

THE ROLE OF LOCAL JEWISH COMMUNAL SERVICES IN A CHANGING WORLD *

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Of course, the world has been changing. It has been changing since its very beginnings.

What primarily concerns us at the present moment are the more recent changes and their effects on the varied welfare, medical and educational programs that the Jewish community organizes on its own behalf, and in some instances, as a contribution to the general welfare.

The basic consideration is the phenomenon known as urbanism—not suburbanism, but urbanism. This phenomenon concerns the growing tendency for larger and larger numbers of the world's population to live in cities. It is a very old phenomenon. It goes back to the origin of cities some 7,000 to 8,000 years ago. It concerns great migrations all over the world from rural areas to urban areas, and it derives most importantly from the great growth in numbers of people in all countries. For example, if we go back in history only to the year 1800, about 15,500,000 people were living in cities of 100,000 or more. By 1950 this number had grown to 313,700,000 people.

This tremendous rate of growth of urban population naturally has not main-

tained a steady pace, and in highly industrial countries—Germany, Sweden—the rate of urbanization has diminished. In the United States, the most rapid rate of growth has been between 1861 and 1891.

The second and an important consideration is the rate of movement of the population to and from central cities, as distinguished from metropolitan areas in and about the central cities. This has resulted in a much more rapid increase in population in the area outside of the central cities than within the central cities. Thus, in the United States in 44 metropolitan districts (in the period 1900 to 1910), the population increase in the central cities was 33.6% and in the rest of the area, 38.2%; in 1930 to 1940, it was 4.2% for the central cities and 13% for the rest of the districts. We all know that in areas around large central cities, such as Chicago, the increase of population in the central cities may be 3%, whereas around the city as politically bounded (in certain areas), it runs from 20% to 200%, with an average of 26%.

What this emphasizes is that for a great many years, acutely among the Jewish population recently, this phenomenon of urbanism has been with us and has been a basic factor in the molding of our various civilizations.

It is to be expected that this push

toward urbanism will affect under-developed countries as well as the highly industrialized countries, and that for a long time to come, whether occasionally the rate of growth is accelerated here or there, is static, or diminishes, there will be a growth. One recognizes, of course, that the 174 officially established metropolitan areas in the United States, like similar areas elsewhere in the world, have a profound effect on the industrial, the social, the financial, the cultural, the educational, the medical and the social welfare development of the country as a whole.

According to the 1958 edition of the American Jewish Yearbook, there are nine states with a population of 100,000 or more Jews and these nine states account for 4½ million, or 85% of the Jewish population of the country. It has been estimated that some 28 cities containing 15,000 or more Jews account for approximately 81% of the population of the country. The nine states ranking in order of numbers in the Jewish population are: New York, California, Pennsylvania, New Jersey, Illinois, Massachusetts, Ohio, Maryland and Florida. Obviously, the Jewish population of the country is predominantly an urban population, and obviously it lives to the very largest extent in metropolitan areas. It is, therefore, deeply concerned with the giant forces that emanate from these metropolitan areas and that affect life within them. This has been true for a long time in the United States and Europe and is likewise true for Israel.

Great increases in the number of people in the United States are envisaged. However, the increases, we are told, are likely to be heaviest in the far west and in the south, reasonably large in the middle west and only somewhat large in the east. Under these circumstances, we would be wise to pay more attention in our general and Jewish community national planning to those communities

located in the far west and in the south; consider the communities in the middle west; and leave well enough alone in the east.

Every one of us—caseworker, group worker, educator—is interested in the community organizational aspects of this long-continuing population movement, in its causes and in its after-effects. Urbanization, whether in the general community or in the Jewish community, has, naturally, brought with it vast social as well as political problems. Thus, while many problems are resolved through a healthy growth in the industrial development of the cities, likewise many problems are exacerbated when industry becomes slightly or profoundly diseased.

While other countries had developed various forms of what we call "social security" to help the population to meet some of these economic and social problems, this country came much later on the scene with its Federal-State Social Security system. Local and state public welfare and medical agencies existed for some years. In social welfare, as in general education, and certainly in government action in these respects, there has been always a *significant lag* between the need and the fact, between the establishment of the will to do something with the fact, and the actual doing. It is into these interstitial spaces that voluntary services move and make some of their really significant contributions.

