

Welfare Issues in Jerusalem

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MANY friends and colleagues from abroad have inquired with concern about "the welfare situation in Jerusalem." Some of this concern stems from articles in the foreign press, but anyone with fairly well-trained eyes and ears becomes aware after even a short visit that new problems have arisen and unattended old ones have reappeared with vengeance. Perhaps the relatively slow pace of providing that attention has turned Jerusalem into one of the socially turbulent and potentially explosive towns in Israel. This article relates to some of the welfare problems which are seriously neglected and a number of the background issues involved. The latter part of the article highlights the particularly severe situation of the chronically ill in Jerusalem.

Jerusalem has changed overnight. From a small, socially intimate little town before the Six-day War, it has sprouted entirely new neighborhoods directly opposite the poorer areas: in Ramat Eshkol across from Shmuel Hanavi, San Martin and St. Simon near Katamon, the Rechov Stern area across from the "asbestonim" in Kiryat Yovel, and the Wolfson towers just behind the old Nachlaot. The population has grown to over 300,000, many of them newcomers to the city. One-third of the city's population is Moslem, and perhaps the relatively quiet unification of Arab and Jewish Jerusalem has been the most significant single achievement to date.

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In the great rush to build the city anew, however, the accent has consistently been on physical, structural change, and the considerations for this have been political and economic, but rarely social. Behind all the mortar and bricks and bulldozing that are today rapidly changing the face of our city, only a few people have paused to consider the social and human consequences of all this frenzied activity, not on the newcomers, but on the *old-timers*—those people who, for over 20 years, took part in our wars, remained crowded in their old-new neighborhoods, and hoped for progress and change to come finally to them also.

The poor of Jerusalem make up more than 16 percent of its population, many of them Sephardim, and primarily from large families. Relatively little systematic thought has been spent on facilities for the aged, the ill, the handicapped, the street-corner children and the delinquents who live in the city. Approximately 40 percent of the families receiving help from the Welfare Department in Jerusalem are *working poor*, for whom the father's income is so low that he cannot make ends meet. Another 40 percent of welfare clients are the aged, and another 15 percent are handicapped physically or mentally. What does the newly developed Master Plan of Jerusalem say for these citizens?

Social Planning Neglected

The sad fact is that there is no Master Plan at all for welfare. This subject takes last place on the scale of priorities for the planning of the city and because

of the political unsophistication of the needy (so far), social workers have carried most of the burden for presenting the case of the poor. Unfortunately, it took the Black Panthers to bring some glimmer of local understanding that our social problems, when left to fester, endanger *everyone* and that our national battlefronts today are not only located on the Canal and on the Golan Heights, but in the streets of Katamon, Musrara, and Hatikva as well. Over 60 percent of the 130,000 families receiving welfare help in Israel live in 11 cities; it is basically an urban problem.

Over 22,000 children in Jerusalem are in need of help of one kind or another from the city's welfare offices. Over 1,000 need placement away from home, but less than 600 receive such help. Only 30 of the 107 public schools in Jerusalem have social workers (and those part-time), while the funds at their disposal for basic work with families are negligible, about one-third of what is needed. Expenses for school books, school uniforms, bus-fare across town, school meals, and school outings for children of the poor are doled out by welfare workers, who, according to regulations of the City and the Ministry of Social Welfare, are required to use their personal "judgement" to decide how much and to whom to give the aid. "Judgement" is a device that has been forced on social workers in order to enable municipalities to reach the end of the fiscal year on inadequate and arbitrary welfare budgets. Any attempts at formulating clear criteria for eligibility for welfare services have been rejected by the national government and municipalities because they would automatically require budgeting of funds to back up those criteria. Increased welfare spending is not done gracefully since welfare is often not considered a good human investment, and government tends to let social workers serve as shock-absorbers

for the governments. The same marketplace situation is the rule for work conditions of social workers; the Ministry of Welfare has *never* published publicly work norms for welfare personnel, as exist for all other civil service employees such as teachers, doctors, and even cleaning women in municipal services. The Jerusalem municipality recently refused outright even to discuss the principle of caseload norms for its social workers and as a result the average case load in Jerusalem is 274 families per social worker! No wonder the tremendous turnover of staff, nearly 60 percent per year for family and child welfare workers.

