutual aid, as well as a place where Holocaust survivors and their families can feel at home.
11. Melabev responds to the special needs of homebound survivors. These elderly suffer from isolation and loneliness and often have serious emotional problems. Melabev is committed to act in response to this need and has created a special team of social casework professionals and therapists for this program.
12. Melabev is not only for the elderly survivors, but also runs a support groups for family caregivers, including the second and third generations of

Holocaust survivors, even if their elderly are not enrolled in a Melabev program.

13. One should note that for all of these needy and elderly survivors, Melabev provides direct services. We meet them on a daily basis at our clubs, and if necessary we also provide our variety of services in their homes. In contrast to many other umbrella organizations which supervise the aid offered to the needy victims - we, in Melabev, actually provide them with hands on daily assistance.

14. Since Melabev is involved in numerous care programs for the senior Holocaust survivors, we list below our different projects and their respective financial needs:

I. Memory Club Project: In 1995 we opened the first "Memory Club" for the elderly at the beginning of the "Alzheimer's Road," those who were only mildly impaired. No other agency in Israel offered separate, distinctive programming for these elderly that would build on their remaining cognitive skills, restore self-confidence and even try to enhance memory techniques. This successful program was soon replicated for English speakers, and two years later for new immigrants from the FSU. All of our groups have a large number of Holocaust survivors, and everyone is a survivor among our Russian speakers. In our new building in north Jerusalem, where the Russian speakers group is very popular, we had to open a "second shift" for them. It is to be noted,

that during these meetings we provide these elderly with hot meals and other basic needs. For those elderly people, who come from low socio-economic background and especially for those new immigrants, these basic needs can not be provided by anyone else or by themselves. For them it may be their only hot meal during the day.

Funding for the Russian survivors and operation expenses until 2,010:

\$1,200,000

- II. House Calls: Almost since its beginnings, Melabev saw the need for programming for people who could not come to our day care centers. Some patients are housebound, while others, mostly the Holocaust survivors, are resistant to going out and being part of a group. The Melabev home care program offers the patient a variety of activities in his home, and provides advice to the caregivers on their own premises. In 1999 we added a medical team to the multi-disciplinary staff. The geriatrician and nurse can monitor medications and give urgent care in difficult situations, even those that occur outside of regular hours, as most difficult situations do.

To support and develop the Home Care Program for survivors until 2,010: *\$465,000.*

- III. Computer Program: Our Occupational Therapist designed a computer program for one on one activities that stimulate the remaining mental

skills of cognitively challenged adults. This program is now available on CD in Hebrew and English, and offers great possibilities for caregivers and patients who can use it in their own homes, and for other agencies in their centers. Funding is required in order to translate, package and distribute the CD, and to upgrade it in response to feedback from wider circles of people using it.

We project that the funding required will be: \$27,000

IV. The English speakers Memory Club - with its many stimulating activities for the memory impaired, was the subject of a study by the National Insurance Institute, and shown to be efficacious in slowing the rate of decline of an Alzheimer's patient. Because of the success of this group, here too we have people "knocking at our doors". Meanwhile, we are having a hard time managing at our present site. However, finding another rental location that meets the special needs of our elderly has proven impossible. In this group there are disabled Holocaust survivors so we must find a site that is handicapped accessible.

We have received a significant offer of \$300,000, towards part of the cost of obtaining a second Melabev structure in Jerusalem. We will then be able to run another English speakers group that could accommodate the additional people who want to join, as well the present members of the group, even if they decline. Meanwhile, we must find funds and the

expenditure for the furnishings, equipment and first year's maintenance of the premises.

We are requesting, towards furnishings and supplies: \$150,000

We are also seeking a grant, towards a building fund, of up to: \$600,000

V. Activities in our Clubs – due to the cutbacks of government and municipal support and to enable us to continue offering our services to the Holocaust survivors and to provide them with pleasurable activities to increase their sense of well-being in their final years we request funds for general operating of our present activities and clubs. As mentioned above please note that in our clubs we provide our groups with hot meals and other basic needs. For those Holocaust survivors, who come from low socio-economic background, these basic needs can not be provided by anyone else or by themselves, and for many of them it is their only hot meal during the day.

We are requesting funds for clubs and activities serving our Hebrew and English speaking survivors until 2,010: \$520,000

Number and Location of Nazi victims

15. The information detailed hereunder is based on the latest survey conducted by JDC-Brookdale Institution from October 2003 (attached as Appendix D). The survey comprises national Survey of People Age 60 and Over, which was conducted by the Central Bureau of Statistics in 1997, the JDC-

Brookdale Institute, JDC-Israel, ESHEL - The Association for the Planning and Development of Services for the Aged in Israel, the National Insurance Institute, the Ministry of Labor and Social Affairs, the Ministry of Immigrant Absorption, and the Ministry of Health.

16. The findings of this survey show that at the end of 2002, there were 279,000 Holocaust survivors living in Israel.

Melabev is a non-profit organization which cares for the needy elderly people with Alzheimer's-like symptoms. These elderly people do not have their own financial resources to use private facilities and treatments for Alzheimer syndromes. In that sense, all of our patients are needy. Out of the total of 220 patients, about 100 are victims of the Holocaust. We all know these survivors in person and hear their stories every day. In some of our groups all of the participants are Holocaust survivors. We also offer special groups for the new immigrants from the former USSR and their special needs. For those Holocaust survivors and their families the services we offer are truly essential, and are perhaps the most important aid you can provide with the help of your funds.

with our Best Regards,

מרכז ל
טיפול בקהילה
ת.ד. 91031

Melabev

Enclosed:

Appendix A – Certificate of Association and name change

Appendix B – Melabev brochure

Appendix C – Financial statements

Appendix D - Statistics

A



משרד הפנים
רשם העמותות

תעודת לשינוי שם של עמותה

(לפי סעיף 12 לחוק העמותות, התש"ם - 1980)

זאת, להקידה כי העמותה:
"מלכ"ב" - מרכז לטיפול בקשיש בקהילה

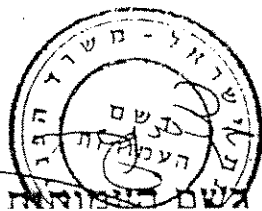
שנדשמוז ביום: י' תמוז התשמ"א (12 יולי 1981)

