



Rural Rehab—

where the heart is

BY JACK JENSEN

ILLUSTRATION BY JACK SLATTERY

Nellie was a farmer's wife. The farm was long since sold when Nellie's husband Walter died, leaving her the 100-year-old house on a quarter-acre lot. Twenty years later, when Nellie was 80, someone from her church called the local nonprofit on her behalf about its CDBG rehab program. For the last 10 years, Nellie had been housebound by bad hips and no insurance.

Her four children were gone; the oldest, killed in Vietnam. The middle son, who never recovered from his brother's death, had ended his life in suicide. The youngest boy died in a school bus crash. The only daughter was a victim of leukemia at 16. Left behind were six grandchildren, with different in-laws and step-parents. Nellie also had nieces and nephews, most of whom she considered "dependents," though she had almost no money. One niece, a troubled kid of 16, was living with her.

The house was now falling down, with a foot-deep sag down the center where the original oak posts on bedrock had given way to time. Sheds and porches were demolishing themselves. The only bath was on the second floor, and Nellie, no longer able to make the

stairs, had taken to sleeping on the couch and using a chamber pot. Once a week, someone from her church carried her upstairs so she could take a bath, returning to carry her back down for services.

Daytimes she sat in her sunny parlor and knitted endlessly for church benefit sales. Social Services had given her a wheelchair, but it couldn't fit through the kitchen door, and, besides, it kept rolling to the middle of the house. So she limped to the kitchen and back three times a day on her walker, slowly, patiently. She kept some flowers on the windowsills, which always did well. Growing things was still second nature.

Even at 80, Nellie told me, her eyes liquid behind thick glasses, she was still afraid to die. She was most afraid of dying in a

hospital. More than anything, she wanted to live out her days in the home she'd kept for 60 years. If that meant the chamber pot, so be it.

A Never-Ending Need

Rehab lives at the heart of most rural housing organizations. Most started with rehab programs; some have never expanded beyond them or have re-sized back to a single rehab focus. It's the core business because the need never ends.

"There is an overwhelming need for it. And there is not, nor will there ever be, enough money to fix the problem," states Jim O'Neill, construction manager for St. Lawrence County Housing Council (SLCHC) in northern New York. "The majority of our clients are the elderly," O'Neill says, "and a large percentage are the working poor, who find themselves unable to address the big-ticket maintenance items and are victims of excessive land taxes and a poor economy."

Mix in old high-maintenance housing stock, often homemade, and you've got a need for rural rehab that just won't quit.

Address that need with overburdened organizations, underpaid staff and underfunded, ultra-competitive capital programs and see how far you get.

To further complicate matters, rural NeighborWorks® organizations are often the only nonprofit game in town and, as such, are asked to wear many hats by many people. This is especially challenging since they also often have small staffs and small budgets. Rural rehab coordinators end up being "jacks of all trades," often with one person managing rehab grant and loan programs; buying, renovating, and selling real estate; doing lead testing and abatement, and even property maintenance as well. Some rural groups run home ownership, rehab, weatherization, mini-repair, and property management off one desk. You should see those desks!

Each rehab requires building a file that ends up at least



In Rhode Island, Jose Santiago saws a key piece in repairing a porch.
Photo by Séan Bennett

“When people travel from urban areas to rural, they are usually on vacation. They leave their worries behind. They come to see green, and that is what they see. They do not see through ‘the green wall’ to the poverty that exists both on and off the beaten path. The same sway-backed barn that has tourists reaching for cameras to document the picturesque farm is, of course, structurally impaired.

three inches thick. There are inspections, estimates, specifications, bid documents, income verifications, title and mortgage documents, photographs, contracts, invoices, change-orders, lien releases; and on and on.

The Personal Connection

We drew our own plans, pulled the permits, and got the variances. Rural rehabbers often become notary publics so they can verify signatures on contracts and loan documents, to save time and miles. We dug out flooded cellars by day and met with local politicians by night. It’s not unusual for a rehab coordinator to find him- or herself pulling over after an evening town hall meeting and reattaching some contractor’s loose tarps in a snowstorm. I ruined more than one suit that way.

But the extra mile is what it takes. Rehab coordinators are the first, and often only, face-to-face contact with the organization’s clients, and they see some of the most crushing poverty imaginable. I met people living in a chicken shed with a stovepipe poked through the plank wall. At another, six miles upstream from Cornell University’s ivy mansions, we installed a septic system to replace a 10-foot gutter into the backyard, aimed at a creek.