Arbitrary welfare budgets and large caseload size are not the only problems. The city has not really begun to understand the type of network of social services needed in order to keep pace with population growth and the social problems existing today and growing steadily. For example, there are woefully inadequate quotas regarding the number of children's day-care placements, institution and foster care placements for children, placements of the well-aged in institutions, and placements for retarded children. These quotas are arbitrarily arrived at by the Ministry of Welfare and exploited by municipalities; and the social worker, in the absence of clear policy criteria, continues to serve as shock-absorber between clients and local government. There is absolutely no excuse morally for a quota system where medical services for the ill, for example, are concerned. It is also hard to justify the fact that quotas prevent over 1,000 children from poor families in Jerusalem from attending day-care centers in Jerusalem this year.

Prostitution by Teen-Agers

The number of teen-age girls involved in prostitution in Jerusalem has increased

dramatically since before the Six-day War. From 60 teen-agers known to the city's welfare workers in 1966 the number is now over 300. Jerusalem has become a booming tourist town, and young girls from large, low-income, overcrowded Sephardic homes earn quick money and emotional release through prostitution. Although there is obvious need for a hostel for girls who want to quit prostitution: a closed observation center, a decent shelter and job subsidies for these girls, the Jerusalem municipality has not begun to meet the problem head-on, despite there being at hand highly motivated social work staff willing to do the job if given the tools. The Jerusalem Foundation, a philanthropic reservoir of the municipality, has not yet given one agora for projects of this kind, and has concentrated on the "more productive" segments of youth in the city, on under-equipped pocket-size parks, and other services to "non-residuals."

Many retarded children are in need of community services which are costly and cannot be funded by the already over-taxed volunteer parents' organizations. Jerusalem needs an institution for retarded children who often wait up to three years for placement and a larger sheltered workshop for less severely retarded children. The nearly 600 blind in Jerusalem are badly in need of a good sheltered workshop, and the aged in the overcrowded Katamon and the Shmuel Hanavi areas need a facility (municipal or private) similar to the successful privately operated Life-Line for the Old workshops in Musrara. Are any of these enterprises part of the Master Plan for the city? Who has thought about them and about the citizens who need them? The fact is that physical planning has not included social planning and the city Administration has tended to be unaware and defensive regarding planning for the quality of life in Jerusalem.

Housing for large families, young couples, and the elderly is a particularly acute problem in Jerusalem, yet there is no single address in the municipality for this crucial need. Community organization workers and other city welfare workers became involved to fill the void, but there is a need for a special unit to fill this function. So long as residents have faith in local government they turn to municipal officials first and foremost in times of distress, and the municipality has been consistently referring them over to the national ministries and shrugging its shoulders, because it doesn't want to develop welfare into a municipal issue and major contender for municipal budget. But, like it or not, with over 50,000 citizens coming to its welfare offices, with the old-timer immigrants seething over the new buildings going up all around them, and with a heightened Sephardi sense of the income and opportunity gap—welfare is indeed a major issue. The 1972-3 year's welfare budget for Jerusalem (IL.15.1 million) was about equal to the previous year's *actual* expenditures (IL.14.9 million), with rising costs (15-20 percent) already resulting in a deficit. The 1973-1974 budget is IL.6 million less than requested. And this, despite an increase in the Ministry of Welfare's participation in the funding of welfare for Jerusalem this year. The municipality has purposely *decreased* its share in welfare expenditure rather than using added income from the Welfare Ministry and its own funds to expand its welfare network.

There is a widespread feeling that the time has come when the term 'ambience' in Jerusalem must stop relating only to Arab-Jewish relationships, but relate also to the total population of the city, a time when welfare must cease being an unwanted stepchild in the family of municipal departments, and when social workers are looked upon by the Mayor as loyal

municipal employees rather than as those simply out to give the city a bad name.

Jerusalem needs a good Master Plan for social welfare and an understanding that the poor, the aged, and the handicapped have at least equal rights to municipal services as other citizens.

The Chronically Ill

The problem of the chronically ill in Jerusalem is a classic, but tragic, example of poor planning and neglect. Being poor and chronically ill in Jerusalem today is an unbelievable nightmare. And despite all the talk and words written on the subject during the past five years or more, no appreciable change has taken place.