It is by the example of meeting needs on a coordinated basis with a supreme emphasis on the value and even the sanctity of the individual's life that Jewish communal service has given to the American community as well as to the Jewish community its most telling contribution.

The expenditures on behalf of public welfare by governmental bodies are massive. For 1955 social welfare expenditures under Civilian Public Programs amounted to \$32,464,400,000. The term

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social welfare encompasses much. It includes Social Insurance, Public Aid, Health and Medical Services, Other Welfare Services (such as child welfare, vocational rehabilitation, etc.), Veterans' Programs, Education, Public Housing. These expenditures represented 8.7% of the gross national product and 32% of all government expenditures. In 1955 they amounted to an expenditure of \$201.98 per capita.

Along side of these expenditures, of course, the expenditures by Jewish communities for medical and social welfare programs are terribly small. The gross expenditures for local Jewish social welfare and medical services are probably \$200,000,000 a year, with central funds contributing toward these expenditures something in the neighborhood of \$45,000,000.

The relationship of these funds, Jewish and public, is a matter of real interest to us. In certain areas of our work over the years, public funds have played a greater and greater role. Unquestionably they have taken care of a great number of aged persons who otherwise would have needed assistance from the Jewish community. Likewise they have extended service to many Jewish families. They have assisted in the care of Jewish children both in state and local institutions and in Jewish child welfare organizations.

There has been an increasing amount of money directly and indirectly given toward the maintenance of institutions for the aged, hospitals and clinics, and varying from state to state, to institutions under Jewish auspices through payments to individuals or subsidies for care of individual persons. It is not possible at the moment to express the exact amount of money so made available—money which otherwise would have had to come, in large measure, from the coffers of the Jewish Federations or individual agencies and institutions.

There are certain duties and responsibilities that fall upon us in the light of our resolve to maintain a central and permanent Jewish community organization with its attendant institutions, and the parallel existence of large and increasingly pervasive public welfare agencies. These responsibilities have to do with intensive collaboration with and service to the public welfare systems as a matter of both self-interest and as a matter of the well-being of the general community within which the Jewish community lives and works. Human needs in a constantly expanding economy, and a constant rise in the standard of living concomitant therewith, cannot possibly be considered in static terms.

One may speculate at great length on the effects on our Jewish communal programs, not only of population changes, but more particularly in our present discussion of the advancing programs in public welfare and medical care. Broadly speaking there are three areas that concern us: (1) the optimum use of the physical plants and skills which the Jewish community possesses in its welfare and medical institutions; (2) assistance in the planning of good public welfare programs at the various levels of government; and (3) concomitantly planning and implementing programs in the Jewish community to build strengths into the Jewish population.

In assisting in the development of sound public welfare programs and programs of medical care, we have certainly made a significant contribution in certain areas. It is probably true that the Jewish hospital, a community-wide institution, has in some instances more closely identified itself with general welfare than some non-sectarian hospitals.

The hospital can be of vital assistance, as some few of them have been, in making possible experimental work in the rehabilitation of public welfare patients and in thereby outlining better ap-

proaches for the care of the many thousands and even millions of people requiring Old Age Assistance or Disability Assistance, or, in some areas, medical assistance to families under Aid to Dependent Children. The Jewish hospital, of course, primarily exists to serve the Jewish community, but as medicine is practiced now in the United States, and as the professional position of the Jewish physician has advanced and changed, the Jewish hospital represents just as essentially a major contribution by the Jewish community to the general community's welfare.

There are other agencies of ours that can make excellent contributions to the common welfare by virtue of the programs that they have developed. Our various vocational services are in this area. Where they have been reasonably adequately financed, they have conducted experimental work with hitherto unemployable people; they have developed diagnostic and other procedures for testing employability and determining type of employment. They have indicated that by persistence and zeal, employment opportunities can be opened up under varying economic conditions. Employment rehabilitation is a necessary ingredient of public welfare services. A closer relationship with public welfare and public vocational and employment agencies would give us the opportunity of making contributions of real value to the American community, and incidentally to Jews served by our own as well as public agencies.

In the field of the care of the aged, the Jewish communities, or at least some of them, have demonstrated the validity of a community-wide program on behalf of the aged with a coordinated participation on the part of the family services, vocational services, community centers, the homes for the aged and the medical institutions. This demonstration of the validity of a coordinated approach,

rather than a purely legalistic approach, has been widely recognized as an important contribution to organized programs on behalf of the aged.

