

*Unlocking*  
*the*  
*Golden*  
*Door:*

A REPORT ON  
THE NEEDS  
OF  
SOUTH ASIAN  
NEW YORKERS

SOUTH ASIAN COUNCIL  
FOR SOCIAL SERVICES  
SACSS



# *Unlocking The Golden Door*

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A Report  
on the Needs  
of South Asian  
New Yorkers

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*New York,  
June, 2004*

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South Asian Council for Social Services (SACSS) was founded with a mission to plan, provide support, and advocate for a continuum of programs addressing the social service needs of the underserved South Asian and other immigrant communities in New York City.

Incorporated in June 2001, the organization launched a Needs Assessment Survey in August 2001 to assess the needs of the rapidly growing but underserved South Asian community. This report is the result of the Survey.

Since September 11, 2001, one of SACSS' major commitments has been 9-11 Relief work. SACSS has assisted 45 families of direct victims of the attack who are of South Asian descent, and supported several people who lost their jobs or businesses or were victims of racial bias and hate crimes. SACSS continues to work with those who are still severely affected.

SACSS was one of the five community-based organizations that assisted the New York City Commission on Human Rights in collecting surveys on racial bias and discrimination against the South Asian community. SACSS organized and co-sponsored Legal Information Clinics for South Asians who were required by the Immigration and Naturalization Service (INS) to register as part of the Special Registration program.

Based on its experience while administering the survey, and the outcome of focus groups, brain storming and strategic planning sessions, SACSS has taken up "community organizing and educational empowerment" as the most urgent needs in the South Asian community. SACSS starts its pilot program of supporting parents of South Asian youth at Susan B. Anthony Middle School in Jamaica in the fall of 2004. Preparations for workshops, seminars, and other sessions providing vital information about immigration and other legal and civic matters are also underway.

SACSS works closely with several community-based organizations to further mutual goals.



*Foreword*

# The Golden Door

*"Give me your tired, your poor,  
Your huddled masses yearning to breathe free  
... I lift my lamp beside the golden door!"*

*Emma Lazarus*

## Still looking for the American Dream

When the huge waves of immigrants reached American shores in the early part of the last century, one of the first sights they saw was the "mighty woman with a torch," Lady Liberty. Now when they come to New York, the Golden Door is at John F. Kennedy Airport rather than on Ellis Island. And they are likely to view the Statue of Liberty from the air.

But Lady Liberty's message of welcome and hope still shines brightly.

And making that message real by helping the new immigrants breathe free – not just politically, but also in economic and social terms -- is our goal. We hope this survey will help us in showing them the way to transition themselves through the Golden Door.

Generally, people's perception of South Asians is that they are a model minority and that the community abounds with doctors, engineers, lawyers, academics, software engineers and other professionals. But there are thousands of South Asian and Indo-Caribbean taxi drivers, restaurant workers, domestic workers and small vendors, who keep New York running. Yet they are almost invisible and along with them, the hidden poverty levels in the community are unrecognized as well.

Lady Liberty's words of welcome are especially directed at these people, "your poor, your tired" masses.

Early last year, a South Asian family immigrated to the United States, full of hope and expectations of a good life. Their hopes were dashed when a sudden heart attack killed the husband and father just six months after their arrival in New York City. The distraught mother learned that she and her small children were not entitled to any assistance such as Social Security, Medicaid or food stamps until they had lived here for five years. The family had nowhere to turn. As one of the fastest growing ethnic groups in New York City, South Asians increasingly face such problems.

## Acknowledgement

SACSS is grateful for the assistance provided by so many organizations and individuals interested in furthering the welfare of the South Asian and Indo-Caribbean community. Among them:

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### Co-sponsors of the survey launch:

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Indian American Kerala  
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Friendship Forum  
Indian American  
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Sakhi for South Asian  
Women  
South Asia Against AIDS  
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South Asian Youth Action  
The Organization for  
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Harmony  
Workers' Awaz



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While people may argue that laws should be changed to help people in such unforeseen circumstances, advocacy won't help that family right now as they try to pull their lives together. What they need right now is action. And SACSS is trying to find ways to help them and others in need of assistance.

The growing health, education and other social service needs of the underserved South Asian American community make it imperative that there is solid data to assess and advocate for culturally appropriate services. There have been important studies on their health and housing needs. It is now vital that there is a comprehensive assessment of their overall needs.

South Asian Council for Social Services undertook the Needs Assessment Survey of the underserved South Asian American community in New York City in the summer of 2001. The World Trade Center tragedy that shook the world within weeks of the survey launch made it evident that such a study was more critical than ever. The anti-terrorist backlash hit South Asians and Indo-Caribbeans very hard. While they suffered economic and psychological pain like all their fellow New Yorkers, many were also subjected to verbal and physical harassment and bias in their workplaces or in their businesses because of their appearance or their religion. Many of the people we are looking at also happen to be in jobs that expose them constantly to the general public, some of whom saw them as punching bags to vent their frustrations. We hope this survey will especially help address the problem of bias and discrimination in the post-9/11 environment.

This survey is the collective effort of many people, not the least of whom are those who took the time to talk to our interviewers. We would like to thank the institutions that helped fund this groundbreaking study, the professionals and academics who gave their time freely to design and analyze the study, the volunteers who fanned out across the city to conduct the interviews, the survey team that directed and analyzed the data, and the those who helped produce this report.

This study has already helped us identify some of the particular needs of school children and their parents. Responding to what we learned during the survey, we are starting a program at a school in Queens to help parents deal with their children's education and also to assist them with language and other lessons to be able to function better in New York.

With that tiny step, the journey through the Golden Door begins.

