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ral spot for members of a family to meet, establish friends on inter-family relationships, discuss informally problems that they would not have the opportunity to discuss. In addition, Centers provide for discussion of personal, vocational, and educational problems. The club activities and special interest groups tend to hold the interest or give the family members an opportunity for expression.

The Center is increasingly becoming a community-wide organization for group work services. Centers are found available to all members of the community regardless of their economic status. It fulfills a need for all communal groups. Fund raising, although a vital part of Jewish community organization work, merely serves as the tool for Jewish survival. The Community Center relates itself to all groups and organizations in the community making available its specialists. Its services do not necessarily confine it to in-center activities-its scope of operation extends out into the field and increasingly serves as a unifying group-work agent through its field extension service work. The "isolated corner" development is a thing of the past for the Center program.

Group Work Approach and Advantages

The Center becomes an instrumentality for vocal expression of many ideologies. It is a meeting place and unifying agent for all, as varied as the group may be. It is the stamping ground for the expression of the individual. It is a dynamic force for establishing relationships in society and is not only a means of Jewish unity.

The Jewish Community Center becomes an important phase of communal life in that it is a means of carrying out the fundamental principles of our democratic form of life. The Center structure itself becomes symbolic of true democracy in that:

- 1. Participation in the policy-formulating body is constituted in the Center Board and its membership.
- 2. Camp youth and adult activities are means of putting into practice the teachings of group-work technique.
- 3. Group cohesiveness.
- 4. Research methods are established.
- 5. Inter-cultural programs are fostered (provided *Jewish culture* is strengthened).

Mr. Louis Blumenthal of the San Francisco Jewish Community Center summarized the paper as follows:

- 1. Administrative aspect.
- 2. Community relations.
- 3. Program.

Eight outstanding points were made:

- 1. That the Jewish Community Center has been training lay people to understand Center programs.
- 2. That the Jewish Community Center is serving the community well in marital adjustment services.
- 3. That personal consultation for individuals visiting the Center has increasingly made necessary the mental hygiene field as a resource of information.
- 4. That the Jewish Community Center provides the youth with a place to go to and establishes a sense of belonging, of pride, and prestige.
- 5. That the Jewish Community Center will work out a sorely needed adult Jewish educational program on the level of youth interests.
- 6. That the Jewish Community Center is the only Jewish organization

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- within the community with which there is an affiliation and active participation on a group-work level and wherein there is the opportunity for self-assertion and personal relaxation.
- 7. That the Jewish Community Center continues to be a public relations body through the medium of the high level programs.
- 8. That the Jewish Community Center fills an unmet need for the emigrees, the unemployed, the military and the aged.

Open Discussion

Question: What should the Center function be for youth of the ages 3 to 8 years of age?—Milton Malkin, Director Beverly-Fairfax Jewish Community Center, Los Angeles.

- 2. The Jewish Community Centers and Jewish educational groups should collaborate more on a national level.—Samuel Gershovitz, Chicago.
- 3. The exploration of joint thinking between the Jewish Community Center and Jewish educational fields is important. The field is broad and fertile and problems numerous for both professional groups for which to strive, work and live together.
- 4. Jewish youth education is a problem for all concerned and should be a joint effort. A mutual exchange of ideas, experience, knowledge and resources is imperative in order to bring about an improved, progressive and healthy program for the Jewish community at large.

SUMMARY OF PRESENTATIONS ON JEWISH HEALTH NEEDS

By MORTON J. GABA
Regional Director, Council of
Federations and Welfare
Funds

Dr. J. A. Katzive:

HEALTH services center around the hospital as a core and will continue to do so increasingly in the immediate future. This holds because of the following medical developments:

- 1. More and more attention is being paid to preventive medicine which requires hospital services. (Cancer detection, x-ray, routine laboratory examinations, RH determination tests, etc.)
- 2. Ninety-nine percent of California

- infants are now born in hospitals.
- Annual physical examinations in hospitals are becoming routine practice.
- 4. The general hospital is becoming a nucleus for many services formerly specially handled. TB patients are no longer excluded, the treatment of contagious diseases is considered part of the general hospital responsibility, mental patients are treated in the early states and medication and shock therapy administered.