וכנספורה: 6 - 124 - 000 - 58

שינתה את שמה

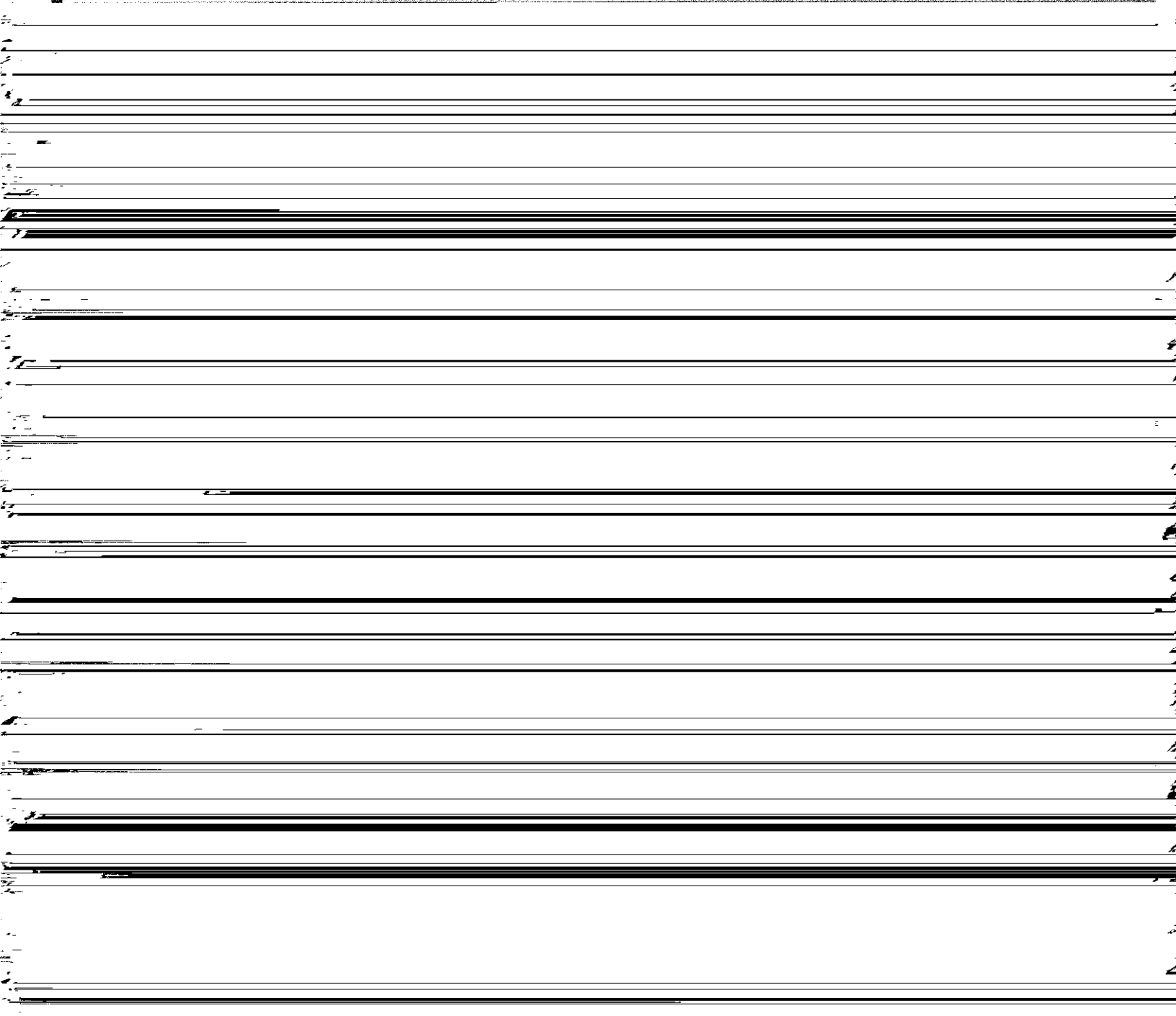
השם החדש:
מלכ"ב, מרכז לטיפול בקשיש בקהילה

ניתן ביום	ט'	לחודש	כסלו	שנת	התשנ"ז
	20		נובמבר		1996



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מחלת אלצהיימר ובעיות אחרות הגורמות לירידה
מנטלית הופכים להיות הבעיה המרכזית של בריאות
הציבור בחברתנו. עד כדי 25% מבני ה 85 ומעלה
סובלים מאלצהיימר וממחלות גלות ואחוז הקשישים
הד"קשישים מאד" ממשיך לעלות כדורנו. הבעיות
הקוגניטיביות של אנשים אלה כוללות ירידה חדה
בזיכרון ההופכת את הסובלים ממנו לתשושי נפש
ונופעים בכל החומים השכליים. גם אם הקשישים
גרים בחוק המשפחה בבית, הם נמצאים בניתוק
חברתי ובבידודות. הם הופכים למעמסה על קרוביהם
ככל שהם נעשים יותר ממונסים בתוך עצמם.

בהדפסת פרנספקט זה סייעו משפחות פילר/אידלמן לזכרון זוריהם.

Alzheimer's disease, strokes and related disorders are becoming the major public health issue of our society. Fully 25% of those over the age of 85 are the victims of Alzheimer's disease – and the percentage of the elderly and the "old-old" is increasing. The ravages of their cognitive disorders include a precipitous decline in their memory skills leading to confusion and disorientation. Although these elderly may live in the family home, surrounded by loved ones, isolation often results. As they shut themselves off from the community they become more of a burden to their families.

Support for the printing of this brochure is from the Pilaer/Eidelman families in memory of their parents.

Melabev Community Clubs for Eldercare

MELABEV has been assisting this segment of the population since 1981 through its day care centers in Jerusalem. Its mission is to provide:

Direct care of the bewildered, memory impaired elderly

Guidance and support for the families

Resources for professionals in the field

DAY CARE CENTERS

MELABEV operates seven day-care centers for the cognitively impaired elderly, in leased facilities throughout Jerusalem. Each center has a unique, varied program of social and therapeutic activities to promote the well being of its participants. MELABEV's highly trained staff understands that the participants need to feel appreciated as distinct individuals still able to use their remaining skills. Attracted by stimulating projects and encouraged by the dedicated staff and volunteers, these elderly have a reason to get up in the morning. As in their former lives they again have a familiar place to go and friends to see.

SUPPORT FOR FAMILIES

MELABEV's staff provides practical guidance and empathic counseling for the caregiving families. MELABEV professionals lead support groups for the spouses and adult children of the participants. In addition, MELABEV arranges round the clock, short-term placement for the elderly impaired. This allows the family a brief respite from their caregiving burdens so they may regain their strength to carry on.

COMMUNITY AND PROFESSIONAL OUTREACH

MELABEV, a pioneer in caring for Alzheimer's patients in the community, has trained a generation of workers in the field of psycho-geriatrics and serves as a model and resource for agencies doing similar work throughout the country. The Geriatric Institute, which offers courses on aging; the Lucien and Ruth Harris Library of MELABEV, and MELABEV's own publications all further this mission. MELABEV Memory Clubs, for mildly impaired Hebrew, Russian or English speakers, offer a creative approach to memory enhancement. These unique programs, which are being replicated, have drawn professional and lay interest.

TODAY, TOMORROW & BEYOND

MELABEV is continuously developing new programs and opening new vistas:

- ♦ Russian programming
- ♦ The Nathalie & Isidore Friedman Memory Center: Assessment and follow-up Home Care Program
- ♦ A Building of Our Own!

This expansion makes MELABEV better able to serve it's target population: the lonely and confused elderly and their caregivers.



Yes, you can help!

The Friends of Melabev and the Volunteer Services welcome your assistance in making all of this possible:

- New Building Fund
- Day Care Centers
- Russian Programming
- Geriatric Institute
- Nathalie & Isidore Friedman Memory Center
- Respite Bed Program
- Lucien & Ruth Harris Library
- Memory Clubs
- Support Groups - Counseling

Enclosed please find my contribution of _____

Contributions to Melabev are tax deductible in Israel. Tax deductible contributions of over \$25 may be sent through the following agencies (indicate in a separate note that Melabev is the designated recipient) for recognized receipts in these countries:

USA: PEF, Israel Endowment Funds, 317 Madison Ave., Suite 607, NYC 10017
 ENGLAND: Jerusalem Foundation, c/o Paisner & Co., 154 Fleet St., London EC1

I want to be a MELABEV VOLUNTEER

Send me additional information about _____

Name _____
 Address _____
 Tel/ Fax/ e-mail _____



MELABEV
 Community Clubs for Eldercare
 P.O. Box 3235, Jerusalem 91031
 Tel: 02-666-6198/ 655-5826
 Fax: 02-666-6087
Melabev is a private, non profit organization.

Chairman, Board of Directors: Harry Sapir
 Director: Professor Arnold Rosin
 Coordinator: Leah Abramowitz

בקשיה בקהילה

1981 באמצעות מרכזי היום והשירותים גלויים.

ל"ב" ב' הוא לספק;

ש בעלי זיכרון פגוע

בני משפחותיהם

לבעלי מקצוע

פעולות עבור קהילה ואנשי המקצוע

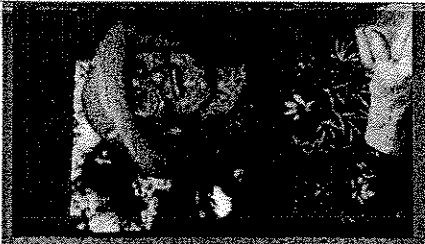
כחלוצה בטיפול בחולי אלצהיימר בקהילה, הפעירה עמותת מל"ב ב דור שלם של אנשי מקצוע בשטח הפסיכו-גריאטריה, והיא משמשת מקור משאבים לארגונים אחרים המטפלים בתושבי נפש בכל רחבי הארץ. המכון הגריאטרי, המציע קורסים בנושא ההזדקנות לאנשי מקצוע ולהדיוטות; הספרייה של מל"ב וכן פרסומים בנושאים אלה בהוצאת מל"ב ב על בנשאים את מטרות הארגון. מועדוני הזיכרון לאנשים שזכרונם נפגע אך מעט והדוברים עברית, חסית או אנגלית, מציעים גישה יצירתית לשיפור הזיכרון. תוכניות ייחודיות אלה מושכות אליהן עניין רב בין אנשי המקצוע ובציבור הרחב, ומשמעות מודל לחיקוי במקומות אחרים.