Add to this the growing appreciation of coordinating the various services that deal with the chronic sick in and out of hospitals and clinics, bringing together again family services, homes for the aged, hospitals and their clinics, vocational services, home medical care—all in an effort to work again toward the dominant themes of rehabilitation as well as self-care and the prolongation of life.

What is here being underscored is that there are areas of Jewish social welfare and medical programs which light the way for a much more intelligent and ultimately much more economic public welfare program; that these are important contributions if related to public welfare programs, and that quite aside from the benefits accruing directly to the Jewish patients or clients or residents involved, great benefits are accruing to those Jewish patients or clients who, in such large numbers, are being served by tax-supported institutions and agencies. This is altogether in addition to whatever personal contributions Jewish social workers and executives and laymen may be making in any other way through advisory committees and services and membership in public bodies.

There is no surrender to the general community in assisting that community in its problems. Quite on the contrary, the integrity and the independence of the Jewish organization needs to be maintained so that it can make its most valid and most vigorous contribution both from the standpoint of necessary service given to Jews, and as a practical expression of Jewish ethics.

It has been urged that in the social welfare field there is developing a tripartite American community based on the three important religious groups,

Protestant, Catholic and Jewish. Quite on the contrary, in spite of the fact that there exist Lutheran, Catholic and even here and there Protestant Federations, and certain Jewish Federations and Welfare Funds, the shifting population has speeded up the establishment of a general American community with increasing emphasis on the validity of service to the whole community. The pervasive Community Chests and United Fund movement and the steady increase of service in many areas provided by tax funds, the drive toward integration of the races—all of these are elements working quite against the establishment of a tripartite community. There is, on the other hand, no question of the continuance of a Jewish communal program in the 14 states and in other states, or in the 28 communities mentioned earlier or many other communities for a long time to come or really as long as the Jewish communities physically remain in those areas or other areas.

What one argues for in this connection is for a strong and valid Jewish program.

Population redistribution, expanding public welfare services indicate to Jewish communal organizations the emphatic need for regionalizing a number of their activities. Some of our agencies—community centers, day nurseries, family services, child placement services—naturally will need to redistribute their facilities or to simply increase facilities already distributed, to meet the needs of the people where the people are. This we have done for many years. Other of our agencies, such as hospitals, homes for the aged and the office facilities of the Federation itself, begin to think in terms of regionalization of their work. Thus, some of the important medical centers which we possess can make arrangements for a coordinated program to patients of small institutions that will utilize the massed facilities and skills of the medi-

cal center for the benefit of smaller institutions and their patients.

Our homes for the aged increasingly cannot be constricted in their services to the political boundaries of their respective cities. As they develop programs of rehabilitation looking to the eventual discharge of people to residential facilities and/or life in the community, as they become more skilled and more specialized in the field of treatment of the chronic sick, they, too, will regionalize their programs and serve communities beyond the central city.

The problem is perhaps more acute in the field of Jewish education. In some of the larger communities, the centrally supported Boards of Jewish Education run the gamut from elementary instruction, through the training of teachers and the granting of higher degrees. A well-organized College of Jewish Studies should, naturally, draw persons to it from beyond the limits of its city. On the other hand, extension work by our Colleges of Jewish Studies, higher education of the children in high schools can, through branches, as well as extensions, reach the people in the total metropolitan area. The schools, like the Synagogues, will move on. However, because of the occupational distribution, the educational status and the age status of many people moving to the periphery of our cities and into the neighboring communities, the field of Jewish education may well again consider the establishment of communal schools, both for their intrinsic merits as well as demonstration centers.

In some places a modification of such a program has been established even in connection with the Synagogue so that the school may serve children in a basic, and so to speak, non-sectarian Jewish way.

The community organization itself—Federation or Welfare Fund or Council, whichever may be the designation in a

particular community—will need to consider the establishment of Sub-Federations tied closely to the existent central body so that the people in these growing communities, in some of which the Jewish population is larger than the hitherto second, or third or fourth Jewish community in a particular state, will have an opportunity to develop their own resources and have a voice and a vote in such development. A number of our communities, including Chicago, are experimenting with extension of service, redistribution of service, and Sub-Federations.