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5. Both planning and treatment of convalescent and chronic care patients require general hospital facilities.

Such hospital service is expensive because of its heavy dependence upon skilled personnel. Salaries, of course, are regulated by the competitive market and private hospitals must bid for staff in this same market.

The overwhelming problem of where will the increased budgets come from is being met in part on the West Coast by turning to government agencies (the county) for partial reimbursement of free service which would otherwise be a government responsibility.

Voluntary hospitals may also have funds made available to them by research foundations financed by big business who more and more are establishing research activities.

Dr. Harold G. Trimble:

"There is no Jewish disease, hence why a Jewish hospital?" More Jews are hos-

pitalized in non-Jewish institutions than in Jewish institutions. Jewish patients vary from 6 percent to 90 percent in hospitals throughout the country according to information supplied by the CIFWF. The argument, thus, is weak that you have Jewish hospitals to serve Jewish patients.

A more valid argument for Jewish hospitals is the prime need for providing training opportunities for Jewish internes. With limited general facilities and apparently contracting placement opportunity for Jewish medical school graduates, Jewish hospital placements serve an unquestioned need. Jewish hospitals in addition have primary concern for and interest in their Jewish patients and through their high medical standards contribute to general medical knowledge.

As already stated, hospitals are expensive institutions to create and maintain and, accordingly, small Jewish communities cannot afford them. Regretfully, they must do the best they can with the existing facilities in their own community.

TOWARD THE REHABILITATION OF EUROPEAN JEWRY

By LEO W. SCHWARZ *

American Friends of the Hebrew University

TY remarks today are based on the assumption that the surviving Iews of Europe can be rehabilitated. The recovery of large segments of Jews in the countries of western Europe, in Poland, Czechoslovakia and Yugoslavia, and the spiritual toughness of the displaced Jews only two years after liberation fortify this assumption. But a successful program of rehabilitation will depend upon our understanding of the actual needs of the people as well as a well-defined policy and plan. My experience abroad and my recent contact with our community in the U.S. underscore the necessity of broad-gauged planning. However, before discussing the problems of rehabilitation, I should like to correct certain prevalent misconceptions, especially regarding the DP's.

First of all, the belief that the Jews are a heap of human wreckage and the displaced persons are an assemblage of psychotics is utterly false. The most singular characteristic of our people in Europe is their unmatched vitality and resiliency. I have never had so exhilarating and stimulating an experience in my life as my year with the displaced Jews in Germany. They are a remarkable group of human beings. It is significant that Munich has become the most vital center of Jewish religious and cultural activity in Europe.

Secondly, the prevailing conception of Jewish life in the DP assembly centers of Germany, Austria and Italy is fantastic. There is not as yet an accurate substantial report of the status and existence of Jewish displaced persons. There is no barbed wire around any of the DP assembly centers. These range from cottage plan type like Freiman Siedlung in Munich and apartment blocks as in Stuttgart to military barracks such as Pocking. The rooms are overcrowded, the furnishings are sparse and makeshift at best. Schools, synagogues and workshops are simple and inadequate but they exist in almost every camp. The people are free to move in and out of camp, though travel and accommodations outside of camp are difficult. Little has been done to improve conditions because both the people and the occupying authorities regarded the assembly centers as collecting points for emigrants, and for this reason no constructive employment plans were given serious consideration until the fall of 1946. This economic immobilization has not prevented the people from developing to an extraordinary degree their religious, cultural and social institutions.

It should be remembered, moreover, that only a minority of the Jewish displaced persons are survivors of the extermination camps. There were about 30,000 in the U.S. Zone of Germany, and about 25 percent have already left for Palestine, the United States and other

^{*} Dr. Schwarz was formerly Director of DP operations in Germany for the American Jewish Joint Distribution Committee.