היום, מחר ובעתיד

מל"ב ב ממשיכה לפתח תוכניות חדשות ופותחת אפיקים חדישים:

- ♦ תוכניות ברוסית לקשישים עולים חדשים
- ♦ מרכזי הזיכרון ל"ש נטלי ואיזידור פרידמן, הכולל מרפאת הערכה קוגניטיבית והמשך טיפול לקשישים בבית
- ♦ בניין חדש משלנו

הרחבת כיוונים חדשים אלה מאפשרת לעמותת מל"ב ב לתת שירות טוב יותר לאוכלוסיית יעד שלה - הקשישים הסובלים מירידה קוגניטיבית והמטפלים בהם.



גולדברג ושות'
רואי חשבון

Goldberg & Co.
Certified Public Accountants (Isr.)

מלבב - מרכז לטיפול בקשיש בקהילה - עמותה

דוחות כספיים

ליום 31 בדצמבר 2002

מלבב - מרכז לטיפול בקשיש בקהילה - עמותה

דוחות כספיים

ליום 31 בדצמבר 2002

תוכן

עמוד

2

דוח רואה החשבון המבקר

3

מאזנים

4

דוחות על הפעילויות

5

דוחות על השינויים בנכסים נטו

6

דוחות על תזרימי המזומנים

8

באורים


דוח רואה החשבון המבקר לחברים
של
מלבב - מרכז לטיפול בקשיש בקהילה - עמותה

ביקרנו את המאזנים המצורפים של מלבב - מרכז לטיפול בקשיש בקהילה - עמותה (להלן - העמותה) לימים 31 בדצמבר 2002 ו- 2001, ואת הדוחות על הפעילויות, הדוחות על השינויים בנכסים נטו והדוחות על תזרימי המזומנים, לכל אחת מהשנים שהסתיימו באותם תאריכים. דוחות כספיים אלה הינם באחריות ההנהלה של העמותה, אחריותנו היא לחוות דיעה על דוחות כספיים אלה בהתבסס על ביקורתנו.

ערכנו את ביקורתנו בהתאם לתקני ביקורת מקובלים, לרבות תקנים שנקבעו בתקנות רואי חשבון (דרך פעולתו של רואה חשבון), התשלי"ג - 1973. על פי תקנים אלה נדרש מאיתנו לתכנן את הביקורת ולבצעה במטרה להשיג מידה סבירה של ביטחון שאין בדוחות הכספיים הצגה מוטעית מהותית. ביקורת כוללת בדיקה מיזגמית של ראיות התומכות בסכומים ובמידע שבדוחות הכספיים. ביקורת כוללת גם בחינה של כללי החשבונאות שיושמו ושל האומדנים המשמעותיים שנעשו על ידי ההנהלה של העמותה וכן הערכת נאותות ההצגה בדוחות הכספיים בכללותה. אנו סבורים שביקורתנו מספקת בסיס נאות לחוות דעתנו.

הדוחות הכספיים ערוכים על בסיס המוסכמה של העלות ההסטורית בערכים נומינליים. מידע בדבר השפעת השינויים בכח הקניה הכללי של המטבע הישראלי על הדוחות הכספיים, כאמור בגילויי דעת של לשכת רואי חשבון בישראל, לא נכלל בדוחות כספיים אלה.

לדעתנו, הדוחות הכספיים הני"ל משקפים באופן נאות בהתאם לכללי חשבונאות מקובלים, מכל הבחינות המהותיות, את מצבה הכספי של העמותה לימים 31 בדצמבר 2002 ו- 2001, ואת תוצאות פעולותיה, השינויים בנכסים נטו ותזרימי המזומנים שלה, לכל אחת מהשנים שהסתיימו באותם תאריכים - זאת בערכים נומינליים.


גולדברג ושות'
רואי חשבון

ירושלים, 8/11/03

מלבב - מרכז לטיפול בקשיש בקהילה - עמותה

מאזנים

לימים 31 בדצמבר 2002 ו- 2001

<u>2001 (*)</u>	<u>2002</u>	<u>באור</u>	<u>נכסים</u>
<u>שקל חדש</u>	<u>שקל חדש</u>		<u>רכוש שוטף</u>
307,952	301,102		מזומנים ושווי מזומנים
257,028	243,869	3	חייבים ויתרות חובה
314,067	71,971	.ד.2	ניירות ערך סחירים
2,176	6,805		הוצאות מראש
<u>881,223</u>	<u>623,747</u>		
22,623	--	4	<u>ניירות ערך סחירים - קרן צמיתה</u>
<u>4,527,979</u>	<u>4,901,633</u>	5	<u>רכוש קבוע</u>
<u>5,431,825</u>	<u>5,525,380</u>		
=====	=====		

* * *

			<u>התחייבויות ונכסים נטו</u>
			<u>התחייבויות שוטפות</u>
--	100,000		הלוואה לזמן קצר
249,284	268,645		עובדים ומוסדות שכר
162,766	100,301		זכאים שונים והוצאות לשלם
142,865	205,881		שיקים לפרעון
554,915	674,827		
179,856	292,247	6	<u>עתודה לפיצויי פיטורין</u>
734,771	967,074		סך כל ההתחייבויות
-----	-----		
(671,275)	(407,823)		<u>נכסים נטו שלא קיימת לגביהם הגבלה</u>
4,527,979	4,901,633		גרעון מצטבר מפעילויות
3,856,704	4,493,810		ששימשו לרכוש קבוע
840,350	64,496		
4,697,054	4,558,306		<u>נכסים נטו שקיימת לגביהם הגבלה בעלת אופי זמני</u>
-----	-----		
<u>5,431,825</u>	<u>5,525,380</u>		
=====	=====		

(*) מוצג מחדש

הבאורים המצורפים לדוחות הכספיים מהווים חלק בלתי נפרד מהם.

בשם ועד העמותה: שם: מר הרי ספיר תפקיד: יושב ראש חתימה תאריך: 16.11.03

שם: פרופ' א. רוזין תפקיד: חבר ועד חתימה תאריך: 16.11.03

מלבב - מרכז לטיפול בקשיש בקהילה - עמותה
דוחות על הפעילויות
לשנים שהסתיימו בימים 31 בדצמבר 2002 ו- 2001

<u>2001 (*)</u>	<u>2002</u>	<u>באור</u>	
<u>שקל חדש</u>	<u>שקל חדש</u>		
			מחזור הפעילויות
1,696,584	1,879,374	7	דמי חבר וחוק סיעוד
221,307	521,350		עיריית ירושלים (כולל משרד הרווחה)
40,514	--		משרד העבודה והרווחה
373,625	2,114,085		תרומות
458,012	283,732		הכנסות שונות
886,650	221,337		סכומים ששוחררו מנכסים נטו שהוגבלו לפעילויות
<u>3,676,692</u>	<u>5,019,878</u>		
-----	-----		
			עלות הפעילויות
2,338,131	2,589,378		משכורות, שכר עבודה ונלוות
446,648	468,177		נסיעות והסעות
278,438	310,407		ארוחות
13,057	--		נסיעות לחו"ל
126,484	123,201		חוגים ופעילויות
129,482	134,512		יעוץ רפואי וסיוע לקשיש
--	183,803		סיוע לחולים
85,410	56,921		שכר דירה מועדונים
3,164	7,273		ספרים
15,544	36,204		ביטוח
82,979	180,863		פחת
<u>3,519,337</u>	<u>4,090,739</u>		
-----	-----		
157,355	929,139		הכנסות נטו מפעילויות
-----	-----		
			הוצאות הנהלה וכלליות
529,921	513,938		משכורות ונלוות
77,520	182,184		משרדיות, אחזקה וטלפון
49,275	47,186		שרותים מקצועיים
7,553	11,962		הוצאות בנק
63,847	94,167		פרסום ויחסי ציבור
2,743	2,557		אגרות
<u>730,859</u>	<u>851,994</u>		
-----	-----		
(573,504)	77,145		הכנסות (הוצאות) נטו לפני מימון
47,691	5,444		הכנסות מימון נטו
<u>(525,813)</u>	<u>82,589</u>		הכנסות (הוצאות) נטו לשנה
=====	=====		

(*) מויך מחדש

הבאורים המצורפים לדוחות הכספיים מהווים חלק בלתי נפרד מהם.