Anyone who has watched a relative or friend die of cancer, or seen stroke or accident victims struggle to maintain a minimum level of functioning, knows well the emotional and particularly the financial crises which envelope the families of these patients. General medical hospitals are reluctant to "waste" precious bed-space for the chronically ill, and thus families begin, sometimes with the help of social workers, if they are poor, the heartbreaking struggle to seek an appropriate arrangement for the care of their loved ones.

Many families begin by bringing the patient home. In Jerusalem they rarely have any other choice since the municipality has placed a quota on the number of placements it will allow its Welfare Department to help pay for. Today, for example, only 145 places are subsidized by the Department of Family and Community Services while the number of families needing financial help is over 750. Additional families must actually wait until one of the 145 subsidized patients die before the Department will give financial help even though the placement has been approved. Since 30 per-

cent of those placed die each year, only a small number of people on the waiting list are being placed. This year 30 of them died before placement was made. For most of those waiting, beds are available—but not in Jerusalem.

In the entire city, 700 beds are needed, but only 140 beds are available in institutions for the chronically ill and only 81 of these are allotted to the poor, while private cases take up the rest. Elaborate plans were considered for getting more beds for the chronically ill in Shaare Zedek Hospital, in the United Old Age Home, and in the Bikur Cholim Home, but all of these plans have fallen through. There are more plans for building a municipal old age home in Sanhedria with a unit for the chronically ill, but things at the municipality are moving at snails' pace.

So nearly 60 percent of Jerusalem families are forced to send their relatives to all kinds of private institutions near Tel Aviv, where visiting is difficult due to costs and distance, and where patients have passed away without the family being present or even being informed for days afterwards.

There seems to be no one with any real power in the municipality administration for taking things in hand. When it comes to building roads, hotels, stadiums and museums everyone from the Mayor down is active, but where welfare is concerned the city's dedicated and talented social workers usually have no one to talk to and one gets the impression that welfare policy is a very ad hoc arrangement. Indeed, the municipality would be delighted if social workers would stop going to the press with welfare problems that give the city a bad name. But for Jerusalemites the municipality is the only address they have.

Contrary to popular opinion, most families want the patient home with them upon his discharge from the hospi-

tal, especially in cases of terminal illnesses which are still manageable without around-the-clock medical care. But semi-“nursing” cases require great attention to handling of catheters and bandages, to bed-sores, feeding, stiffness of muscles from disuse, and incontinence, and these chores sap the strength of the entire family during the first few months.

Social workers in the Jerusalem municipality and hospitals have developed, almost by sheer will-power alone, some excellent, but quantitatively limited home help programs where a woman is hired by the family to help cook and care for the chronically ill person at home for a few hours several times a week. But periodic medical care *in the home* by Kupat Cholim (i.e. Histadrut Sick Fund) doctors, visits by public health nurses, by physiotherapists, and other medical staff is nearly nonexistent and when the municipality's home-care budget is spent, that too is unavailable. Middle-income families often spend all their savings and take high-interest loans to provide home care or institution care for dying parents and relatives, and many eventually wind up competing for meagre help from the welfare offices. Even the newly contemplated National Health Insurance Law, or the forward-looking programs of the National Insurance Institute do not include coverage for home-care or home help, special medical and auxiliary expenses. There is no reason why the Mother-Child Health Clinics in Jerusalem and the rest of the country could not provide home visits by nurses to the chronically ill, why the National Insurance Institute should not provide grants for home care nursing expenses, or why Kupat Cholim should not guarantee systematic, long-term medical care and physiotherapy to the bedridden and homebound.

Regarding Kupat Cholim, the general feeling is that just when you need them

the most, restrictive clauses result in their helping the least. By some absurd tradition Kupat Cholim does not recognize nursing care expenses as its responsibility and in most cases will pay only IL.100 per month and only up to three months! Costs for home care are not recognized at all. When the cost of institutional nursing care is nearly IL.1,200 per month, home help IL.6.00 per hour, and IL.15.00 per visit by a physiotherapist—it isn't at all difficult to understand why families eventually reluctantly find their way to the public welfare offices. It should not be forgotten that many of the families in Jerusalem already “on welfare” with an ill person at home are still without basic necessities. Over 15 percent are without heaters for the winter, over 30 percent lack hot water in their apartment, and 80 percent need decent blankets.