**Sudha Acharya**  
**Executive Director**  
**SACSS**



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*SACSS Needs Assessment Report*

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*Introduction*

# The People

## South Asians and Indo-Caribbeans

The concept of the community of South Asians and Indo-Caribbeans is based on a shared heritage rooted in geography, history and ethnicity, despite their differing nationalities or national origins, religions and languages. South Asians are the immigrants, and the children of immigrants, from the region of South Asia consisting of India, Pakistan, Bangladesh, Nepal, Sri Lanka, Bhutan, and the Maldives.

Indo-Caribbeans are those from the Caribbean nations, principally Guyana, Trinidad and Suriname, who trace their heritage back to South Asia. They are the descendants of Indians who went to those countries during the colonial era. Many of them – though not all -- went semi-voluntarily as indentured laborers. While they are not South Asians in terms of their post-colonial nationalities, they share an ethnic heritage with South Asians. This means that they also share with South Asians, many of the cultural and ethnic issues that both help and hinder; they have similar needs and often must find common solutions to their problems. It is for these reasons that they are included in this study.

THE U.S. POPULATION <sup>1</sup>	1990	2000	
		One group <sup>2</sup>	Combined <sup>3</sup>
Bangladeshi	11,838	41,280	57,412
Indian	815,447	1,679,768	1,899,599
Nepali	NA <sup>4</sup>	7,858	9,399
Pakistani	81,371	153,533	204,309
Sri Lankan	10,970	29,145	24,587

1 U.S. Census Bureau reports. For the 2000 census people were allowed to identify themselves as members of one ethnic group or as a combination of more than one. 2 Those who identified themselves solely as members of one ethnic group 3 Those who identified themselves as a member of this ethnic group only or in combination with another 4 Not available for 1990

A practical consideration – the relative numbers of the various groups – dictated the ethnic makeup of the people in the study. Nobody from Bhutan and the Maldives were among the 626 people interviewed. (The U.S. Census 2000 counted only 27 Maldivians in the U.S.) There are comparatively few Sri Lankan and Nepali immigrants in the U.S. and, therefore, not many of them participated in the study as compared to Bangladeshis, Indians, Pakistanis and Indo-Caribbeans. Since their numbers were too small to draw meaningful conclusions, Nepalis and Sri Lankans are not separately analyzed in most sections of the study.

We used the word “ethnicity” to refer to national origin (and not citizenship) when used for the Indian, Pakistani, Bangladeshi, Sri Lankan, and Nepali groups in this study, but it is also more broadly applied to the Indo-Caribbeans and denotes what may be called their racial origins.

## Strategy

**Promote collaboration among South Asian organizations, funders and governmental agencies to help build a culturally responsive network of services**

### *Interviews in many languages*

Interviews for this survey were conducted in several languages, among them Bengali, Hindi, Urdu, Punjabi and Gujarati, besides English. Bengali is a language of both India and Bangladesh, while Punjabi straddles India and Pakistan. The spoken forms of Hindi and Urdu are quite similar and interviewers who knew one could effectively converse in the other when needed.



## Religious, linguistic and cultural diversity

South Asia is perhaps the very emblem of multiculturalism. This area has dozens of fully developed languages, with centuries-old literary traditions. Most of the major religions of the world are practiced there. Many distinct cultures, cuisines, traditions of music, sculpture, dance and art, flourish there.

While the people participating in the survey share many common ethnic and cultural traits and some may speak the same languages regardless of their national origins, they are by no means a monolithic group. Their diversity has to be kept in mind in developing solutions to their problems.

In the United States and in New York City, the number of South Asians has increased remarkably in the last decade. While the Census Bureau does not have a group identified as 'South Asian', Census 2000 counted a total of 1.9 million people who identified themselves as originating from a South Asian country. (Another 300,000 people identified themselves as a combination of any of these categories and another.)

In New York – as in the U.S., overall -- Indians form the largest group of South Asians. In New York City, those who called themselves solely Indians numbered 170,899 in 2000; if those who identified their ethnicity as Indian and a combination of another group are added in, together they number 206,228.

IN NEW YORK <sup>1</sup>	1990		2000		
		One group <sup>2</sup>	Growth <sup>4</sup>	Combined <sup>3</sup>	Growth <sup>4</sup>
<b>Bangladeshi</b>	4,955	19,148	286.4%	28,269	470.5%
<b>Indians</b>	94,590	170,899	8.7%	206,228	118%
<b>Pakistanis</b>	13,501	24,099	78.5%	34,310	154.1%
<b>Sri Lankans</b>	811	2,033	150.7%	2,640	225.5%

<sup>1</sup> From Census 2000 detailed analysis of Asian groups in New York City. For the 2000 census people were allowed to identify themselves as members of one ethnic group or a combination of more than one.

<sup>2</sup> Those who identified themselves solely as members of one ethnic group

<sup>3</sup> Those who identified themselves as a member of this ethnic group only or in combination with another

<sup>4</sup> Percentage growth between 1990 and 2000

Pakistanis and Bangladeshis come next, with Sri Lankans numbering only between 2,033 and 2,640.

The Bangladeshi population has increased dramatically in the last decade – from 4,955 to 19,148 (or 28,269, if those who simultaneously claim other ethnicities are included), though their overall numbers are very modest compared to the Asian Indian population.

It is difficult to enumerate the Indo-Caribbean population because they are not a separate category in the Census and they can identify themselves under various groups, including Indian.

## Immigration history

American immigration history holds the answer to the differences in the numbers of the various South Asian groups in this country, their different demographic profiles and therefore, their varying needs.

In the late 19<sup>th</sup> century and early 20<sup>th</sup> century, a few immigrants from colonial India made their way to the United States. They were concentrated on the West coast, working on farms or in the timber industry. However, the Golden Door to America slammed in their faces as laws against Asian immigration were enacted in the 1920's.