The basic consideration which might well guide the redistribution of facilities, and the various experimental services already indicated, is that we are concerned with a greatly expanded central city and a proliferation and extension of services which it contains. Fundamentally this has been our program in the Jewish community over many years as the composition of the Jewish population or as its numbers have changed from neighborhood to neighborhood.

There has been much discussion of late with respect to the relationship between the Synagogue and social welfare programs of the American Jewish community as a consequence of the redistribution of some of the Jewish population. It is natural and a matter of course that when people move into a new community in the absence of Synagogue facilities, they will establish a Synagogue. In fact, all around us here in the suburbs, they have established a number of Synagogues. If the population did not move at all, or having moved, there was then stasis, we might well be concerned with the utilization of the Synagogue for purposes other than spiritual and religious activities and its relationship to what we generally call Jewish education. But this business of urbanism, to which your attention was called at the very beginning, emphatically points up

that it is a process that has gone on—accelerated now and then—and will continue to go on. The stress and strains on people, quite aside from their economic life and the great need for teaching of Jewish ethics and spiritual values through the Synagogue, especially in the newly settled areas and in the growing areas, is a matter which is so vital to our every-day life that it constitutes program enough for the Synagogue.

In quite a number of communities throughout the country there exists a long history of relationship of the Synagogue as an institution to community centers and of the relationship of the office of the Rabbi to services to individuals in the field of personal counselling. Synagogue Centers have almost inevitably become modified Jewish Community Centers, and in many instances, established formal organizational relationships with the general Jewish Community Center. Informed Rabbis, who certainly have a significant role to play in counselling members of their congregations or others, have long since recognized the need for relating their work in this area with established casework and medical agencies. These historically established relationships and conditions may be momentarily obscured, but only momentarily. The vital Rabbis and the vital members of congregations participate in our general community programs. To that extent, there is integration of the Synagogue into our communal programs, here and abroad.

What is required on the part of our Jewish community institutions is a program of building strengths into the Jewish community through our communal agencies. The extension of a positive and preventive work program of activities is what is indicated. Here, too, we can develop pilot programs—

and we will develop some—which can be of great assistance to not only our Jewish community, but also to our general community. This business of building strengths into a community is a vast program and can be very expensive, but we can make beginnings. Let us consider three areas.

We speak a good deal of the growing problem of the aged. In March 1956 there were 14,404,000 people in the United States over 65. Of this number only 2,088,000 lived on farms; and of this 14,404,000, about 3,289,000 were employed; 97,000 were unemployed and 10,624,000 were not in the labor force. The median income of persons with income was \$931.00, with males earning a median income of \$1,337.00. Of this total number of 14,404,000, under 400,000 were in institutions of various kinds. For the more than 10,000,000 unemployable aged, Golden Age Clubs come a little late, although they are valuable. What the number of Jewish aged in all these various categories I have mentioned may be, is unknown. With a great deal of calculation of Jewish population in states that we mentioned previously, and in addition the number of persons in all Jewish institutions of various kinds, we might arrive at some figures. But whatever the numbers may be, we should prepare people for retirement or for life over 65. We should have medical programs, programs of adult Jewish education, programs of vocational guidance and retraining, programs of recreation and hobby interests to prepare people for a somewhat happy life after 65. One uses the term "after 65" because that is a term generally used in discussing and planning for retirement and not because one feels aged "after 65," especially if one already is over 65.

The day care programs in the care of the aged, however small they are now, the Golden Age Clubs, the spotty at-

tempts at Jewish education, the growing interest in geriatrics in our medical institutions, all point in the direction in which we would like to go. A preventive program, however, starts long, long before 65.

And there is the question of family life as a whole. How much of the budget in our family agencies is now devoted to the conservation of family life? In one sense, a good deal of the budget of our family agencies is expended on skilled professional staff so that they might render services of a preventive and alleviative nature, rather than serving an economic function. It is, however, desirable to reach out into the Jewish community, as a few are doing, to become a Jewish family life association or organization to give people some appreciation of the problems encountered or to be encountered in families as they are formed and as they grow up and grow older. The social worker, the psychiatrist, the group worker, the physician, all play a part in this. The problems of adjustment in the old as well as the new centers of population cry out for such a family life program.

