

**THE AMERICAN JEWISH JOINT
DISTRIBUTION COMMITTEE**

In Re Holocaust Victim Assets Litigation
“Looted Assets” Class

**PRESENTATION ON THE CONDITION AND NEEDS
OF JEWISH VICTIMS OF NAZI PERSECUTION IN
CENTRAL & EASTERN EUROPE**

SUBMITTED TO

CHIEF JUDGE EDWARD R. KORMAN

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK**

JANUARY 30, 2004

Needs of Jewish Nazi Victims: Central and Eastern Europe

- ❖ *In light of the current geo-political reforms sweeping through the region the needs of elderly Nazi victims are increasing.*
- ❖ *It is our goal, in cooperation with our partners, to enable Nazi victims to live their remaining years in dignity with adequate and dependable care.*

OVERVIEW: PLIGHT OF JEWISH HOLOCAUST SURVIVORS IN CENTRAL AND EASTERN EUROPE

Elderly Jewish victims of Nazi persecution living in Central and Eastern Europe today are double victims, having endured the scourges of Nazism and Communism. Currently, the elderly Jewish population in the region numbers about 38,000 persons, virtually all of whom are needy Holocaust survivors. Before the Holocaust, there were an estimated 5.4 million Jews living in Central and Eastern Europe. Only a fragment of the pre-war Jewish population of Eastern Europe survived the war, and very few returned to the region. The majority of Jews emigrated to Israel or to the United States. Those who did return to the region were subjected to over forty years of Communist rule, a period in which they were deprived of the right to express their Jewish identity and heritage. Furthermore, many of these survivors did not marry and, among those who did, a large majority remained childless. Due to the lower life expectancy of men, over 70% of survivors are women living alone. Today, most survivors lack family networks to support and care for them.

Since the fall of Communism, dramatic political, economic, and social changes have swept through Central and Eastern Europe, leaving the already vulnerable population of Jewish

survivors, even more vulnerable. The transition to market economies has resulted in a collapse of the socialist network. Most survivors have no savings and, unlike those who emigrated to Israel or the United States, survivors in Central and Eastern Europe did not receive reparations or compensation payments during the Communist-era, thus, they rely almost solely on support from the Jewish community. In the sections below, a more detailed examination of the economic impact on the region and Jewish survivors can be found.

Jewish Organizations – A Lifeline to Elderly Holocaust Survivors

Today, the American Jewish Joint Distribution Committee (JDC), works closely with local Jewish communities to provide essential welfare services for survivors. The JDC works in the twelve countries that comprise the region which include: Albania, Bosnia-Herzegovina, Bulgaria, Croatia, Czech Republic, Hungary, Macedonia, Poland, Romania, Slovakia, and Slovenia. The only source of emotional and physical support for most survivors is the range of services and care that their respective local Jewish communities provide for them. Thus, most survivors rely on JDC and its partners for moral and material support. As the overseas arm of American Jewry, JDC has provided material assistance to Holocaust survivors in need throughout the period since World War II. It did so because American Jewry was determined that no Jew who had lived through the Nazi Holocaust should ever experience deprivation again. Since the fall of Communism, JDC has worked in partnership with post-Communist Jewish communities in Central and Eastern Europe to help build sustainable and dynamic Jewish communal infrastructures that serve the diverse needs of the Jewish populations that remain today.

Why is there such a continued need for funds for elderly survivors from Central and Eastern Europe? As survivors age, their needs continue to increase and the current medical and

welfare infrastructures of their respective countries cannot provide them with adequate care. Due to the collapse of social safety networks, survivors need additional support to just, literally, survive.

This submission includes the political, social and economic factors that continue to adversely affect elderly Jewish Holocaust survivors in the region, and lists current welfare services which are provided to them as well as needed additional services.

Regional Demographics

In the twelve Central and East European countries listed below, virtually *all* needy Jewish elderly *are* also Nazi victims. These elderly survivors are one of the most vulnerable population groups.