Partly as a result of the Civil Rights movement in this country, immigration laws were completely overhauled in 1965, scrapping the discriminatory national quotas that had effectively shut out Asians. The new laws applied uniformly to all nationalities and favored those with immediate family here, and preference was given to those who were highly skilled people, especially physicians, academics and engineers. Because there were few immigrants from South Asia who could sponsor relatives at that time, the professionals moved to the head of the line. Here, India had an edge because its numerous professional and higher education institutions – especially those set up after Independence -- had churned out highly qualified specialists who took advantage of the immigration incentives.

The next big change to the immigration laws in 1990 benefited Bangladeshis, Nepalis, Pakistanis and Sri Lankans. Because of the disparities in the immigration pattern since 1965, a visa lottery system was introduced to give special visas to those countries that had not been filling the annual quota of 20,000 immigrants allowed to every nation (not bordering the U.S.). These visas did not require sponsorship by relatives or employers and applicants who met some basic qualification were randomly drawn and given visas. Indians were not eligible for these visas and after 2001, Pakistanis became ineligible as well. This has resulted in the burgeoning numbers of Bangaldeshi and – to some extent -- Pakistani immigrants in the last decade.

The technology boom of the 1990s saw another big influx of Indians, who came in as computer specialists on temporary work visas. Subsequently, many of them were sponsored by their employers for permanent immigration with Green Cards.

### **Conflicting images**

The early immigration pattern, which favored professionals and those with higher education, has given the South Asian community the image of affluent high achievers. Indians, for whom more detailed statistics are available, have a median annual household income estimated at \$60,093 and have one of the highest educational levels, not only among immigrant groups, but also compared to the resident population in this country.

However, there is an almost parallel universe away from the stereotypes of the “model minority” and here a sizeable number of South Asians and Indo-Caribbeans live a very different life. And it is their lives we will be looking at in this study.

They are mostly recent immigrants, with the majority coming to New York after 1995. Although many in this group are well educated, there are a sizeable number who are not. And most of these new immigrants work in service jobs that keep the great metropolis running.



*Introduction*

# The Survey

## Why the survey

Stereotypes create problems, even positive ones. The perception of South Asians as a 'model minority' celebrates the achievements of those individuals who have successfully arrived at the ranks of the well-to-do and attained the American dream. And while this recognition is richly deserved by those individuals, the stereotype serves to overshadow the plight of other members of the community who are still struggling in the urban areas to build a decent life for themselves and their children. Much of the assistance that these people are entitled to passes them by. To the extent that their needs are not truly recognized, adequate efforts have not been made to design programs geared to their special needs

It would be incorrect to say that these people have been left behind. In fact, they are fighting greater odds compared to those faced by their countrymen who came during earlier waves of immigration. Most of these members of the community have been in the country for less than a decade, and many come from regions beset by political upheaval, social disintegration and poverty. They are also likely to be from an underprivileged background in their own countries and arrive here with fewer resources than those of their countrymen who came earlier. In spite of these hurdles, they are trying to find a footing here, much as other generations of immigrants who made New York their stepping stone to the American dream have done. Most of them work long hours and are looking for ways to better themselves and their families.

When the South Asian Council of Social Services (SACSS) was formed in 2001, its first project was to design a comprehensive assessment instrument that would assist in collecting data about the needs of the segment of the South Asian community that had been hidden thus far. A database specifically on this segment of the South Asian community did not exist to date, and the information from this study was to be an important foundation for coordinating a network of existing services, and importantly also, to advocate for unrecognized but needed services.

A team of volunteers that included academics, social workers, community activists, lawyers, architects, teachers and computer specialists helped develop a questionnaire that focused on many facets of South Asian American life in New York City.

After a pilot study, the survey was launched on August 3, 2001.

## Strategy

**Funding for additional research and program evaluation is needed to help achieve an in-depth understanding of community needs and to fine tune program interventions**

### *Creative ways to reach a diverse group*

Reaching a diverse group like the South Asians and Indo-Caribbeans called for some innovative strategies since a house to house survey was virtually impossible. Interviewers targeted ethnic stores and restaurants, national day parades and even a celebration exclusively for women on a major Muslim holiday.

## The tragedy of 9/11 changes focus

A month later came the tragedy of 9/11. All the resources of SACSS were redirected toward helping the victims of the World Trade Center attack. Even as the organization was helping the families of 9/11 victims, South Asians found that their environment had changed for the worse. This community, like most New Yorkers, had suffered in the economic and psychological aftermath of 9/11, but now they found they bore the brunt of another kind of attack. In the backlash against terrorism, members of this community were now subject to harassment and discrimination because of their appearance or their religious affiliation, and they were often easy targets for the feelings of frustration and anger in the general public.

The questionnaire was revised to take into account these developments and a section on discrimination, hate crimes and the impact of 9/11 added in addition to the questions about social service needs.

## Interviews in the community

Data was collected through interviews based on a three-page questionnaire with 51 questions. All interviewers were either SACSS staff or trained volunteers.

Data collection started in earnest in the Spring of 2003. SACSS staff or trained volunteers sought out men and women of the South Asian and Indo-Caribbean community across the city, including in Jackson Heights, Flushing, Corona, Jamaica, Richmond Hill, Ozone Park and Astoria in Queens, and Coney Island in Brooklyn. They interviewed them in stores, restaurants, banks, beauty parlors, streets, places of worship and senior centers.

In order to find a representative sample of the community, they conducted interviews at events like the Indian and Pakistani Day parades. To reach Muslim women, volunteers came up with the innovative idea of going to a Chand Raat, a women's celebration on Id festival day.

It must be emphasized that this survey does not give a picture of the entire South Asian and Indo-Caribbean community; it was designed to study those segments of the community who are most generally under-represented and under-served. The people who were sought for the interviews generally belonged to those segments of the community. The data from this survey are representative of the needs of that specific segment of the South Asian and Indo-Caribbean community.

