

The Neediest Cases; Three Who Work Tirelessly To Help Poorest New Yorkers

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Published: January 29, 2006

When Jackie Ebron, Lynette Loadholt and Denise Eugene go to work in the morning, their paths never cross. But their paths do run parallel in many respects. All three women, dedicated to social work, are employed by social service agencies that are among the seven beneficiaries of The New York Times Neediest Cases Fund. In their different roles, they all spend many hours assisting the city's poorest residents: recent immigrants, newly unemployed or working poor people and medically fragile, physically or mentally disabled children and adults.

And there is one other thing they have in common: They often draw on the Neediest Cases to help these New Yorkers through what may be the bleakest time in their lives.

The aid "could stop an eviction, or utility from being turned off; it could be used to buy food, medicine," said Ms. Ebron, who directs the crisis intervention program for the Metropolitan Council on Jewish Poverty. The council is a beneficiary agency of the UJA-Federation of New York, one of the seven Neediest Cases charities. The fund, she added, "allows people to sustain themselves while they are working toward a goal."

Providing this sort of support -- whether through the Neediest Cases or from state and federal sources -- has become an increasingly formidable task in New York City.

The city's poverty rate has climbed each year since 1999, and one in five residents now lives in poverty, according to a recent report by the Community Service Society, another Neediest Cases beneficiary agency. The same report found that one in three children lives in poverty. At the same time, earnings have declined, particularly for the city's lowest paying jobs, the report found.

But while the need for charitable support remains as persistent -- and as urgent -- as ever, this year's annual Neediest Cases fund-raising campaign has lost significant ground in trying to match last year's donations. In this, the fund's 94th such campaign, donations are down 7 percent from last year's level of giving. And the number of donors has dipped as well, declining by about 14 percent. The campaign, which began in early November, ends on Feb. 3 (with donations received through Feb. 6 credited to the 2005-6 drive).

"The decline leaves us concerned," said Jack Rosenthal, president of The New York Times Company Foundation. "The income gap between rich and poor in New York is greater than anywhere else in the country. That's all the more reason for us to hope for a closing surge in contributions and in donors."

For Ms. Eugene, Ms. Loadholt, Ms. Ebron, and other professionals at the seven charities the Neediest Cases supports, the decline in donations is especially troubling. They know what that resource can mean to someone facing a mountain of debt, a chronic illness, or a blast of winter without a warm winter coat.

"With the Neediest fund accessible, I can eliminate fears," Ms. Ebron said.

An Imperative to Act

Ms. Ebron, 55, has been at the Metropolitan Council on Jewish Poverty for 16 years. When she started, she went to poor neighborhoods in Coney Island, Brooklyn, to help newly transplanted immigrants, mostly elderly Russians struggling to adjust to life in the United States. Witnessing the need for a centralized crisis center, she made the suggestion to start a center and is now its director.

Within a given week, she assists people of all ages and faiths. In the last month alone, she helped 197 clients referred to her by social workers from 25 community councils scattered throughout New York City. Those workers are the eyes and ears of neighborhoods and are intimately aware of the hardships that people are enduring.

When a client is in crisis, she said, there is an imperative to act. In this respect, the unrestricted assistance available through the Neediest Cases gives her the flexibility to respond, and respond quickly.

"By the time I see someone, they're in over their heads," she said. "They're not one month behind in rent, but four months and facing eviction, or at the point where the heat is going to be turned off."

This was the situation in one recent case, involving a single mother with triplets who arrived at her office in dire need after being abandoned by the children's father.

"He left her with nothing," said Ms. Ebron, who received money from the Neediest Cases to provide essentials: food, clothing and baby strollers.

Such assistance can clear away immediate worries so both client and agency can begin to focus on the longer term issues. In this case, the young mother's whole outlook changed as a result of her visit to the agency. By the time the interview was over, there was a plan in place for housing, public assistance, food stamps and, further down the road, job training.

Ms. Ebron, and her counterparts at other agencies, also find that the Neediest Cases can give clients with unremitting illnesses some reprieve. A diagnosis of ovarian cancer, for example, can put an even greater strain on an already tight budget, not to mention breaking a woman's spirit.