Table 1: Central & Eastern Europe Demographic Breakdown

Country	<u>General Population</u> ¹	<u>Estimated Jewish Population</u> ²	<u>Estimated Number of Nazi</u> ³ <u>Victims</u>	<u>Number of Swiss Humanitarian Fund Recipients</u> ⁴
Albania	3,582,205	40	8	3
Bosnia/Herzegovina	3,989,018	1,000	300	265
Bulgaria	7,537,929	10,000	1,200	1,186
Croatia	4,422,248	1,700	950	959
Czech Republic	10,249,216	2,700	2,500	2,494
Hungary	10,045,407	120,000	22,000	19,859
Macedonia	2,063,122	220	18	0
Poland	38,622,660	15,000	2,000	1,825
Romania	22,271,839	14,000	6,500	5,853
Serbia	10,655,774	3,300	800	830
Slovakia	5,430,033	10,000	1,400	1,496
Slovenia	1,935,677	130	26	0
Total	120,805,128	178,090	37,702	34,770

¹ The World Factbook 2002 and the World Factbook 2003 cited on the GeoHive website.

² Numbers provided by JDC staff in conjunction with local communities. In most countries, the majority of Jews are located in capital cities with a number living in outlying communities.

³ Numbers provided by JDC staff in conjunction with local communities.

⁴ Swiss Humanitarian Fund Final Report, 2002

DEFINING THE PROBLEM: IMPACT OF DRAMATIC ECONOMIC CHANGE ON HOLOCAUST SURVIVORS

Since the fall of Communism, the countries of Central and Eastern Europe have faced numerous challenges, as they shift to market economies. In some cases, economies have teetered on collapse, as officials attempt to privatize the social service sector, state-held properties and enterprises. In many countries the costs of goods and services have increased to levels far beyond the buying power of the poor and elderly. The case study of Romania in the next section illustrates this point.

European Union Expansion

The expansion of the European Union has further complicated the regional picture. Currently, governments are undertaking drastic reforms necessary to meet the standards for entry into the European Union. In order to enter the EU, for example, countries have been forced to cut government spending and decrease debt and, as a result, have slashed social services and subsidies. In May 2004, Poland, the Czech Republic, Slovakia and Hungary will enter the European Union, but as one can see from the pension charts below, whether a survivor lives in Poland or Romania (which is far from prepared to enter the EU), his/her standard of living remains dire. Throughout the region, the fall in social services is reflected in the overall decrease in public expenditure on health services. In 1990-2000 public spending on health decreased in many countries throughout the region, including, Poland, Croatia, Bulgaria, Romania, and Albania.⁵

⁵ United Nations Development Program, *Human Development Reports*, "Public Expenditure on Health," www.undp.org/hdr2003/indicator/indic_161_1_1.html.

In a sense, Holocaust survivors are once again becoming victims, this time, victims of the economic and social transitions that have deprived them of basic social services. Generally, speaking the regional economic transition has led to the following:

- Elimination of subsidies, escalated prices, lower salaries, deterioration of services
- Fall in production
- Increase in unemployment, which was previously unheard of in the region
- Skyrocketing prices for basic goods and services
- Marked devaluation of currencies against the dollar in many countries

Inflation Rates and Impact on Elderly

Inflation rates for 2002 show two scenarios in the region. High inflation, such as in Romania and Serbia, demonstrates a sharp increase in the cost of goods and services as economies make the transition to an open market. The level of inflation in these countries continues to erode the value of wages and especially the value of retirement pensions – which serve as a lifeline for the elderly – as the level of wages and pensions have not climbed at the same rate. Thus, needy elderly are left with the same inadequate income, while prices for basic life sustaining goods remain beyond what they can afford. Other countries in the region, including Poland, Slovakia, and Bosnia, have considerably lower than accepted normal inflation rates.⁶ Though low inflation can often indicate a successful economy, as was seen in the U.S. in the 1990's, in Central and Eastern Europe such figures indicate stagnant growth and productivity and a low demand for goods.

⁶ Accepted normal or healthy inflation rate is generally marked at 3-4% annually.

With the current economic instability throughout the region, life is difficult for many – particularly the poor elderly. The poor and elderly are at an inherent disadvantage and are left without a safety net. The possibility of EU acceptance does not create a windfall of economic opportunities for the poor elderly.