מלבב - מרכז לטיפול בקשיש בקהילה - עמותה
דוחות על השינויים בנכסים נטו
לשנים שהסתיימו בימים 31 בדצמבר 2002 ו- 2001

<u>שקיימת לגביהם הגבלה</u>		<u>שלא קיימת לגביהם הגבלה</u>		
<u>סך הכל</u>	<u>באופן זמני</u>	<u>לשימוש לרכוש</u>	<u>לשימוש</u>	
		<u>קבוע</u>	<u>לפעילויות</u>	
<u>שקל חדש</u>	<u>שקל חדש</u>	<u>שקל חדש</u>	<u>שקל חדש</u>	
2,775,082	1,323,405	1,680,118	(228,441)	יתרה ליום 1 בינואר 2001
(525,813)			(525,813)	שינויים במהלך השנה הוצאות נטו לשנה
2,281,632	2,281,632			הקצבות מיועדות לבניה
241,209	241,209			הקצבות מיועדות לפעילויות
13,847	13,847			ריבית בגין קרן צמיתה
797,747	797,747			תרומות מיועדות לפעילויות
--	(2,930,840)	2,930,840		סכומים ששחררו מנכסים נטו שהוגבלו - שימשו לרכוש קבוע
		(82,979)	82,979	סכומים שהועברו לכיסוי הוצאות פחת
(886,650)	(886,650)			סכומים ששחררו מנכסים נטו שהוגבלו לשימוש לפעילויות
4,697,054	840,350	4,527,979	(671,275)	יתרה ליום 31 בדצמבר 2001 (*)
82,589			82,589	שינויים במהלך השנה הכנסות נטו לשנה
	(554,517)	554,517		סכומים ששחררו מנכסים נטו שהוגבלו - שימשו לרכוש קבוע
		(180,863)	180,863	סכומים שהועברו לכסוי הוצאות פחת
(221,337)	(221,337)			סכומים ששחררו מנכסים נטו שהוגבלו לשימוש לפעילויות
4,558,306	64,496	4,901,633	(407,823)	יתרה ליום 31 בדצמבר 2002
=====	=====	=====	=====	

(*) מוצג מחדש

מלבב - מרכז לטיפול בקשיש בקהילה - עמותה
דוחות על תזרימי המזומנים
לשנים שהסתיימו בימים 31 בדצמבר 2002 ו- 2001

<u>2001</u>	<u>2002</u>	
<u>שקל חדש</u>	<u>שקל חדש</u>	
		<u>תזרימי מזומנים - פעילות שוטפת:</u>
(525,813)	82,589	רווח (הפסד) נקי לשנה
<u>126,043</u>	<u>324,433</u>	ההתאמות הדרושות כדי להציג את תזרימי
		המזומנים מפעילות שוטפת (ראה נספח)
(399,770)	407,022	מזומנים נטו, שנבעו מפעילות שוטפת
-----	-----	(ששימשו לפעילות שוטפת)
		<u>תזרימי מזומנים - פעילות השקעה:</u>
(597,191)	(9,255)	רכישת ניירות ערך
1,119,877	271,137	תמורה ממכירת ניירות ערך
2,930,840	554,517	תקבולים מיועדים לרכישת רכוש קבוע
<u>(2,770,398)</u>	<u>(554,517)</u>	רכישת רכוש קבוע
683,128	261,882	מזומנים נטו, שנבעו מפעילות השקעה
-----	-----	
		<u>תזרימי מזומנים - פעילות מימון:</u>
--	100,000	קבלת הלוואה
2,522,841	--	הכנסות מיועדות לרכישת רכוש קבוע
(2,930,840)	(554,517)	מימוש תקבולים מיועדים לרכישת רכוש קבוע
797,747	--	הכנסות מיועדות לפעילויות
<u>(886,650)</u>	<u>(221,237)</u>	סכומים ששוחררו לפעילויות
(496,902)	(675,754)	מזומנים נטו, ששימשו לפעילות מימון
-----	-----	
(213,544)	(6,850)	<u>ירידה במזומנים ושווי מזומנים</u>
<u>521,496</u>	<u>307,952</u>	<u>יתרת מזומנים ושווי מזומנים לתחילת השנה</u>
307,952	301,102	<u>יתרת מזומנים ושווי מזומנים לסוף השנה</u>
=====	=====	

מלבב - מרכז לטיפול בקשיש בקהילה - עמותה
נספח לדוחות על תזרימי המזומנים
לשנים שהסתיימו בימים 31 בדצמבר 2002 ו- 2001

2001
שקל חדש

2002
שקל חדש

נספח - התאמות הדרושות כדי להציג את תזרימי
המזומנים מפעילות שוטפת

הכנסות והוצאות שאינן כרוכות בתזרימי מזומנים

82,979
34,709
7,519
(9,027)
13,847

180,863
112,391
(6,346)
2,737
--

פחת והפחתות
עליה בהתחייבויות בשל סיום יחסי עובד מעביד, נטו
שינוי בהפרשה לחופשה
הפסד (רווח) מניירות ערך סחירים
ריבית והצמדה על קרן צמיתה

שינויים בסעיפי רכוש והתחייבויות

132,675
(54)
9,809
(146,414)
126,043
=====

13,159
(4,629)
25,707
551
324,433
=====

ירידה (עליה) בחייבים ויתרות חובה
עליה בהוצאות מראש
עליה בעובדים ומוסדות שכר
עליה (ירידה) בזכאים ויתרות זכות (כולל שיקים לפרעון)

מלבב - מרכז לטיפול בקשיש בקהילה - עמותה

באורים לדוחות הכספיים
לימים 31 בדצמבר 2002 ו - 2001

באור 1 - כללי

א. העמותה נוסדה ביום 21 ביולי 1981. היא הוכרה כמוסד ציבורי כמשמעותו בסעיף 9(2) לפקודת מס הכנסה, וקיבלה אישור לענין תרומות לפי סעיף 46 לפקודת מס הכנסה, ללא הגבלת זמן.

ב. העמותה מטפלת בקשישים הסובלים מהפרעות מנטליות ובמשפחותיהם, באמצעות מרכזי יום מועדונים, קבוצות תמיכה וטיפול בית.

באור 2 - מדיניות חשבונאית

2.א. הדוחות הכספיים נערכו לפי הכללים שבגילוי דעת מספר 69 ותקן 5 של המוסד הישראלי לתקינה בחשבונאות של לשכת רואי חשבון בישראל, בדבר כללי חשבונאות ודיווח כספי על ידי מלכ"רים.

2.ב. הדוחות הכספיים ערוכים על בסיס המוסכמה של העלות ההיסטורית. לא ניתן בהם ביטוי להשפעת השינויים בכח הקניה הכללי של המטבע הישראלי על ההכנסות וההוצאות.

2.ג. ההכנסות וההוצאות נרשמות על בסיס מצטבר.

2.ד. מטבע חוץ - יתרות במטבע חוץ הוצגו לפי שער החליפין היציג בתאריך המאזן - \$1 = 4.737 ש"ח (אשתקד \$1 = 4.416 ש"ח). הכנסות והוצאות במטבע חוץ נרשמות לפי שערים שוטפים בעת ביצוע הפעולות.

2.ה. ההשקעות בניירות ערך סחירים הוצגו לפי שווי השוק. העמותה משקיעה עודפי מזומנים זמניים באגרות חוב.

2.ו. רכוש קבוע - הרכוש הקבוע מוצג החל משנת 1996 לפי העלות בניכוי פחת שנצבר. הרכוש הקבוע שנרכש עד וכולל שנת 1995 נרשם כהוצאה.