Some women who have sought her help "were employed, but because of chemotherapy or treatment, they just don't have the time on the books and their wages diminish," Ms. Ebron said. And in these circumstances, counseling deals with emotions while monthly bills, like rent, are apt to pile up.

In some cases, Ms. Ebron has been able to stave off eviction with the help of the Neediest Cases.

"People try to stay hopeful that if they don't pay one month's rent, they will be able to cover it the following month," she said. "The reality is that once you get behind, then it's hard to catch up."

Another increasingly urgent challenge for those in the business of offering help to the neediest New Yorkers are the elderly. Retirees are often counted among the most vulnerable of the city's residents, not only because of physical fragility, but also because so many are surviving on limited means.

According to the Community Service Society's report, one-fifth of elderly New Yorkers live in poverty, which can mean difficult choices: Pay the rent or buy medications. Buy the groceries or keep the phone from being turned off.

"They live on fixed income, and if a spouse dies, their social security is cut in half, but not their expenses," said Ms. Ebron, whose agency has used Neediest Cases funds to help cover late rent, pharmacy and utility bills.

In these cases, and in countless others, the Neediest Cases has helped fill the gaps left by more restrictive federal and state assistance. It does not always provide a solution, but it may be a significant part of one, giving a client room to breathe and hope at a time of despair.

"With the help of the Neediest Cases, I have given them the strength and power, the dignity to move on to a better place," she said.

Support Groups for Relatives

In New York, many of the most needy residents have mental or physical impairments and are fortunate to cross paths with Lynette Loadholt.

"Just because a person has medical needs doesn't mean they can't be a productive member of society," said Ms. Loadholt, 45, director of mental retardation services for the Day Habilitation program of the Brooklyn Bureau of Community Service. The bureau is another of the seven beneficiaries of the Neediest Cases.

Ms. Loadholt, who has been at the bureau for 5 of her 27 years of experience, oversees a staff that teaches quality-of-life skills to underprivileged individuals, high school seniors and older, with developmental disabilities ranging from mild to moderate retardation.

These men and women learn how to navigate public transportation, manage their finances and socialize. These skills, as well as others learned in residential training sessions and counseling, prepare them to live on their own.

"They want to get married and have jobs and families," Ms. Loadholt said. Because of these services, and the agency's ability to draw from the Neediest Cases, her clients don't have to look elsewhere to fulfill those dreams. "We are like a one-stop shop," she said.

Besides providing services for the clients themselves, Ms. Loadholt's agency also regularly holds support groups for their parents and grandparents. In the relaxed setting, members talk about their own personal issues and individual needs.

Topics of discussion range from special education classes to Medicaid, medications to behavior problems. By the end of the session, she usually leaves with a list of things to research for her clients and their families, and with access to the Neediest Cases, she knows she can take care of some of their worries.

Recently, for example, she used funds to buy an exercise bike for an overweight girl with developmental disabilities. "Losing weight improved her self-esteem," Ms. Loadholt said. With better health, the girl has also reduced her risk of developing weight-related diseases like diabetes.

In another case, in 2004, the fund was tapped to buy a computer for Anthony Knox, a mentally disabled young man recovering from a kidney transplant, allowing him to stay connected with the world. This particular case was reported in *The New York Times*. When stories are highlighted during the campaign, she said, the articles can accomplish two things: inspiring donations and enlightening people about disabilities. "If you don't know about disabilities, then you treat people differently," she said. "I would hope that these stories make people a little kinder."

Stabilizing a Child

In some cases, a family may be hard-pressed to provide proper care for a loved one with mild to severe medical needs, a situation that can lead to separation enforced by a family court. When the family member is under 21, Denise Eugene, 49, a senior social worker at the Medical Foster Care Program for the Children's Aid Society -- another of the Neediest Cases beneficiary agencies -- may be called in by the city's Administration for Children's Services.

"The job is stress, even when the children don't have medical problems, but when they do it's compounded," she said. "It's dealing with medical problems. It's dealing with potential fatalities. It's dealing with families."