Table 2: 2002 Annual Inflation in Central and Eastern Europe

<u>Country</u>	<u>2002 Annual Inflation Rate⁷ (annual average per cent change in consumer prices)</u>
Albania	5.4%
Bosnia/Herzegovina	.3%
Bulgaria	5.9%
Croatia	2.4%
Czech Republic	1.8%
Hungary	4.8%
Macedonia	2.4%
Poland	1.7%
Romania	22.5%
Serbia	21.4%
Slovakia	3.3%
Slovenia	7.5%

Economic Hardships: Romanian Case Study

Currently, there are about 14,000 Jews in Romania, over half of whom are elderly and more than 85% of whom are one-person “families.” The economic climate in Romania has taken a toll on all citizens and, most especially the elderly population. In 2000, for example, the 41% rate of inflation sapped the lifetime savings of Romanians and eventually led to the collapse of the savings and loans organizations, which traditionally supported those elderly with emergency needs. During the 1990s, pensions in Romania dropped from about a half to a third of average salaries. The average pension of \$55 to \$65 per month remains inadequate for elderly to care for their basic needs. The rise in prices in Romania of medications, for

⁷ The statistics are from the 2003 Social Monitor.

example, adversely affected the elderly. In Romania medications are scarce and expensive. In 2002, the price of medicine increased by 80%. Today the inflation rate remains high at 27% and one in two elderly Romanians now live in poverty as a result of the dramatic collapse in the value of both pensions and savings.⁸

⁸ HelpAge International, "Making Our Voices Heard: Older People and Decision-making in East and Central Europe," www.helpage.org/images/pdfs/ECE%20summary.PDF

SPECIAL NEEDS OF NAZI VICTIMS IN COMPARISON TO THE GENERAL POPULATION

A. Age and Illness

The average life expectancy for Nazi victims in Central and Eastern Europe is typically higher than the general population's life expectancy⁹. This difference is in part due to the assistance they have received through past restitution grants and JDC-funded community services. On the other hand, Nazi victims are also more often chronically ill than others due to advanced age and sometimes to the long-term effects of the Holocaust. Therefore, as this client base ages there is a greater need for long-term services, which are more costly, and cannot be met by current services without additional funding.

The Jewish population of the region is an inverted demographic pyramid. Many communities have a low birth rate and high rate of emigration. The elderly, who are least capable of supporting themselves, are also the least likely to undertake the difficult task of emigrating to Israel or elsewhere. This leaves a larger than normal base of elderly Jews – who are almost all Nazi victims. Most Nazi victims in the region are aging widows without immediate family. While this is often true of many elderly, this is particularly acute among Nazi victims. Another mitigating factor is that the Jewish populations in the region tend to be dispersed geographically and in the smaller towns the level of care is low and there is virtually no social network. The cost of providing services is also higher.

Because of the Holocaust, many Jews lost family members, many survivors did not or were not able to find a marriage partner, and many did not have children. In addition, after the Holocaust and after the fall of Communism remaining relatives moved away to Israel or

⁹ Based on statistics from the Statistical Yearbook of the Economic Commission for Europe 2003 which based its information on the World Health Report 2002 from the World Health Organization. Information from JDC staff was also used.

elsewhere. Faded photographs are sometimes the only sign of a remaining family tie. Thus, survivors are generally lonely and depressed and suffer from various ailments developed as a result of the ravages of war. They are also deprived of the support of extended families.

B. Lower Old-Age Pensions, Rising Cost of Living

The old-age pensions of many survivors in Eastern Europe are lower than that of the general pensioner population. After the war some survivors experienced further work interruptions due to periods of prolonged medical care. In addition, the Communist regimes forced many Jews into low-paying professions.

In Bosnia, for example, the average monthly government pension of JDC-supported clients is lower than the national average and not all monthly pensions are paid during a given year. The monthly cost of living, including only basic utilities/household expenses and a modest food basket, is three times the average pension. Monthly cash assistance provided by Jewish communities and Holocaust Survivor Emergency Assistance (HSEAP), provided under the “looted assets” class of the Swiss Banks Settlement, doubles a client’s pension. These elderly survivors depend on assistance beyond what their government provides – restitution funds are their lifeline.

Table 3A illustrates the disparity between the average pension in a country and the average pension of a JDC welfare recipient. The majority of JDC’s welfare recipients are Nazi victims.

Table 3A: Pensions of Jewish Nazi Victims¹⁰ in Comparison to General Population Pensions

Country	Average Monthly Pension	Average Monthly Pension of JDC Welfare Recipients (most of whom are Nazi victims)
Albania	\$40	\$30
Bulgaria	\$70	\$70
Hungary	\$261	\$252
Poland	\$326	\$273
Romania	\$64	\$58
Slovakia	\$250	\$206

Pension figures, however, can be misleading as they ignore differences in the cost of living. One cannot only look at the amount received, but must understand the actual purchasing power of this income.