And as mentioned earlier, very few Nepalis and Sri Lankans were interviewed because not many of them live in the areas covered. Since their numbers are statistically too small to draw meaningful conclusions, their responses have not been separately analyzed like those of Bangladeshis, Indians, Indo-Caribbeans and Pakistanis.



Although participants in the survey were not monetarily compensated for their time, as a gesture of thanks some of them were presented with a \$5 telephone card that they could use to call home.

The people interviewed were guaranteed that their responses would be kept confidential, and confidentiality has been preserved in the collation, analysis and dissemination of the data.

### **Assessing the areas of need**

The survey attempts to assess the needs of the South Asian and Indo-Caribbean communities in the areas of childcare, health and other services for families and individuals, children's educational needs and services, and programs for senior citizens. An attempt was also made to assess the prevalence of child and elder abuse, domestic violence, as well as alcohol and substance dependency.

An important component of the survey was finding out the degree to which the participants were aware of the services available, if they were making use of them; and if not, why not. In addition, the survey attempted to find out what types of services the community needed, that were currently not available.

### **This report highlights some major findings**

A comprehensive and more academically rigorous report of the study is under preparation and will be released later this year. This report highlights the main findings of the study and presents recommendations for those priority needs.

This report is written with a non-specialist reader in mind and tries to present the issues with as few technical terms or academic usage as possible, while still maintaining accuracy.

The purpose of the report is to draw the attention of every one who could be instrumental in making a difference: from policymakers, professionals in the areas of social services, law and medicine, private foundations and public funding agencies, to activists, members of the community at large, the media, volunteers, businesses and religious leaders.

We believe that once the vacuum in critical social services needed for this community is recognized, resources can be directed to fill these needs. It is hoped that the detailed report of the survey, to be released soon, will be the foundation on which specific programs to fulfill these needs will be built.

*Who we are*

# Diversity

## Regional identities

The people covered in this survey represent several ethnicities that have their home in South Asia. The region includes India, Pakistan, Bangladesh, Nepal, Sri Lanka, Bhutan, and the Maldives. But no one from Bhutan or Maldives was interviewed because very few of them have migrated

ETHNICITY	NUMBER	SAIC <sup>1</sup> %
Bangladeshi	106	16.9
Indian	237	37.9
Pakistani	165	26.4
Indo-Caribbean	89	14.2
Nepali <sup>2</sup>	15	2.4
Sri Lankan <sup>2</sup>	14	2.2

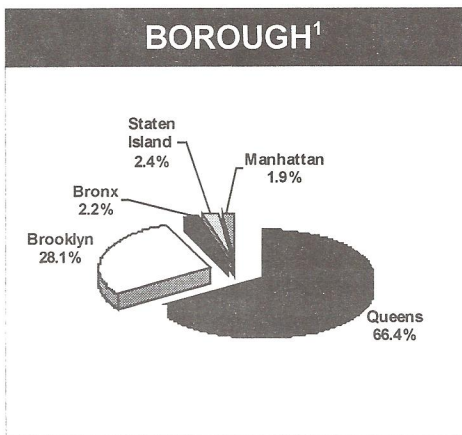
<sup>1</sup> South Asian and Indo-Caribbeans surveyed

<sup>2</sup> Although there were 29 people surveyed from Nepal and Sri Lanka, this sample of respondents is too small to be representative of their respective groups

to the United States and separate analysis has not been made for the Sri Lankans and Nepalis because the numbers of those surveyed is too small to be representative of their ethnic group.

Also included among the 626 people surveyed for this study, are the Indo-Caribbeans, whose ancestors had migrated to the Caribbean Islands several decades earlier.

## Queens is the favorite home



The majority of the people surveyed in this study live in Queens. Historically, South Asians and Indo-Caribbeans have come to Queens because of the affordability of housing, which in turn led to the development of an ethnic infrastructure of places of worship, businesses catering to ethnic preferences and social networks. Affordable housing in Brooklyn has also attracted many South Asians.

## Gender

More men – 373 -- than women – 253 – were interviewed for this survey. Even though the interviewers tried to get an equal number of people from both genders, 373 or about 60 per cent were men and 253 or 40 per cent were women.

## Strategy

**Increase funding for the development of innovative programs tailored to address the needs of South Asian New Yorkers.**

### *Religious harmony and diversity*

The remarkable religious diversity of South Asians and Indo-Caribbeans can be seen in the proliferation of their houses of worship. Within an area of a few blocks in Flushing there are three mandirs (Hindu temples) a masjid (or mosque) and several churches. In Richmond Hill, a gurdwara (Sikh temple) has a mandir close by.



One of the reasons for the difference is that many of the interviews were conducted at local businesses like stores and restaurants, which are frequented more by men.

GENDER	MEN		WOMEN	
	WITHIN GROUP <sup>1</sup>	OF TOTAL <sup>2</sup>	WITHIN GROUP <sup>1</sup>	OF TOTAL <sup>2</sup>
Bangladeshi	66%	18.8%	34%	14.2%
Indian	51.9%	33.0%	47.5%	45.1%
Pakistani	73.3%	32.4%	26.7%	17.4%
Indo-Caribbean	48.3%	11.5%	51.7%	18.2%

<sup>1</sup> As a percentage within the ethnic group <sup>2</sup> As a percentage of all South Asians and Indo-Caribbeans surveyed

The gender disparity is more pronounced among Bangladeshis, where the ratio of men to women interviewed is 2:1, and among Pakistanis, 3:1, even though special efforts were made to reach women from those communities by going to Muslim women's social functions.

### At a pivotal stage of their lives

The median age of people surveyed is 42 years, which is similar to that of the foreign-born population nationally, according to the census bureau. About 10 per cent of those interviewed are under 25 years of age, and 12.8 per cent are over 60 years of age. This age composition is also comparable to the national estimates of the foreign born population.