I was shooed off one porch with a shotgun. I witnessed one of my clients punch his eight-year-old son in the mouth for trying to steal his smokes. “Steal your mother’s ™ cigarettes, you little ™,” he yelled after the fleeing kid. It was too big a job to shake some sense into him, so I called child protective services and then made sure the kid didn’t have to wait for his old man to fix the leak over his bed or the shorts in the wiring. I still fear for his kid, and that kid’s kid—on and on in the cycle of ignorance and poverty. At least the boy’s house didn’t kill him before he could grow up and get away.

There wasn’t near enough money for everybody who needed it, and usually you knew the clients needed a whole

lot more than any contractor could provide. We prioritized the children and the old folks, and we hustled. In one year, I did 45 rehabs, plus surveys and grant writing for another 45-house project. I documented 19,000 miles on my truck, the equivalent of New York to California six times—over back roads. My partner did about the same. And I’ve met plenty of rehab coordinators a lot more productive than either of us.

In many ways, it was the best job I’ve ever had (although both my ex-wife and my ex-truck strongly disagreed). It paid \$23,000 a year. Those 45 rehabs alone put \$675,000 into two towns and barely made a dent. They could have used 10 of us.

Nellie was living off a reverse mortgage that paid \$140 a month, plus \$312 from social security. Her total income was \$452 a month. Taxes, insurance, and utilities cost her \$361. The rest, \$22.75 a week, went for food, a lot of it for her niece. Still, Nellie’s minister said she always left something in the plate every week.

The maximum we could spend on Nellie’s house was \$20,000. It needed \$60,000. We lined up a local nonprofit that did weatherization for the windows, insulation and furnace. We parceled out our precious forgivable loan dollars on removing unsalvageable porches and sheds, structural work, a ramp, roofing, and converting the parlor into a bedroom and accessible bathroom. The contractors kept throwing in extras for nothing after they got to know her. I came in on a Saturday and “caught” one rewiring her basement. “Don’t want Nellie to have to come down here to fix a fuse,” he said, looking embarrassed. Volunteers did the painting. When they pooped out, I finished – evenings and weekends. None of the grandchildren, in-laws, nieces, or nephews lifted a finger. The carpenter and I moved her stuff down to her new bedroom and bath while she was at church. Coming home, she was so surprised we thought she was having a heart attack. But she was fine. Just happy.

Both Contractor and Social Worker

Rehab coordinators have to be experts in two of the toughest businesses there are—construction and social work—with two of the orneriest customers imaginable: low-bid country contractors and rural low-income folk. David Dangler, Neighborhood Reinvestment's rural initiative coordinator, put it well in *Making the Case for Rural*. "When people travel from urban areas to rural, they are usually on vacation. They leave their worries behind. They come to see green, and that is what they see. They do not see through 'the green wall' to the poverty that exists both on and off the beaten path. The same sway-backed barn that has tourists reaching for cameras to document the picturesque farm, is of course structurally impaired. The individual in a rocking chair on his front porch who looks like the wise old man in a Norman Rockwell print, may, in fact, be as blissfully content as we would like to project. But he may also be dirt poor, missing his teeth, and living alone in an uninsulated building that may or may not have plumbing, but is certain to be measurably deficient as safe, decent and affordable housing. In the country we see what we want to see. For a number of reasons, it's very difficult to see behind the green wall."

A small proportion of the rural rehab coordinator's clientele is mentally ill. Many fall into the unofficial



In Vermont, a crew makes progress in repairing a roof.
Photo by Bert Jones

category of "Strange Ranger." More are just plain stubborn. Have beers with the rural rehab folks sometime and hear the stories about the pack rats and hermits, the man who threw his garbage in the cellar for 30 years, the woman with 50 cats, the couple with 40 dogs, the 600-pounder, the family that drank from a fuel-poisoned well for 20 years, the screamers, the chronically horrified or paranoid, or just plain damaged. You can't imagine it unless you've touched it, smelled it, felt it.

Still, rehab specialists wade in and clean it up as best they can, attacking poverty and squalor with inadequate resources. Most nonprofit rehabbers earned \$30 to \$150 an hour as builders, estimators, engineers, risk assessors, construction managers, and, sometimes, even architects before becoming a rehabber. Now, they generally make less than \$15 an hour from the nonprofit.