הפחת מחושב לפי שיטת הפחת השווה בשיעורים הנחשבים כמספיקים להפחתת הנכסים במשך תקופת השימוש המשוערת בהם. שיעורי הפחת השנתיים הללו הם:

אחוז הפחת

2%	מבנה
10-15%	שיפורים במושכר
6-15%	ריהוט וציוד
33%	מחשבים וציוד היקפי

באור 3 - חייבים ויתרות חובה

הרכב:

<u>2001</u>	<u>2002</u>	
<u>שקל חדש</u>	<u>שקל חדש</u>	
22,719	112,664	שיקים לגביה
228,909	117,241	הכנסות לקבל
5,400	6,848	דמי מחזור
--	7,116	חייבים שונים
<u>257,028</u>	<u>243,869</u>	
=====	=====	

מלבב - מרכז לטיפול בקשיש בקהילה - עמותה
באורים לדוחות הכספיים
לימים 31 בדצמבר 2002 ו- 2001

באור 4 - ניירות ערך סחירים - קרן צמיתה

ההשקעות הן באגרות חוב. השימוש בניירות הערך הללו מוגבל לצורך השקעות בבניה בלבד.

באור 5 - רכוש קבוע

2001		2002		א. הרכב :
עלות	עלות	פחת	עלות	
<u>מופחתת</u>	<u>מופחתת</u>	<u>שנצבר</u>	<u>עלות</u>	
<u>שקל חדש</u>	<u>שקל חדש</u>	<u>שקל חדש</u>	<u>שקל חדש</u>	
3,875,522	4,200,132	69,742	4,269,874	מבנה (ראה להלן)
110,648	65,246	238,103	303,349	שיפורים במושכר
524,027	627,060	102,727	729,787	ריהוט וציוד
17,782	9,195	81,695	90,890	מחשבים וציוד היקפי
<u>4,527,979</u>	<u>4,901,633</u>	<u>492,267</u>	<u>5,393,900</u>	
=====	=====	=====	=====	

ב. בסוף חודש מאי 2000 העמותה החלה לבנות "מרכז יום לקשיש" בפסגת זאב. בנית המבנה הושלמה בחודש מרס 2002. עיריית ירושלים העמידה את הקרקע לרשות העמותה לצורך הקמת המרכז, והיא העניקה לעמותה זכות שימוש בשטח לדורות.

באור 6 - עתודה לפיצויי פיטורין

לכיסוי התחייבויות העמותה כלפי עובדיה לתשלום פיצויי פיטורין, העמותה מפקידה לקופת פיצויים. העתודה המוצגת במאזן היא עודף ההתחייבויות לפיצויים מעבר ליעודה שנצברה. ההתחייבויות חושבו לפי המשכורת האחרונה ולפי הוותק של כל עובד, פרט לעובדים שעתיים שהעתודה שלהם חושבה לפי המשכורת הממוצעת במהלך השנה. היעודה כוללת רווחים שנצברו.

2001	2002	הרכב :
<u>שקל חדש</u>	<u>שקל חדש</u>	
1,035,433	1,207,272	עתודה לפיצויי פיטורין
<u>(855,577)</u>	<u>(915,025)</u>	יעודה לפיצויים
179,856	292,247	
=====	=====	

באור 7 - דמי חבר וחוק סיעוד

2001	2002	הרכב :
837,168	713,409	דמי חבר
<u>859,416</u>	<u>1,165,965</u>	חוק סיעוד (המוסד לביטוח לאומי)
1,696,584	1,879,374	
=====	=====	

באור 8 - מרכז יום במרכז הרפואי שערי צדק

העמותה מפעילה מרכז יום לטיפול בקשישים במרכז הרפואי שערי צדק בירושלים. המרכז הרפואי העמיד את המקום לרשות העמותה ללא תמורה, והעמותה השקיעה בשיפוץ המקום והסבתו לצרכיה.



JDC-Brookdale Institute

**Holocaust Survivors in Israel:
Current and Projected Needs
for Home Nursing Care**

Jenny Brodsky ♦ Shmuel Be'er ♦ Yitschak Shnoor

Jerusalem

October 2003

For additional information, please contact:

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Foreword by the Chairman of The Foundation for the Benefit of Holocaust Victims in Israel

To turn one's eyes away from a site of a terrifying crime or catastrophe is almost a natural reaction. To struggle with facts which are unexplainable, is an almost impossible task. To deal with the aftermath of the Holocaust is difficult and frustrating.

Only in light of the above may we understand why there are so few records of the fate of those who reached Israel at the end of the Second World War, and are collectively known as "Holocaust survivors."

These people, despite their integral place in the history of the Jewish State, have received as individuals very little attention with regard to their social structure, their education and their mental and social needs. Today, more than fifty years after they reached Israel, we face problems, and we seek every bit of data that may be able to help and to solve painful dilemmas and provide some help.

Providing assistance to these elderly survivors in need, who are not capable of coping with the problems which time has wrought, should be both a humanitarian and a national commitment.

This study is the result of the work of the staff of the JDC-Brookdale Institute who took upon themselves to try to resolve a number of questions which did not seem to have answers. There is no doubt that these findings will help to create a clearer picture and gain perspective to respond to needs during the time which remains.

The Center of Organizations of Holocaust Survivors in Israel and the Foundation for the Benefit of Holocaust Victims in Israel have the obligation to give recognition and appreciation to the professional staff of JDC-Brookdale Institute, who faithfully carried out their work. Our thanks to Jenny Brodsky, Director of the Research Program on Aging, and to researchers Shmuel Be'er and Yitschak Shnoor.

Wolf Zeev Factor
Chairman

Foreword by the Director General of The Foundation for the Benefit of Holocaust Victims in Israel

Is it possible for **data** to be poignant?

It would seem not. Data are dry numbers that are the result of statistical calculations and field study. However, in this case, the data reveal a difficult and painful reality. As the survey findings demonstrate, tens of thousands of Holocaust survivors living in Israel today are in need of nursing care. Many thousands among them are entirely dependent on assistance in order to carry through basic activities of daily living. Sadly they are poor and do not have sufficient means to pay for the daily aid they need. In the coming years, as survivors grow older and poorer, there will be a greater need for nursing care.

These facts are startling to people exposed to this issue for the first time. **The reality is harsher than in the report.** Survivors who endured the most horrendous experience, and succeeded in rehabilitating themselves and earning their livelihood, are reaching the latter years of their lives, after their retirement, and finding themselves in distress. The little that they managed to save over the years is not adequate to meet their essential needs, including the cost of expensive medications that are not covered by their health plans, the purchase of diapers, which they sometimes need, special treatments and the like. Thus, every day, more survivors join those who need financial aid to manage their nursing and medical care.

In their interpretation of the Book of Exodus (Chapter 30, Verse 12), our sages declare that the children of Israel should not be counted. The sage known as the *Malbim* explains that "a blessing is received in a manner that is hidden from the eye, and when they are counted, the blessing is withdrawn." The conclusion of the *Malbim* is paramount: "As long as the nation is united as one, the public merit is very great." May this gathering of data be considered a way of recognizing our great debt and commitment to the survivors of the Holocaust. It is our aspiration that we now fulfill the important pronouncement:

"All of Israel are responsible one for the other." ("כל ישראל ערבים זה לזה").

Dov (Dubby) Arbel
Director General

Acknowledgments

It is our pleasant duty to thank the people who helped us with this study. Special appreciation to Ramsis Gera of the Research and Planning Division of the National Insurance Institute for his considerable help in providing data for this study. We are grateful to the staff of the JDC-Brookdale Institute, and particularly to Professor Jack Habib, the Director of the Institute, and to Haim Factor, Deputy Director of the JDC-Israel for their valuable insights. Finally we thank Jenny Rosenfeld for editing the report, Marsha Weinstein for the translation into English, Leslie Klineman for graphic design and production, and Sue Bubis for print preparation.

Table of Contents

1. Background	1
2. The Data Base, Methods, and Assumptions	2
3. Findings	5
a) Estimated Size of the Population of Holocaust Survivors, and Projected Size up to 2020	5
b) Estimated Size of the Population of Holocaust Survivors Eligible for Services under the Community Long-term Care Insurance Law	8

1. Background

For some time, various agencies and individuals in Israel have expressed a need for information about Holocaust survivors. In particular, an assessment of the size and characteristics of this population and its current and projected needs is required to facilitate the development of policy and setting of priorities for meeting these needs.

The Foundation for the Benefit of Holocaust Victims in Israel was established in 1991 by the Central Organization of Holocaust Survivors in Israel. The Foundation works to improve the quality of life of needy Holocaust survivors living in Israel.