Pensions in Purchasing Power Parity (PPP) Terms

The differences in the cost of living, and the actual buying power of money, drastically change the implication of pension levels. Monthly pensions must be examined in Purchasing Power Parity (PPP) terms, which is an accepted conversion factor used in comparisons of income. More simply, the PPP calculation compares the purchasing power in each country to the American equivalent.

When viewing average monthly pension of Nazi victims in PPP terms (Table 3B), it is clear that these needy elderly Jews live in dire economic circumstances. The income they rely on each month to pay for basic living necessities varies between \$84-\$678 in American purchasing terms. These meager amounts do not allow them to adequately pay for heat, food, and medicines – needs that every person is entitled to.

¹⁰ This information was provided by JDC staff in conjunction with local Jewish communities.

Table 3B: Monthly Pensions of Jewish Nazi Victims in PPP terms

<u>Country</u>	Monthly Pension of JDC Welfare Recipients (most of whom are Nazi victims)	Monthly Pension in PPP Terms ¹¹
Albania	\$30	\$84
Bulgaria	\$70	\$261
Hungary	\$293	\$603
Poland	\$273	\$624
Romania	\$58	\$193
Slovakia	\$206	\$678

Comparative Poverty Levels

Looking at pensions in PPP terms allows one to then compare pension levels of Nazi victims in Central and Eastern Europe to the American poverty line. The American poverty line was set at \$748 per month in 2003.¹²

Table 3C: Central/Eastern Europe Pensions In Relation to American Poverty Line

<u>Country</u>	Monthly Pension of JDC Welfare Recipients (most of whom are Nazi victims)	Monthly Pension in PPP Terms	% of Pension in terms of USA Poverty Line
Albania	\$30	\$84	11.2%
Bulgaria	\$70	\$261	34.9%
Hungary	\$293	\$603	80.5%
Poland	\$273	\$624	83.5%
Romania	\$58	\$193	25.8%
Slovakia	\$206	\$678	90.6%

Thus, for example, the average \$58 monthly pension in Romania, factored in PPP terms, is 34.9% of the official American poverty line. In other words, a Jewish Nazi victim in Romania can purchase a basket of goods and services equivalent to \$193 in the United States. This

¹¹ Alan Heston, Robert Summers and Bettina Aten, Penn World Table Version 6.1, Center for International Comparisons at the University of Pennsylvania (CICUP), October 2002.

The Penn World Tables provides PPP rates for private consumption until the year 2000. Extrapolation to 2002 was done by JDC based on OECD guidelines and data from the Economist Intelligence Unit (EIU) and the World Bank.

¹² U.S. Department of Health and Human Services, *2003 HHS Poverty Guidelines*.

does not take in to account entitlements such as Medicare and Medicaid which are available in the United States.

JDC assistance, which is greatly enhanced by grants from restitution funds, works to offset the substandard living conditions of Nazi victims throughout the region. To put these calculations in more 'human terms,' one case of a JDC welfare recipient, who is also a Nazi victim, is able to show the dire circumstances and the importance of restitution funds.

Paulina is a 76-year-old widow living in Bucharest, Romania who receives a monthly pension of \$42. She takes many medications; one a much needed heart medication. With the cut in government subsidies for medication, and with her abysmal monthly pension, Paulina can't afford to pay for her much needed heart medication every month. Her solution? Paulina, like many other victims in the region, needs to choose between medicine and food. What will happen to Paulina when she can't afford the medicine time and time again? The majority of Nazi victims are no different than Paulina. They too can't keep up with the rising standard of living. With assistance from JDC and restitution grants, Paulina will be able to purchase the medicine she needs, and receive the care she deserves. The lower pensions of Nazi victims, and their declining purchasing power, can only be balanced with additional funds which will allow them to live in dignity.

C. A Disproportionate Need for Missing Services

As the surviving victims of the Holocaust grow older, their individual needs for medical care and social services are also increasing. They depend disproportionately on precisely those institutions – old age homes, nursing care facilities, out-patient clinics, day care centers, home care programs – which are not as developed as in Western countries. Few such facilities existed, and those that do provide services of poor quality. In addition, many

survivors live in provincial communities, far from Jewish centers where many services are not readily available.