Some of the children she sees have debilitating illnesses that require medical equipment, like feeding tubes or respirators, just to survive.

All the children she works with receive appropriate services in their foster homes or centers, while taking part in special education classes at school.

One of the tools Ms. Eugene relies on to help children adapt to foster care is the Neediest Cases. Even a small purchase -- new clothing, for example -- can make a child more optimistic. "When a girl goes to school with a new dress, she is proud to raise her hand," she said. "She becomes the beautiful girl with the high I.Q., not the girl suffering from depression."

Once a child is stabilized, Ms. Eugene and her staff can pursue that goal by focusing on the parents, helping them comply with schedules and requirements set by family court. This includes counseling, and sometimes drug rehabilitation.

The ultimate objective is to try to make a foster care placement temporary.

In a recent case, Nile Kpaka, a soft-spoken Staten Island teenager who has had two kidney transplants, the Children's Aid Society helped reunite the fractured family after concern about her mounting medical problems led to her being removed from her parents' care.

The agency provided counseling and a nurse's instruction.

But the Neediest Cases was also key to the agency's efforts to help the Kpaka family.

Among other things, the fund helped covered a first month's rent when, as part of the effort to get their daughter back, the Kpakas needed to find a new apartment. (An account of the effort appeared in The Times on Jan. 19.)

Ms. Eugene said that the Neediest Cases can often help parents with the practical aspects of what they must do to regain custody of their children.

"I can get MetroCards to get people to and from therapy; I can get you food so you focus on your goal. If you get the job interview, I can get you the new suit," she said. "When you remove barriers, it becomes, 'Then why can't you?' "

Over the course of her 14 years at Children's Aid Society, Ms. Eugene has covered rent as well as furnishings for a home that had none. Recently, the fund was used to help an autistic foster child living in New York. The money covered travel expenses so the child could visit his father, who was stationed at a military base in the North Carolina and wanted to be more involved in his child's life. "I love how we use the Neediest Cases to keep families together," she said.

Ms. Eugene says she knows she has made progress when the parent's point of view shifts from "what about me" to understanding that their child's care must come first. That doesn't always happen, she added, conceding that not every parent wants a child back.

And even some that do may see poverty as an insurmountable obstacle, if they don't know how to take advantage of the resources available to them.

"Between the state, Children's Aid and the Neediest," she said, "everyone has an opportunity to do better for themselves."

Keeping Children Healthy Amid Family Turmoil

Dr. Andrea Perry, a pediatrician with the Children's Aid Society medical foster care program, said the Neediest Cases covers expenses that Medicaid won't.

My initial visit with children as young as a few weeks or as old as 22 is usually the toughest. I see them as soon as they are placed with a foster family. The kids who can speak don't readily express themselves. It's understandable, even under the best circumstances.

But in these cases there's usually a history of neglect or abuse. This is the main reason why Children's Aid is involved, and a child has been placed in foster care.

The infants with shaken-baby syndrome are the hardest for me. The brain trauma causes cerebral palsy and seizures. I see patients with milder chronic illnesses, such as autism and asthma.

Caring for a broad group, many without accurate medical records, you really have to rely on intuition and watch for their cues.

From the initial visit, they're in my office every five to six weeks, supervised by an assigned Children's Aid caseworker and nurse.

While I'm addressing all the child's medical needs, including specialized care, the parents are setting their own goals. Tending to their own problems, they keep weekly appointments with their child's caseworker, and several times within a month with the nurse.

In these sessions, they learn about their child and how to administer the proper care. Then they work on their needs through counseling, and if necessary, drug rehabilitation.

My biggest challenge is providing comprehensive medical care within the limitations of what Medicaid covers. Medicaid provides for the essentials, not the exceptions. Wheelchairs are asked for the most. Children outgrow them within a year. And if a child has physical deformities, they must be customized to fit. Medicaid won't cover this expense.

The Neediest Cases does. It's an invaluable resource at Children's Aid. The Neediest Cases fund provides options when there are no options.

Even the littlest amount, like for the purchase of eyeglasses, can change a child's outlook on life.

This is when I get the greatest satisfaction from my job, when a medically fragile patient has a reason to smile.