One of the principle types of assistance currently provided by the Foundation is a supplement to the long-term care benefit provided by the National Insurance Institute under the Community Long-term Care Insurance Law. This law, which has been in effect since 1988, mandates home care services to elderly people who are disabled in activities of daily living (ADL) such as bathing, dressing, eating, and in basic homemaking activities, such as preparing meals. Under the law, services are provided in kind for between 9.75 and 15.5 hours per week, depending on the elderly person's level of disability. Disabled elderly, who are partially dependent on other people for assistance, receive up to 9.75 hours of assistance per week, which is considered 100% of the benefit, while the most severely disabled elderly, who are totally dependent on others for performing basic activities of daily living, receive 15.5 hours of assistance per week, which is defined as 150% of the benefit. The Foundation for the Benefit of Holocaust Victims provides additional assistance to Holocaust survivors who are eligible for 150% of the benefit¹, by providing them with up to 9 additional hours of personal care services per week. Those eligible for assistance from the Foundation can thus receive up to 24.5 hours of personal care per week: 15.5 under the Community Long-term Care Insurance Law, and 9 from the Foundation. In the past, the Foundation provided 10 hours of assistance a week, but because of budgetary constraints, assistance was cut down to only 9 hours.

¹ Until October 2002 (prior to the implementation of the Emergency Economic Plan), those eligible for 100% of the benefit received 11 hours, while those eligible to 150% of the benefit received 15 hours.

In light of the increase in the number of people who have requested assistance in recent years, and given the aging of the population of Holocaust survivors, the Foundation asked the JDC-Brookdale Institute for help estimating the size of the needy population in the future, so that the Foundation would be able to make the necessary preparations, develop policy, and set priorities.

In addition to estimating and projecting the number of Holocaust survivors living in Israel, this project involved examining the characteristics of the population by age, gender, marital status, living arrangements, and functional and health status. This report presents the principal findings regarding the current and projected size of the population, and of the population's need for long-term care.

2. The Data Base, Methods, and Assumptions

We estimated the size of the population of Holocaust survivors currently living in Israel, and projected the changes expected in this population up to 2020. On the basis of this estimate and the projection, we estimated the number of Holocaust survivors who will be eligible for the long-term care benefits, and of those among them who will be eligible for 150% of the benefit.

The principal data base for this project was a national *Survey of People Age 60 and Over*, which was conducted by the Central Bureau of Statistics (CBS) in 1997 in cooperation with the JDC-Brookdale Institute, JDC-Israel, ESHEL – The Association for the Planning and Development of Services for the Aged in Israel, the National Insurance Institute, the Ministry of Labor and Social Affairs, the Ministry of Immigrant Absorption, and the Ministry of Health. The survey included interviews with approximately 5,000 people age 60 and over, who constituted a representative sample of all elderly people living in the community in urban centers. The survey did not include residents of institutions, or residents of rural areas (e.g., kibbutzim and moshavim).

The *Survey of People Age 60 and Over* was the first ever to make it possible to identify the Holocaust survivors living in Israel. It accomplished this by asking questions about the respondent's country of birth, date of immigration to Israel, and ever having lived in a country that was under the Nazi regime or direct Nazi influence. In addition, it asked respondents where they had

lived between 1933 and 1945, and whether, during that time, they had been in a ghetto, in hiding, in a labor camp, or in a concentration camp.

A "Holocaust survivor" was defined as anyone who had lived in one of the countries occupied by or under the direct influence of the Nazi regime at any time between 1933 and 1945. Also included in this population was anyone who had fled slightly before, or during, the Nazi occupation (that is, displaced persons – "fled").

According to this definition, about 283,000 Holocaust survivors were identified by the survey; they constituted slightly more than 40% of all Jews age 60 and over at the end of 1997. If we examine all those born in Europe only, we find that Holocaust survivors represented about 75% of them at that time.

As noted, we used the estimated population of Holocaust survivors derived from the 1997 *Survey of People Age 60 and Over* to calculate the current and projected size of that population.

An Estimate and Projection of the Population of Holocaust Survivors

We estimated the current size of the population of Holocaust survivors, and projected its annual progress up to 2020, using current mortality rates stratified by age and gender. Given the lack of data on the mortality rates specifically for Holocaust survivors, we used the mortality rates of people born in Europe-America, since most European-born people of these ages are survivors.

To the population of Holocaust survivors derived from the 1997 *Survey of People Age 60 and Over*, we added relevant populations not included in that survey. They included the following:

- a. People who in 1997 had not yet reached the age of 60. The proportion of survivors among this group is unknown. It stands to reason that the proportion of survivors among them would be more similar to the proportion among the 60-64 age group than to that among the older survivors. Nevertheless, we assumed that the proportion of Holocaust survivors among this group would be 25% of their proportion among people ages 60-64, as found in the 1997 survey. This assumption was based on two factors: First, only a small percentage of infants and

toddlers survived the Holocaust, and second, people in this age group are unlikely to be found among the displaced persons – that is, those who fled shortly before or during Nazi occupation.

- b. Immigrants from the former Soviet Union who arrived in Israel between 1998 and 2001 (based on ongoing CBS population estimates).
- c. A projection of those who will immigrate from the former Soviet Union between 2002 and 2020. We based our projection on three alternative population projections prepared by the CBS, which took into consideration the expected immigration to Israel using a high variant, a medium variant one, and a low variant.² In this report, we present our findings on the basis of the medium variant. However, it should be noted that we also estimated the population of Holocaust survivors based on the low variant; in several places, we cite these findings in order to assess the estimates' range of sensitivity. The medium variant assumes the arrival of 230,000 immigrants from the former Soviet Union between 2001 and 2020, 25,000 of whom will be elderly (age 65 or over). In contrast, the low variant assumes the arrival of 130,000 immigrants from the former Soviet Union during this period, 14,000 of whom will be elderly.
- d. People who live in the rural sector, that is, in villages with fewer than 2,000 residents.
- e. People who reside in institutions.

The addition of these populations was calculated on the basis of the percentage of Holocaust survivors found in the *Survey of People Age 60 and Over*, by age and gender. Their percentage was then applied to each of the additional populations.

In this study we used institutionalization and mortality rates of people born in Europe and America. We did not use separate rate for immigrants and for non-immigrants. In order to assess the range of sensitivity of using separate rates we did construct such a model, but it yielded almost no differences in the results. Therefore the findings presented are based on a model which uses uniform rates of institutionalization and mortality.

² These projections were based on the situation of the population at the end of 1995. At present, the Central Bureau of Statistics is preparing new population projections, based on the situation of the population at the end of 2000.

Eligibility for Receipt of Services under the Community Long-term Care Insurance Law

We estimated the number of Holocaust survivors eligible for benefits under the Community Long-term Care Insurance Law by applying the rates of use of services of all those eligible for services under the law at the end of 2001 to the population of Holocaust survivors living in the community, stratified by age and gender. The specific rates for the end of 2001 were then applied to the entire period of the projection (2002-2020). It is important to note that the 1997 *Survey of People Age 60 and Over* did not find any differences in the use that Holocaust survivors or those in the general elderly population made of services provided under the law. Given the lack of differences in use, we felt that the national data, which address the entire population of elderly, and are systematic, reliable, and up to date, were preferable.

3. Findings

a) Estimated Size of the Population of Holocaust Survivors, and Projected Size up to 2020

As can be seen in Table 1, the total number of Holocaust survivors was estimated to be 279,000 in 2002³. This number declines to 167,000 in 2010, and to 49,000 in 2020. The number of survivors aged 65+ is estimated at 258,000 at the end of 2002 (93% of all survivors), constituting 40% of the 65+ population in Israel. In 2010, the percentage of survivors will be 23% of the 65+ population, and in 2020 – 5%. It is important to note that the population of Holocaust survivors is aging. We therefore expect an increase in the number of Holocaust survivors age 80 and over, which will peak in 2008, as indicated in Table 1 and Figure 1. Since people in older age groups are the primary consumers of services provided under the Community Long-term Care Insurance Law, the increase in their number is important.