With the assistance of JDC and restitution funds, Jewish communities have been able to substantially upgrade Jewish communal institutions and welfare services. Without these needed funds, the facilities will not be able to offer the current level of care, which is also in need of improvements and expansion. The decrease in government subsidies for medical needs and fall of the buying power of already inadequate pensions only compounds this issue.

CRUCIAL SERVICES FOR THE CARE OF ELDERLY SURVIVORS

In recent years restitution-related funds, especially from the Conference on Jewish Material Claims Against Germany (Claims Conference), the Nazi Persecutee Relief Fund (NPRF) and the “looted assets” class of the Swiss Banks Settlement have been utilized effectively to support and enhance the lives of elderly Nazi victims. With the support of JDC and restitution funds, local Jewish communities have been able to develop social services to respond to the needs of Nazi victims. Claims Conference grants have been used for welfare services, especially for food programs, medical services and homecare. NPRF grants supplemented these services but are no longer available due to the planned expiration of that fund at the end of 2003. Swiss Banks Settlement HSEAP grants have helped meet urgent needs of Jewish victims of Nazi persecution. JDC field staff is actively involved in the planning and implementation of these services, especially in close partnership with the Claims Conference.

Due to the deteriorating health of survivors, combined with the inadequate level of government services, it is essential that Jewish communities secure funding to ensure the continuation of essential welfare programs. The following section describes those welfare **services currently available** for Jewish Nazi victims in Central and Eastern Europe as well as **projected future needs**.¹³

Should the Court make available additional funds from the “looted assets” class for programs of assistance for Nazi victims, JDC requests that the Court take these needs in to consideration. Any additional distributions should be administered in keeping with the existing mechanisms and programs established for delivering services to Nazi victims.

¹³ Not all welfare services listed are provided in each country.

EMERGENCY ASSISTANCE

Current Services: Since 2001 the Swiss Banks Holocaust Survivor Emergency Assistance Programs, administered by the Claims Conference, was used for direct assistance for victims with the following services:

- Rent to prevent eviction
- Medical/dental care not paid for by government funded programs
- Purchase of medical equipment including wheel chairs, beds, hearing aids
- Heavy-duty house cleaning
- Winter relief
- Food assistance
- Prescription drugs
- Dentures
- Home care
- Emergency utility payment (heat, hot water, electricity)
- Home equipment/repair

Projected Needs: These services were initiated in Central and Eastern Europe as a result of Swiss Banks Settlement funds. This service should be continued in order to meet vital and emergency needs of Nazi victims.

FOOD PROGRAMS

Kosher Canteens

Current Services: For isolated elderly Jews, kosher canteens and kitchens provide a warm, nutritious meal and an opportunity to socialize with fellow Jewish neighbors. Often the elderly will linger after the meal is served since the kitchens provide a social network and outlet for them. Canteens and kosher kitchens are located in Hungary, Poland, Romania and Slovakia.

Projected Needs: Current funding levels are insufficient to ensure that this necessary service will be offered in the future. Restitution funding has supported the budgets of many of the kosher canteens, without which these canteens will be unable to continue.

Meals on Wheels

Current Services: As Holocaust survivors age and their mobility decreases, these elderly are unable to leave their home to purchase the meager daily food items that they can afford. They are also often unable to prepare meals for themselves. To address this need, hot meals are delivered to homebound elderly several times a week.

Projected Needs: In many countries the services offered by the Jewish community are centered where the largest concentrations of Jews can be found - in the cities. The Jews living in the smaller communities often then have difficulty receiving the services they need. For the numerous elderly living in the provinces, their access to services is quite limited due to their location and their decreased mobility.

Food Packages/Vouchers

Current Services: Since many basic food items are difficult to find on the regular market or are unaffordable for elderly survivors subsisting on limited pensions, local Jewish communities provide food packages 6-7 times throughout the year for this needy population. The contents of the food packages range between the countries but contain items such as sugar, oil, flour, canned vegetables, canned fish, and juice.

Projected Needs: Jewish communities need appropriate funding to continue to pay for food packages and make them available in more cities and more frequently, especially during winter months.

HEMECARE

Current Services: For many elderly, increased age brings a host of physical difficulties that prevent this population from carrying out basic daily living functions such as cooking and cleaning. Many who are unable to leave their homes feel socially isolated, as they are unable to participate in community activities and day care centers. Therefore volunteers visit the homebound elderly and help them with their daily responsibilities. The social interaction as well as the additional support around the home enables these Holocaust survivors to live with dignity.