The early 40's is an age that marks a pivotal stage for most people: Usually, they have stabilized their careers and have established families with children.

AGE GROUPS <sup>1</sup>	<25 <sup>2</sup>	25-59	60 <sup>3</sup>
Bangladeshi	13.2%	79.2%	7.5%
Indian	5.5%	74.7%	19.8%
Pakistani	18.9%	79.3%	1.8%
Indo-Caribbean	2.2%	77.5%	20.2%
All	10.1%	77.2%	12.8%

<sup>1</sup> Composition of different age brackets; <sup>2</sup> 25 years and under; <sup>3</sup> 60 years and over

However, many of the South Asians and Indo-Caribbeans we interviewed came to this country as adults, often leaving their families in their home

countries, in search of better economic conditions or more stable environments. This type of dislocation caused by immigration puts them in need of special types of assistance. These will be discussed in more detail in later sections of this report.

The Indians and Indo-Caribbeans are somewhat older than the Pakistanis and Bangladeshis: Nearly 20 per cent of the Pakistanis are younger than 25, while fewer than six per cent of the Indians and Indo-Caribbeans are in this age group. On the other hand, about 20 per cent of the Indians and Indo-Caribbeans are 60 years and over, whereas less than 5 per cent of the Pakistanis and Bangladeshis fall into that age bracket. This difference in the composition of the age groups reflects different patterns of migration of the ethnic groups.

## Coming to the U.S.

While Indians and Indo-Caribbeans have had a presence in this country since the late 1960's, the majority of the people in the survey arrived here starting in the late 1980's.

There is a significant difference in the various groups' patterns of immigration. More than two thirds of the Indo-Caribbeans and nearly half of the Indians had arrived in this country by the 1990's, whereas most of the

US ARRIVAL <sup>1</sup>	B	I	P	IC
Before 1975	0	6.9%	1.9%	7.9%
1975-1980	3.8%	7.7%	5%	10.1%
1981-1985	2.8%	11.1%	2.48%	11.2%
1986-1991	19.8%	20.6%	24.2%	33.7%
1992-1995	8.5%	13.3%	15.5%	13.5%
1996-2000	49%	24%	40.4%	16.9%
After 2000	16%	16.3%	10.6%	6.7%

B = Bangladeshi I = Indian P = Pakistani IC = Inod-Caribbean

<sup>1</sup> Percentage in each ethnic group who arrived within the time period

Pakistanis and Bangladeshis came here only after 1995. The time of arrival here determines the resources available to them and is a very important factor in the service needs of the different groups in part be-

cause of the time they have had to adapt to the new conditions. The length of stay in this country also affects the visa and citizenship status of the groups.

## Citizenship

A little over a third of the South Asians and Indo-Caribbeans -- 34.8 per cent -- are US citizens. The Indo-Caribbeans have the largest proportion of US citizens, 58.4 percent and Indians are next with 42.7 per cent.

U.S. STATUS	CITIZEN <sup>1</sup>	GC <sup>2</sup>	VISA <sup>3</sup>	NONE <sup>4</sup>
Bangladeshi	26.4%	44.3%	16.0%	13.2%
Indian	42.7%	26.7%	8.6%	22.0%
Pakistani	18.8%	24.2%	12.1%	43.6%
Indo-Caribbean	58.4%	25.8%	1.1%	14.6%

<sup>1</sup> United States citizenship <sup>2</sup> Green Card <sup>3</sup> Other valid visa <sup>4</sup> Currently no valid visa or application pending

A little more than a quarter of people in the survey reported having "no status" or "status pending." This is often a euphemism for being undocumented or having no valid visa. This is an important issue in the Pakistani community, where 43.3 per cent lacked valid visas.

## Voting

The South Asians who are U.S. nationals take their duties of citizenship very seriously and are active in the political scene. Of those eligible to vote, 79 per cent of those surveyed said they voted in the last election. The communities that are the most politically active are the Bangladeshi voters, of whom 93 per cent said they voted in the last elections, followed by the Indo-Caribbeans with 92 percent. In contrast, only 70 per cent of the Indian voters and 71 per cent of the Pakistani voters reported that they voted.



*Who we are*

# The Family

## Marriage bonds are very strong

Almost seven out of ten South Asians and Indo-Caribbeans we surveyed are married and, perhaps reflecting their cultural values, less than four per cent of them are divorced or separated.

Nearly a quarter of the people are single, but there are significant gender and ethnic differences. Men are more likely to be single than women, and there are relatively more single Pakistanis than other groups.

## Strategy

**Recruit and train community outreach workers to help link families to needed services**

MARRIAGE	ALL <sup>1</sup>	M <sup>2</sup>	W <sup>2</sup>	B <sup>3</sup>	I <sup>3</sup>	P <sup>3</sup>	IC <sup>3</sup>
Single	24%	28.0%	17.9%	26.4%	19.4%	35.2%	12.4%
Married	69.7%	68.4%	71%	72.6%	76.4%	59.4%	67.4%
Separated	1.5%	1.1%	2.1%	0	0.4%	0	9%
Divorced	1.8%	0.8%	3.4%	0.9%	1.3%	3%	2.2%
Widowed	3%	1.4%	5.53%	0	2.5%	2.4%	9%

M = All men W = All women B = Bangladeshi I = Indians P = Pakistanis IC = Indo-Caribbeans

<sup>1</sup> All South Asian and Indo-Caribbeans surveyed; percentages have been rounded off <sup>2</sup> Percentage within the gender <sup>3</sup> Percentage within ethnic group

## Family

More than three out of four of the people surveyed have their families

FAMILY <sup>1</sup>	IN U.S.	ABROAD
Bangladeshi	76%	24%
Indian	81%	19%
Indo-Caribbean	94%	6%
Pakistani	69%	31%
All	77.5%	22.5%

<sup>1</sup> Percentage in each ethnic group

in the U.S. But there are major differences between the groups and this will have an impact on the kinds of social services that each will need – and the problems they face.