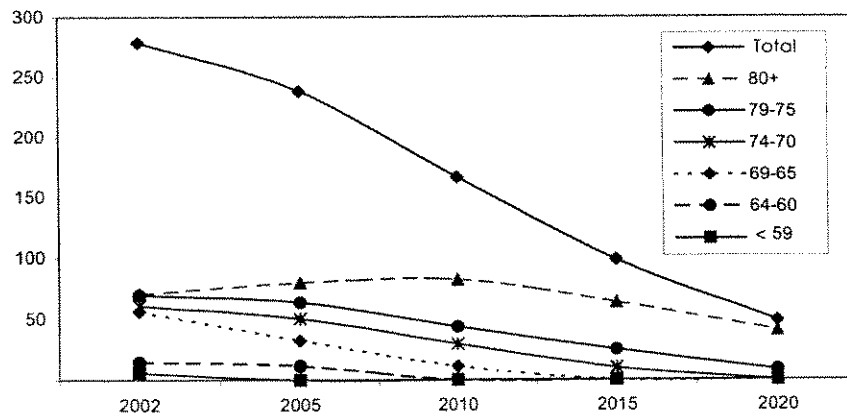
When we examined changes in the population of Holocaust survivors according to the low CBS variant, we found no large difference in the estimated size of the population of Holocaust survivors. For example, according to the low variant, in 2002 the number of survivors was 278,000, in 2010 it is expected to be 164,000, and in 2020 it is expected to be 47,000.

³ All the data in this report are end-of-year data.

Table 1: Estimated Holocaust Survivors Living in Israel, by Age Group (in Thousands, Year End)

Year	Total	Age Group					
		Up to 59	60-64	65-69	70-74	75-79	80 and Over
2002	278.9	5.8	14.6	56.4	61.0	70.2	71.0
2003	265.0	3.1	14.3	49.9	52.0	72.1	73.6
2004	252.0		14.6	43.3	48.7	67.0	78.4
2005	238.6		11.6	32.4	50.5	63.9	80.1
2006	224.1		8.6	23.9	51.7	56.3	83.5
2007	210.1		6.0	14.4	52.3	52.9	84.5
2008	195.9		3.2	14.0	45.9	45.2	87.6
2009	181.3			14.1	39.5	42.2	85.4
2010	166.8			11.1	29.5	43.7	82.5
2015	98.7				10.0	24.8	63.9
2020	49.1					8.4	40.7

Figure 1: Estimated Holocaust Survivors Living in Israel, by Age Group (in Thousands, Year End)



Since this report is concerned with assessing the need for nursing care at home of Holocaust survivors living in the community, it was important to calculate separate population estimates by place of residence (that is, in the community, or in an institution). Table 2 presents an estimate of the population of Holocaust survivors by place of residence.

We arrived at the estimated number of survivors living in institutions by using the institutionalization rates of people born in Europe, as found in the census of residents of institutions, carried out by JDC-Brookdale Institute in 1999-2000. We assume that these specific rates (by age and gender) will not change during the projection period.

Table 2: Estimated Holocaust Survivors Living in the Community and in Long-term Care Institutions (in Thousands, Year End)

Year	Total	Place of Residence		
		In the Community	Long-term Care Institution	Percentage in Long-term Care Institutions
2002	278.9	265.1	13.8	5.0
2003	265.0	250.9	14.1	5.3
2004	252.0	237.3	14.6	5.8
2005	238.6	223.7	14.9	6.2
2006	224.1	208.9	15.2	6.8
2007	210.1	195.0	15.1	7.2
2008	195.9	180.6	15.3	7.8
2009	181.3	166.5	14.8	8.2
2010	166.8	152.5	14.3	8.6
2015	98.7	88.2	10.5	10.6
2020	49.1	42.7	6.4	13.0

As can be seen in Table 2, the number of survivors living in the community at the end of 2002 is estimated at 265,000 people. The number of survivors in long-term care institutions is 14,000 people (5% of all survivors).

The number of survivors aged 65+ living in the community is estimated at 245,000 people, representing 39% of the 65+ population living in the

community. In 2010 the percentage of survivors living in the community will be 22% and in 2020 – 4% of all elderly aged 65+ living in the community.

The percentage of survivors expected to be living in long-term care institutions rises over the years as a result of population aging, as can be seen in Table 2. The number of survivors aged 65+ living in institutions at the end of 2002 is estimated at 13.8 thousand, constituting 52% of the 65+ population living in institutions in Israel. The number of survivors living in institutions is expected to peak in 2008 (15.3 thousand).

In 2010 Holocaust survivors living in institutions will still constitute a high proportion of the residents (48%), and this percentage is expected to decline to 15% in 2020.

Henceforth in this report we will address only those Holocaust survivors who are living in the community.

b) Estimated Size of the Population of Holocaust Survivors Eligible for Services under the Community Long-term Care Insurance Law

First we present an estimate of the number of all Holocaust survivors eligible for services under the Community Long-term Care Insurance Law (Table 3), and then an estimate of the number of Holocaust survivors who are eligible for services under the law at the level of 150% of the benefit (who comprise the target population of the Foundation for the Benefit of Holocaust Victims in Israel; Table 4).

At the end of 2002, it was estimated that 45,000 Holocaust survivors would be eligible for services under the Community Long-term Care Insurance Law. This number is not expected to change appreciably through the end of 2005, and is expected to have declined to 37,000 people by 2010, and to 14,000 by 2020. Nevertheless, because of the aging of the population of Holocaust survivors, those eligible for services under the law will represent an increasing percentage of all Holocaust survivors living in the community. These data are true for the entire population of survivors receiving services under the Community Long-term Care Insurance Law, and not only for those assisted by the Foundation.

Table 3: Estimated Number of Holocaust Survivors Eligible for Services under the Community Long-term Care Insurance Law (in Thousands, Year End)*

Year	Holocaust Survivors		
	Total Living in the Community	Eligible for Services under the Law	Percentage Eligible for Services under the Law
2002	265.1	44.5	16.8
2003	250.9	44.4	17.7
2004	237.3	44.3	18.6
2005	223.7	43.8	19.6
2006	208.9	43.2	20.7
2007	195.0	42.4	21.7
2008	180.6	41.2	22.8
2009	166.5	39.3	23.6
2010	152.5	37.3	24.5
2015	88.2	25.4	28.8
2020	42.7	14.4	33.1

* It is important to note that all estimates of eligibility for assistance under the Community Long-term Care Insurance Law in this Table are governed by the definition of the target population and the criteria currently maintained by the National Insurance Institute. If these change, the data will, perforce, change.

Figure 2: Total Holocaust Survivors Eligible for Services under the Community Long-term Care Insurance Law (in Thousands, Year End)

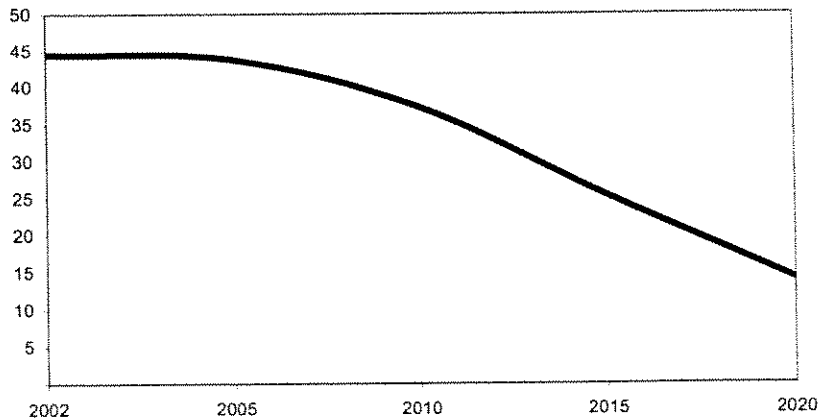


Table 4 presents the estimated number of Holocaust survivors eligible for the maximum (150%) benefit under the Community Long-term Care Insurance Law. As noted, this law mandates services to the disabled elderly at two levels: a benefit for those who are partially dependent on assistance from others (100%); and a benefit for those who are completely dependent (150%), which is designed for the most severely disabled elderly. However, some of those whose level of disability makes them eligible for the enlarged benefit actually receive a reduced benefit from the National Insurance Institute, because their income is higher than the threshold of eligibility set for the benefit. The Foundation for the Benefit of Holocaust Victims in Israel does not help these survivors because of their relatively high income, which is commensurate with, or greater than, the average market wage. It should be noted that survivors whose level of income is more than 1.5 times greater than the average market wage are not eligible at all for services under the Community Long-term Care Insurance Law. In calculating this estimate, we used the assumption that 75% of all elderly receiving the reduced benefit would be Holocaust survivors. However, we also examined alternative assumptions, but found no significant difference between the alternatives, as will be discussed below.