Social Workers Pressure

Last June, 1972, a meeting of nearly 700 social workers from all over the country took place at the Van Leer Institute in Jerusalem to decide on concrete steps to bring the issue of the neglect of the chronically ill in this country to a head. It was then resolved that social workers would cease being partners to the run-around given these families and that as of October 1st, 1972, families would henceforth be referred directly to the Ministry of Health, which, rather than the Ministry of Welfare, is the proper address for the chronically ill. Since the convention in June the Ministers of Welfare and Health have finally met and agreed to transfer the responsibility for the care of the chronically ill to the Ministry of Health as of December 1st, 1972.

The new arrangement changes very little since both the amount of funds and mechanisms for funding services for the chronically ill will remain exactly the

same as before: 45 percent from the Treasury, 20 percent from the families, and 35 percent from the municipalities. On the contrary, with, under the new arrangement, the Ministry of Health deciding on what treatment (home care, institutional placement, etc.) should be given, and with municipalities still maintaining quotas and not moving to open-ended budgeting for the chronically ill, what will happen now is that the Ministry of Health will decide on treatment plans and then send the families running to the municipalities (to the social workers, of course), to plead for financial help—which is exactly what is going on today.

On top of all this, the Union of Owners of Homes for the Chronically Ill is insisting on higher board rates and claim that they will not allow the Ministry of Welfare to transfer matters to the Ministry of Health until this demand is solved. They claim that the Welfare Ministry undertook a survey of board costs several years ago, but never completed it.

Conditions in many of the homes are indescribable, and more than a few families and nurses and doctors working in them have donated clothing and other basic items rather than see patients improperly cared for due to lack of funds. Dr. Kisselstein of Bikur Cholim Hospital, Professor Menchel of Shaare Zedek Hospital, Chasida Gevaryhu of the Welfare Department in Jerusalem and Greta Fisher of Hadassah Hospital and scores of unnamed nurses and social workers are the unsung caretakers of Jerusalem institutionalized chronically ill, the majority of whom have lost their voices and their ability to complain. Supervision of these homes is terribly lax, salaries are so low that good personnel are hard to find and keep, and operating budgets so lean that the patients must always pay the price in diluted services.

Because the Finance Ministry has consistently pinched pennies over this service and because the Jerusalem municipality does not want to accept responsibility for the chronically ill in the absence of a municipal hospital, most social workers believe the time has come for “nationalizing” this service, with full costs carried by the government under a reasonable national insurance scheme.

Whatever happens, the social workers' National Actions Committee (based in Jerusalem) recently decided to enforce its original resolution that social workers cease handling referrals of the chronically ill coming to the public welfare offices. The social workers want the chronically ill to obtain proper medical care in institutions or at home as indicated by the *medical diagnosis alone*, regardless of the patient's ability to pay. This seems such an elementary right that it is immoral that we make the poor among us fight, and die, for it. It is really a national disgrace.

Budgeting for Welfare

In the face of all the service needs mentioned above there is a constant shifting of the blame for inadequate welfare budgets. The municipality spends 10 percent of its total annual budget of IL.150 million on social welfare and although the Ministry of Welfare officially subsidizes 41 percent of welfare expenses, the actual subsidy comes closer to 60 percent when special projects and mid-year expenses are added. There is a feeling among many social workers that the municipality has not committed its share. This issue flared up again in February, 1973 when 40 new social work positions funded for two years 100 percent by the Ministry of Social Welfare as a result of Black Panther activity in 1971 were in jeopardy because of the municipality's

refusal to participate in funding them. Workers hired on special contracts are now facing dismissal and neither the Ministry nor the municipality has as yet backed down.

Operating budgets for the Welfare Department in Jerusalem have been nearly frozen for the past two years, except for cost-of-living increases. There is a IL.6 million difference between the Department's budgetary needs in 1973-4 and the budget just recently approved by City Council (IL.20.8 million). Social worker turnover is very high, only 25

percent of which is due to maternity leave.

Social workers in Jerusalem are convinced that serious social unrest is bubbling just below the relatively calm waters which have followed the Black Panther eruptions, and they are amazed at the relative complacency and lack of ongoing concern which has apparently set in on both the municipal and national levels. This concern is shared by social workers elsewhere in Israel, but more sharply in Jerusalem located at the eye of the storm.