"I spend 80 percent of my time at SLCHC to make 20 percent of my income," admits O'Neill, who works under a long-standing contract. "It's a philosophical issue, not a business decision. It's my community, too."

Struggling To Make a Difference

No wonder there's a lot of turnover. Hard job? Those who haven't experienced it can relate by recalling some home remodeling they've endured. Remember the disruption? The avalanche of details, delays and headaches? Now, multiply that by 45 a year (plus lining up another 45 for next year), you have a year in the life of a rehabber. Then, add the geography—the size and roughness of the target areas—and the rural rehab coordinator's job becomes a low-pay marathon with a lot on his or her back.

Cell phones, e-mail and laptops have made a big difference. They enable rehab coordinators to communicate, multitask, and even train over huge distances. But technology can't address the rural "impact" issue. The block-by-block approach, which has proven so successful in urban communities, takes on a whole different twist in scattered rural communities. If you can't ever "fix" the problem, how do you keep trying?

"We've learned to concentrate our work to try to make a splash in a relatively small area, although it's controversial," said Carolyn Seymour, executive director of Chatauqua Housing Rehabilitation and Improvement Corporation (in process of becoming a NeighborWorks® network organization). "With targeting," Seymour continued, "we're stimulating local reinvestment to the max. Lots of signs, activity, publicity: 'We're transforming this hamlet.'

"We certainly work in one community at a time for the

sake of efficiency,” she said, “instead of dotting them all over the county. Since there’s just no end of needy, worthy and eligible projects, we have to make a lot of tricky value judgments. So you have to keep your perspective—knowing how bad it would be if we hadn’t been doing all these projects all this time.”

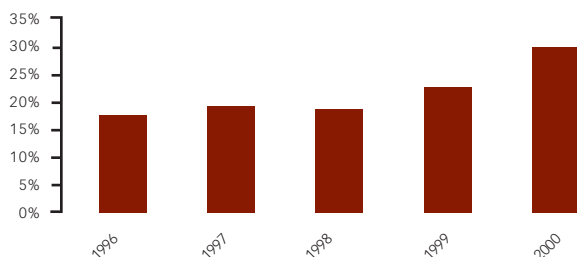
Moving Up from the Basement

Lost in the shuffle with homebuyer initiatives, CDFI, multifamily drives, insurance partnerships, special-needs housing, and other competing strategies, good, old-fashioned rehab sometimes takes a back seat in attracting the resources and attention of the community-development world. For example, at one multistate, multi-programmatic, high-profile organization’s fine central offices, the rehab coordinator sits at a desk in the basement, next to the boiler.

“We do feel like the ugly stepsister of the community development world sometimes,” agreed Construction Coordinator Sheila Neville of **Steuben Churchpeople Against Poverty**. “Rehab just isn’t sexy, I guess,” Neville said. “But I could do 10 times the work if I had 10 times the money, easy. How’s about I do 10 times the work for, say, eight times the money? I could make that work.”

Rural groups are an increasing presence in the NeighborWorks® network, and rehab is a more-predominant component of rural groups as a whole than their urban counterparts. The accompanying chart illustrates the growing percentage of network total investment coming from rural organizations.

Rural Percent of Network Total Investment



As the NeighborWorks®Network becomes more rural, this core activity should logically get more resources. Just ask any rehab coordinator. They don’t want more attention. They just need more help, tackling the impossible.

The whole time we were ripping her house apart, Nellie never once complained about a thing. In fact, she kept apologizing for letting the place get so run down. She’d tell us stories about her husband and her kids; how they’d all painted the house together one summer, even the baby. “It’s such a beautiful house,” she’d say. “I just couldn’t keep up with it after Walt passed.”

Nellie baked cookies every day for the guys, and I got a peach pie. Best I ever had. I’d stop in and see Nellie once or twice a year after the job was done, just to check on her. Always came away with something sweet, and a kiss on the cheek. She never complained about a single thing, even after the cancer took hold.

Nellie lived in her own home seven more years, and died there, peacefully (and, some said, unafraid), surrounded by her grandchildren, nieces and nephews. At the funeral, several of them said the best thing that happened to Nellie the last quarter of her life was our fixing up her house. “She loved that house, and you boys saved it,” her niece told me. “She was so proud again.” ■

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The story of Nellie, a client of Better Housing for Tompkins County in 1992, is true, pulled from the writer’s files. Her last name is withheld out of respect for her and her family.