Table 4 presents the estimated number of Holocaust survivors eligible for the 150% benefit under the law, exclusive of those survivors who receive the reduced benefit because of their relatively high income. As can be seen in Table 4, the number of Holocaust survivors eligible for the 150% benefit is expected to peak in 2004 at about 11,000 people. The number of elderly Holocaust survivors eligible for the enlarged benefit is expected to drop to about 10,000 people by 2010, and to about 4,000 people by 2020.

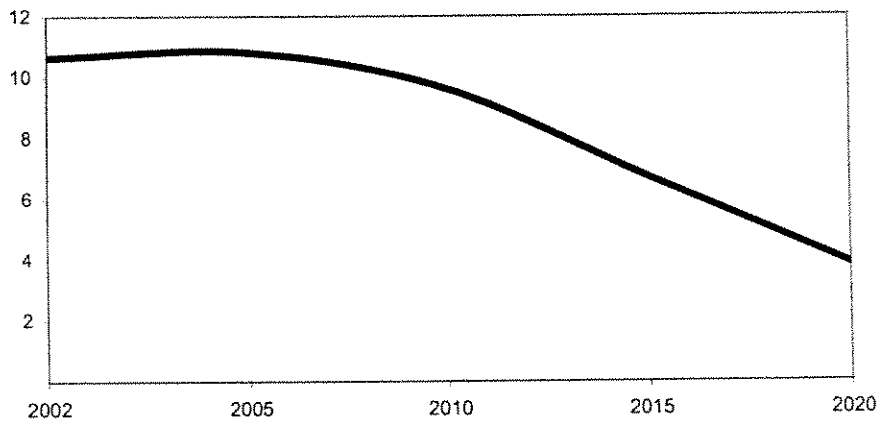
As noted, we examined two alternative assumptions regarding the proportion of Holocaust survivors among those eligible for the reduced benefit. The first alternative assumed that the proportion of recipients of the reduced benefit among Holocaust survivors would be identical to the proportion of recipients of the reduced benefit among the general elderly population. According to this assumption, the number of people eligible for the reduced benefit at the end of 2002 is slightly higher – 11,000. This number is expected to peak at 11.2 thousand people by 2004, and to decline to 4,000 in 2020.

Table 4: Estimated Holocaust Survivors Eligible for the Enlarged (150%) Benefit under the Community Long-term Care Law (in Thousands, Year End)*

Year	Holocaust Survivors		
	Total Living in the Community	Eligible for 150% Benefit	Percentage Eligible for 150% Benefit
2002	265.1	10.6	4.0
2003	250.9	10.7	4.3
2004	237.3	10.8	4.6
2005	223.7	10.8	4.8
2006	208.9	10.8	5.2
2007	195.0	10.6	5.5
2008	180.6	10.5	5.8
2009	166.5	10.1	6.0
2010	152.5	9.6	6.3
2015	88.2	6.7	7.6
2020	42.7	3.9	9.1

* It is important to note that all estimates of eligibility for assistance under the Community Long-term Care Insurance Law in this Table are governed by the definition of the target population and the criteria currently maintained by the National Insurance Institute. If these changes, the data will, perforce, change.

Figure 3: Estimated Holocaust Survivors Eligible for the Enlarged (150%) Benefit under the Community Long-term Care Law (in Thousands, Year End)



The second alternative made the extreme assumption that **all** recipients of the reduced benefit would be Holocaust survivors. According to this assumption, the number of people eligible for the reduced benefit was slightly lower – 10.4 thousand people – at the end of 2002, and was expected to peak at 10.5 thousand people by 2004, and to decline to 3.900 people in 2020. The numbers in Table 4 represent an interim calculation. In any case, however, it is possible to see that the estimates based on the various assumptions do not differ greatly.

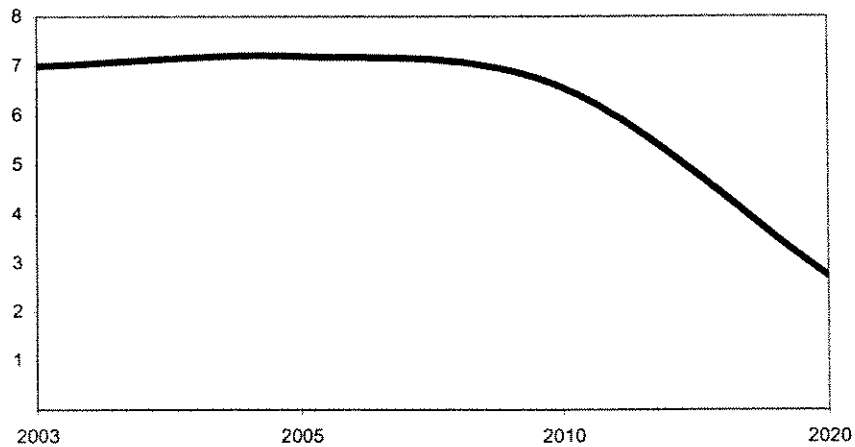
Another way to project how many Holocaust survivors will be eligible for assistance from the Foundation is to use Holocaust survivors' current use of Foundation assistance as a base, i.e. the actual number of people using the Foundation's services, of all survivors living in the community. Table 5 presents such a projection. According to Foundation data, 6,300 Holocaust survivors were receiving assistance in mid-2003; Foundation staff estimate that this number will reach 7,000 by the end of 2003. This projection is based on the assumption that the current pattern of use of assistance from the Foundation will continue without change. However, we would note that the patterns of use may indeed change, once the service becomes more widely known. Thus it is possible to calculate alternatives, which assume a relative increase in the patterns of use of Foundation assistance. For example, we calculated the effect of a 50% increase in use. The results of this calculation are presented in Table 5.

Table 5: Estimated Holocaust Survivors Eligible for Foundation Assistance, based on Current Use of Foundation Assistance (in Thousands, Year End)

Year	Holocaust Survivors	
	Eligible Based on Current Patterns of Use	Eligible Based on 50% Increase in Use
2003	7.0	7.0
2004	7.1	10.7
2005	7.2	10.8
2006	7.2	10.9
2007	7.2	10.8
2008	7.1	10.7
2009	6.9	10.3
2010	6.6	9.8
2015	4.7	7.0
2020	2.7	4.1

Based on the current pattern of use of Foundation assistance, the number of Holocaust survivors who will be eligible for assistance from the Foundation is expected to peak in 2006 at 7,240 people. About 6,600 people are expected to use Foundation assistance in 2010, and about 2,700 are expected to use it in 2020. If the pattern of use does change, the number of people eligible for assistance from the Foundation may increase; such that in 2006, for example, the number of users would be somewhere in the range between 7,200, according to the current pattern of use, and 10,900, if there is an increase of up to 50% in the pattern of use.

Figure 4: Estimated Holocaust Survivors Eligible for Foundation Assistance, based on Current Use of Foundation Assistance (in Thousands, Year End)



As can be seen, there are differences between the estimated total number of Holocaust survivors who will be eligible for assistance from the Foundation based on the two alternative assumptions discussed above -- the estimate based on patterns of utilization of the enlarged (150%) benefit under the Community Long-term Care Law (Table 4), and the estimate based on current use of Foundation assistance (Table 5). In mid-2003, the gap between the estimates was calculated to be 3,600 elderly people. In other words, some Holocaust survivors who are eligible for Foundation assistance

may not be receiving it. A number of factors may explain this, chief among them the following: Some survivors may be receiving services from other organizations (such as the Association of Immigrants from the Netherlands); and some survivors may not seek assistance – either because of the stigma associated with it; because of the bureaucratic procedures involved in procuring it, e.g. the stipulation that a social report be filled out by a social worker from the local authority (this is especially true of solitary elderly people who do not have children to help them); or because of a lack of awareness of the assistance that is available from the Foundation. If utilization patterns grow by 50%, the estimate of people using the Foundation's assistance in the peak year (2006) will reach 10.9 thousand.

This paper presented estimates of the numbers of Holocaust survivors living in Israel today and in the future. We focused on the area of nursing care, but it should be noted that there are needs in other areas as well, such as in the social and health areas. Note also that based on the survey of people aged 60+, information exists regarding the additional needs of survivors; this information was presented at various opportunities to services developers and decision makers working with this population.



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