And then, of course, there is the problem of preventive medical services, hardly obtainable at almost any price even in the private practice of medicine. However, as our doctors move their offices into Jewish medical centers, as labor unions in the general community, through their clinics, can emphasize health and create the psychological atmosphere for prevention rather than cure—it may, in the long run of time, become possible, on a fee basis for most people and on a free basis for relatively few Jewish people, to bring preventive medicine into the lives of our people.

Our community centers, joined with our Boards or systems of Jewish education, of course, should and can be continuously responsible for giving the strength that is derived from knowledge

of the world as a whole and of the Jewish world as a part, can give some peace and surcease from care through understanding to our people. The greatest contribution to be made by these organizations in the present time is to the young adult and older adult population. As a matter of fact, it would pay to make this the century of the adult.

Perhaps all of this has been a bit of a pedestrian view, in the light of the portentous problems confronting us and our world. Some of the areas of our interest have not been discussed at all. Certainly work in community relations is a valid part of our communal program here and abroad. It is inevitably linked to the progressive development of American life and the slow evolvement of international cooperation in health, education and human rights. Directly and indirectly, relief, rehabilitation and development of Jewish communities overseas is a vital part of our communal activities, too often overshadowed by the hectic atmosphere of *ad hoc* financing and too little concerned with long-range planning of the integration of the American Jewish community's interests, skills and finances—with the needs of Israel and other areas.

Coming back to our local services, however, we cannot neglect much longer the establishment of worth-while local programs of social research. Much more money needs to be spent for research well beyond cursory statistical tabulations—so that our agencies and their Federations and Welfare Funds might be well buttressed with knowledge to guide action and with a substantiated understanding of where we have been, where we are and where we are likely to go.

One can recall that thoughtful persons hesitated for many years to make commitments to programs because they felt that an American Jewish community had not yet been established; that we

were still an immigrant community finding our way. Well, the American Jewish community is here in almost every sense of the term. The vast majority of us are native born. Our life is quite secure in the American economy. The shift of our people in such numbers to service occupations and the professions in common with a similar shifting in the general population—though in larger proportions in our case—is now a blessing because of the increasing need of these services as our industrialization and our population has grown. It is an educated, if not a wise community.

In our own field of communal services, the mood is for change. We are pushed by the vast changes in the political and physical world. We are subject to the steady pressures of an increasing and mobile population—pressures long in existence but now more precipitate. The American people insist on a constantly developing public welfare and medical program. We move with it in contributing our skills and procedures and results to it, and in insisting on adequate care for our own people and indeed all people.

An increasing and mobile population strongly urbanized must produce regionalism in the planning of some of our services and in a redistribution of others. If we insist, as we do, on our physical and moral survival as a community—then we build strengths into our community, not only in alleviating conditions of disease and maladjustment, but also through preventive services based in existent institutions, we train people to live adequately in a stormy and changing world—with much of such a program aimed at adults.

Certainly the times require personnel with rare gifts of training, statesmanship and intuitions growing out of knowledge and experience, if the struggle to control change is to be fruitful. The social worker, the educator, the physician, the Rabbi, the oriented layman,

at least in areas which we have been discussing, independently and in collaboration, given the knowledge and the intuition and a sprinkling of statesmanship, will guide the changes.

The vast changes that may come in the remote future, or changes that may come within the next generation, in our lives, we cannot foretell. It may be true that in this age, when more and more secrets of the physical world and the universe are being probed and being learned, that our age will be comparable to the age in which men discovered fire and man made the first practical wheel. Man could not then foresee the great cities that would come out of these, to us now simple phenomena, nor could man foresee the violent as well as the beneficent social forces that in the centuries then to come would be released.

As human beings and as Jewish com-

munities, at times quietly and at times violently, we have had adjustments thrust upon us over the ages. We have guided our Jewish communal works here and abroad, quietly and at time forcefully to expedite these adjustments.

And we shall continue to do so in the light of the ever-present pressures in American life toward communal as well as governmental responsibility for an ever-rising standard of living for the people; in the light of an ever-increasing appreciation of the inevitable urbanization of the population; and an insistent drive that in our work and in our planning day by day we broaden our vision and we align our institutions to preserve our unique community and its concomitant correlation with the life of our country and with the forces that our country now represents in the world at large.