### *Missing family away in the home country ...*

Singh<sup>1</sup> works 12-14 hours every day driving a taxi. His wife and children live in India. "I visit them every year," Singh said. "I miss seeing my children grow up. But I cannot afford to bring them here. It is too expensive".

<sup>1</sup>The names and identifying details have been changed in the anecdotes from the interviewers to protect the confidentiality of the survey participants.

## Living arrangements

More than six out of ten Bangladeshi, Indians and Indo-Caribbeans live with their spouse or children, compared to less than half of the other groups. About one in three Pakistanis and Sri Lankans are home alone.

The extended family is also popular among South Asians and Indo-Caribbeans. Overall nearly one in five live with other relatives or as a nuclear family with older adults. In some cases, this involves taking care of older relatives with special needs.

The average size of the household among the people surveyed is 3.3, with the size ranging between one and 12. The size of Bangladeshi and Indo-Caribbean households tend to be a little bigger than the others.

<b>WHO'S HOME</b>	<b>ALL<sup>1</sup></b>	<b>B</b>	<b>I</b>	<b>P</b>	<b>IC</b>
<b>Alone</b>	18.5%	19.8%	12.6%	31.3%	8%
<b>Self &amp; spouse</b>	12.7%	9.4%	17.7%	11.1%	8%
<b>Nuclear family<sup>2</sup></b>	41.5%	45.3%	41.9%	30.7%	58.6%
<b>Nuclear &amp; older adults<sup>3</sup></b>	9.8%	7.5%	10.2%	8.5%	16%
<b>Self &amp; other relatives</b>	8.6%	8.5%	8.8%	9.2%	4.6%
<b>Self &amp; unrelated adults</b>	5.2%	5.7%	6%	3.9%	1.2%
<b>Parents &amp; siblings<sup>4</sup></b>	3.6%	3.8%	2.8%	5.2%	3.5%

<sup>1</sup> South Asian and Indo-Caribbeans surveyed    <sup>2</sup> Spouses and children    <sup>3</sup> Nuclear family with older adults    <sup>4</sup> Unmarried parents with children    B = Bangladeshis    I = Indians    P = Pakistanis    IC = Indo-caribbeans

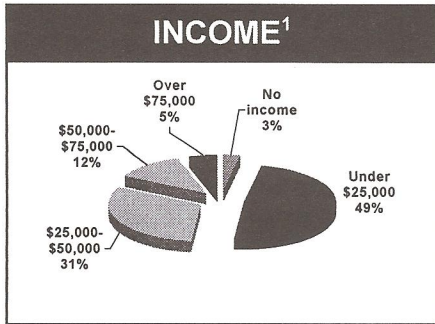


*Who we are*

# Work & Income

## Half are at poverty levels or close to it

A striking fact that has emerged from the study is the widespread economic deprivation: More than half of the people surveyed live in households or families with a total family income of \$25,000 or less. This means that with four people in a household or family, they live close to the poverty line adjusting



<sup>1</sup> South Asian and Indo-Caribbean

for the high cost of living, especially of housing in New York City. (This is also less than the \$55,786 median family income for New York State.)

There also is a stark difference within the community, between the Indians and Indo-Caribbeans, a majority of whom are in the \$25,000 to \$50,000 family income range, and the Pakistanis, Bangladeshis and Nepalis, most of whose households make do with less than \$25,000.

## Service sector dominates workforce

The service sector now has a significant place in the economy of New York City, where the manufacturing and industrial sectors no longer absorb immigrants as they used to. Reflecting this reality, the service sector has welcomed into its ranks a majority – 63.1 per cent – of the South Asian and Indo-Caribbean community surveyed, employing them as waiters, dishwashers, grocery clerks and the like.

TYPE OF WORK	ALL <sup>1</sup>	MEN <sup>2</sup>	WOMEN <sup>2</sup>
Service sector	63.1%	68.82%	54.7%
Professional	9.35%	12.08%	4.7%
Self-employed	9.35%	12.08%	4.7%
Unemployed	13.27%	5.06%	26.92%
Retired	4.93%	1.97%	8.97%

<sup>1</sup> South Asian and Indo-Caribbean <sup>2</sup> As a percentage of their gender

Just under ten per cent of them hold professional jobs and a similar percentage are self-employed. A slightly larger number of Indians and Indo-Caribbeans work as professionals compared to the others, but the difference is not significant.

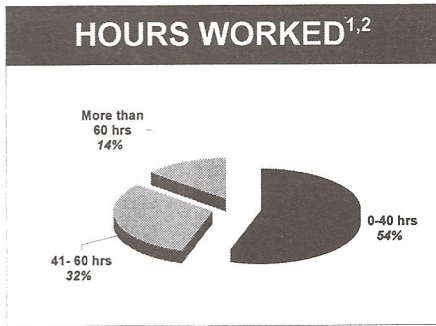
## Strategy

**Expand job readiness, job training, and employment counseling programs to help recently arrived immigrants improve their employment options**

### *Long work hours at the expense of the family*

Suman and her husband own two stores. But the seeming glamour of running a business doesn't mean wealth – or time for the family. She runs the store selling video and audiocassettes and her husband takes care of the garment store. Despite their 12-hour days, their yearly income is less than \$25,000. "I wish I could spend some time with my two small children," Suman said wistfully.

Gender differences stand out on the employment scene. About one in three women do not work outside the home: 26.92 per cent say they are unemployed and 8.97 per cent are retired.