Projected Needs: For survivors in the provinces who have limited access to services, there exists an even greater need to improve their homecare services. As survivors age and their mobility continues to decrease, the need for homecare increases even more.

MEDICAL/HEALTH SERVICES

Current Services: JDC provides funds for the purchase of medications, equipment, and medical examinations, which are not government, subsidized and are beyond the financial reach of elderly Jews living on meager pensions. In some countries dispensaries are set up to provide the elderly with the medication they need at a reduced cost. Clients are also able to receive dental care and eye examinations.

Projected Needs: The medications needs of elderly increase each year as they age and the prices of these medicines increase as well. The Government doesn't have sufficient funds to cover the increased costs to the consumers. Additional money is needed to help defray these costs to make these medicines more accessible to this vulnerable population. Funding is needed to cover the cost of flu vaccinations, which the elderly desperately need to protect them in the winter. Additional funds are also needed to provide clients with cataracts the needed care and/or operations.

Of great importance is preventive health care. Funding is needed to provide visits by medical doctors specializing in screening aged patients for prostate cancer and breast cancer. As these cancers have become a widespread pathology among the elderly, the idea is to sensitize clients on the risk, help them recognize the symptoms and let them know when to report them to their physician for guidance.

HOME REPAIRS

Current Services: Jewish communities provide emergency home repair and improvements for needy Nazi victims. In Poland, U.S. and Luxembourg government funds were used to provide emergency repairs to install safety features, such as handrails and bath hoists, in the homes of assistees.

Projected Needs: There continue to be Nazi victims in need of home repairs. For example, in Romania, the local community has identified 110 clients, all Nazi victims, who have not received needed home repairs or improvements in 30-40 years. We consider home repairs necessary to provide a minimum expectation of comfort.

Jewish communities must secure funding to continue to provide these repairs as well as expand the number of clients who receive this service.

WINTER RELIEF

Current Services: In Bulgaria and Romania where the winters are particularly harsh and the economies are weak, many elderly survivors do not have enough money to heat their homes. JDC has provided these individuals with additional funds to get the heating and warm clothing they need to help them survive the brutal temperatures.

Projected Needs: It is essential that Jewish communities are able to continue to care for Nazi victims during the harsh winters. Funding is needed to continue to provide assistance to heat homes and provide warm clothing.

DAY CARE CENTERS

Current Services: Throughout the region, day care centers provide elderly with a range of services all in one location. The centers are an opportunity for elderly to have a social outlet and participate in programs catered to their age group. In Bulgaria, for example, daily hot kosher meals, medical care and rehabilitation services, individual and group therapies, social and cultural stimulation, and even hair dressing services are provided to 140 elderly members of the Jewish Community. The Day Care Center gives these Bulgarian Jewish elderly a place to interact with one another and feel part of a community, easing their loneliness and stimulating their bodies and minds. The day care centers in Hungary in addition to the services mentioned above also provide legal and medical advice. In Bucharest, Romania the day care center for the elderly

offers physical and mental stimulation for survivors in a caring environment. The center is open four days a week and transportation is also provided.

Projected Needs: Since the day care centers are so vital to the elderly due to the wide range of services that are offered, funding is needed to maintain these services.

OLD AGE HOMES

Current Services: JDC wants to ensure that the last days of Nazi victims can be lived in dignity with access to the services and care that they so well deserve but often cannot afford. Jewish old age homes provide shelter, food, health and rehabilitation services, human interaction and vital social stimulation to this needy population. Since many Holocaust survivors in Central and Eastern Europe do not have family to care for them, as these individuals age and can not help themselves, the old age homes are their only option for support. These homes help these individuals that cannot live on their own.

Old age homes are located throughout the region in the following cities: Sofia (Bulgaria), Zagreb (Croatia), Prague (Czech Republic), Szeged and two in Budapest (Hungary), Arad and Bucharest (Romania), Bratislava (Slovakia), and Vozdovac (Serbia).

Projected Needs: To accommodate the increasing number of elderly who require additional services and are unable to care for themselves on their own, more space is needed than what is currently available in the existing Jewish old age homes. Several communities seek to build new old age homes to meet the increasing need.

Within the existing old age homes many repairs and upgrades need to be done to improve the standard of care for the residents. Basic necessities are lacking in some of these facilities such as an elevator to allow immobile residents easy access to other floors and services.