1 Excludes retirees and the unemployed; per week  
2 South Asian and Indo-Caribbean

On an average, the work week for those surveyed averaged 46.22 hours. It is six hours over the 40-hour norm, which means they toiled an extra three-quarters of a workday.

If one looked at the mean of hours worked (that is, half of the people in the group worked less than that number and the other half more) for people of different ethnicities,

there are interesting differences: Pakistanis and Bangladeshis have a longer work week. The mean of hours worked is about 49 for them. For Indo-Caribbeans it is closer to the 40-hour norm.

BY ETHNICITY	HOURS WORKED <sup>1</sup>
Bangladeshis	49.58
Indians	44.9
Pakistanis	49.41
Indo-Caribbeans	40.1

1 Mean (half worked less and half worked more than those hours) per week



*Who we are*

# Education

## Educational attainment

Taken as a whole, the South Asians and Indo-Caribbeans surveyed have an impressive level of education. About six out of ten have been to college; 35 percent hold a university degree and 14 percent have post graduate education.

On the other hand, the percentage of people (13.2) who have not completed high school almost equals the numbers of individuals with a post graduate education.

This community's level of education compares favorably to that of the general population, where only 15.4 percent are college graduates and about 9 percent hold graduate degrees.

However, we have to keep in mind that the higher educational level has not opened the door to better jobs or higher incomes. More than one out of two people surveyed live at poverty levels or close to it.

Within the community surveyed, though, there are significant differences. While Indians are somewhat more educated (almost 60 percent are college graduates, with 22 percent also holding graduate degrees), there is not much difference between them and the Pakistanis and Bangladeshis, the majority of whom also have attended college. But among the Indo-Caribbeans, 60 percent have an educational level of high school or less.

Significantly, men and women in the survey have about the same level of educational attainment.

EDUCATION	SAIC <sup>1</sup>	U.S. <sup>2</sup>
Up to HS	13.22%	19.6%
HS grad	26.44%	28.6%
Some college	11.36%	27.4%
College grad	35.08%	15.5%
Post grad	13.9%	8.9%
<b>Some college or higher</b>	<b>60.34%</b>	<b>51.8%</b>

<sup>1</sup> South Asian and Indo-Caribbeans surveyed

<sup>2</sup> U.S. general population (Source: Bauman and Graf)

## Strategy

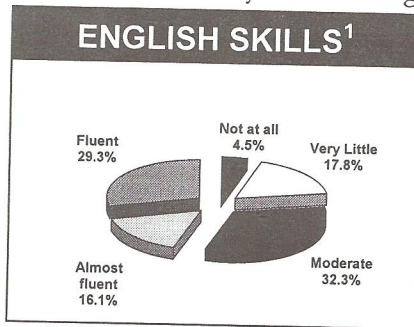
**Expand English as a Second Language (ESL) classes for adults and provide counseling to help recent immigrants with education credentialing issues**

### *Starting again at the bottom...*

Gupta works part time on minimum wages in the local grocery store. Packing the groceries in plastic bags, he said, "In India I had a good job. Six people reported to me. Here I do this to spend my time and it gives me some money to buy gifts for my grandchildren."

## Varied levels of fluency

While more than half of the number of people surveyed say that they are at least moderately fluent in English, this statistic masks a broader



<sup>1</sup> South Asian and Indo-Caribbeans surveyed

problem. Despite the high number, there are also certain groups within the community for whom English language skills are a stumbling block.

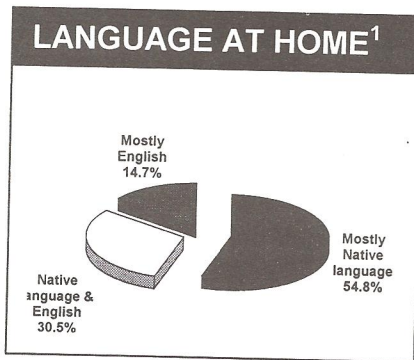
About eight out of ten Indo-Caribbeans and six out of ten Indians say they are fluent or almost fluent in English. But over two-thirds of the Pakistanis say they have little or no

fluency in the language; just over half the Bangladeshis report moderate fluency.

As we shall see later in this report, those who find it difficult to communicate in English report problems when receiving or looking for services. Some of those who faced harassment after 9/11 cited language difficulties as a reason for not complaining to the authorities about it.

## Native languages form cultural links

Many families maintain their cultural roots by speaking their native languages that include Punjabi, Bengali, Urdu, Hindi, Gujarati and Nepali.



<sup>1</sup> South Asian and Indo-Caribbeans surveyed

About eight out of ten people in the survey speak in their native language at home: about 50 per cent use mostly their native languages and another 30 percent speak both their languages and English.

However, Indo-Caribbeans are the mirror opposite of this

pattern within this broader community; 80 per cent of them noted English as the preferred language at home.



*Impact of 9/11*

# Harassment

## A double whammy

The September 11 terrorist attack struck a savage blow both to the psyche and the economy of New York. On that day of infamy, at least 48 South Asian immigrants died (not including those of the heritage born in the United States).

Like all New Yorkers, members of the community suffered from the fallout of the calamity, but in addition many of them faced another fallout -- discrimination and harassment -- due to their religion or because of their appearance.

Before 9/11, South Asians and Indo-Caribbeans said they faced very little discrimination or harassment directed at them personally. About six percent of them said that they had been verbally harassed, and less than three per cent that they had faced physical harassment or discrimination in receiving public services.

## Strategy

**Advocate for the formation of a South Asian Anti-Discrimination Task Force under the leadership of the New York City Commission on Human Rights.**

9/11 & BIAS <sup>1</sup>	INDIAN		PAKISTANI		BANGLADESHI		INDO-CARIBBEAN		TOTAL	
	Before	After	Before	After	Before	After	Before	After	Before	After
Hiring	6.8	5.5	7.9	17.6	0.9	6.6	11.2	11.2	6.7	9.9
Housing	2.5	1.3	0.6	3.0	0.9	1.9	3.4	3.4	1.8	2.2
Physical threat	2.1	4.6	3.0	11.5	2.8	2.8	1.1	2.2	2.3	5.9
Physical harm	1.7	3.0	2.4	4.2	1.9	0.0	0.0	2.2	1.7	2.7
Public services	3.8	5.1	.06	4.8	0.9	3.8	3.4	6.7	2.3	5.0
Verbal	7.6	13.1	7.9	38.2	6.6	11.3	6.7	7.9	7.4	18.9

<sup>1</sup> Percentages (rounded off to first decimal point) within each community B = Bangladeshi I = Indians IC = Indo-caribbeans N = Nepalis P = Pakistanis

At the workplace, though, 11 per cent of the Indo-Caribbeans said they had faced discrimination in hiring and promotion compared to eight per cent of the South Asians. However, all this changed dramatically on September 11, 2001. Nearly one in five of the people surveyed said that they have been verbally harassed after 9/11, and one in ten reported they faced discrimination in hiring and promotions.

## Pakistanis hit hardest

The impact of 9/11 has been harder on some than on others, with Pakistanis appearing to bear the brunt of it. While only eight per cent of Pakistanis said that they had been verbally harassed before 9/11, 39 per cent said they have been since that date.

The number of those who say they face discrimination at work and in hiring after 9/11 doubled; and of those who face physical threat tri-

***Body language tells a different story ...***

Many of the people surveyed were clearly uncomfortable talking about the issues of harassment, threats and discrimination. Some said they that they had hardly felt these problems, even when their body language and demeanor said otherwise.

pled and those who had difficulty in accessing public services quadrupled.

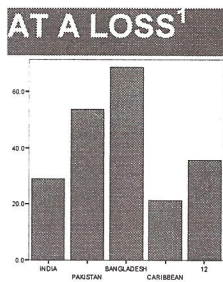
Indians reported a significant increase in verbal harassment since 9/11 and Bangladeshis say they face discrimination at work or in hiring.

### Incidents go unreported

Only a miniscule number – about six per cent -- of those who had been harassed said that they had reported them to the authorities. The Indo-Caribbeans were most likely to complain about these incidents.

About 57 per cent of the people surveyed said that they did not know where to go to report the incident and this could be a reason for their failure to complain.

Lacking fluency in English or not having citizenship or valid documents are other possible reasons for the reluctance. Since Indo-Caribbeans are more likely to be fluent in English and have Green Cards or citizenship, they could be more willing to approach authorities and be ready to participate in the investigations.



1 Percentage of people by ethnicity who did not know where to complain about harassment

#### *Changing appearance because of fear ...*

Anwar said he was fearful of physical attacks in the the aftermath of 9/11. "I have shaved off my beard," he said. "I don't know what else to do"



*Impact of 9/11*

# The Fallout

## Hit in the pocketbook

Fourteen per cent of the people surveyed said that 9/11 had a direct financial impact on their jobs or their business. Of them, over half are Indian, 20 per cent are Pakistani, and 14 per cent are Bangladeshis.

Nearly one in three of those surveyed reported a decline in their income. The Pakistanis are the hardest hit; nearly half of all the Pakistanis said they suffered a significant decline in income, as did a little over a third of Indians.

THE TOLL	ALL <sup>1</sup>	M <sup>2</sup>	W <sup>2</sup>	B	I	IC	P
Loss of job/business %	13.7	58.5	41.5	14.6	54.9	9.8	20.7
Decline in income %	29.3	68.6	31.4	16.0	30.9	7.4	45.7
Depression/Anxiety %	23.1	58.7	41.3	19.6	8.0	28.3	44.2
Personal safety concern %	27.5	55.0	45.0	25.5	16.9	7.3	51.8

1 South Asian and Indo-Caribbeans surveyed 2 Percentage within the gender 3 Percentage with ethnic group  
M = Men W = Women B = Bangladeshis I = Indians IC = Indo-caribbeans P = Pakistanis Percentages rounded off to first decimal point

## Psychological toll

Some of the people surveyed had been touched personally by the tragedies of 9/11: About six percent said that they had lost someone from their immediate family or circle of friends.

But over a quarter of those in the survey indicated that they experienced depression and/or anxiety after the terrorist attack. And a similar number said that they had concerns for their safety. Here again, the Pakistanis are hardest hit, over half of all Pakistanis surveyed reported psychological symptoms and concerns for their safety.

## Men are affected more

There are some interesting differences in the way 9/11 has affected men and women. Although both men and women said that verbal harassment increased significantly, only men reported a similar rise in physical threats, job discrimination and problems in receiving public services. Women said that bias in getting public services increased only marginally and there were no changes in physical threats or harassment or problems at work.

## Strategy

Promote a public education campaign to increase awareness of anti-discrimination laws and remedies available to victims

### *Patriot Act as an excuse for store discrimination*

After paying for her purchases at a department store, Ayesha was asked if she would like to get a store discount. When she filled in her Muslim name, the store managers refused her a card mumbling something about the Patriot Act.

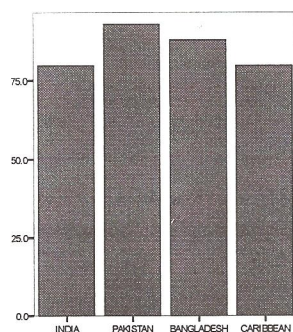
Men and women reported about the same levels of anxiety and depression, but a smaller percentage of women (about 18 per cent) compared to men (nearly 33 per cent) said they feared for their safety. Similarly, though a similar percentage of men and women reported loss of job or business, far fewer women (18 per cent) said their incomes had fallen (18 per cent compared to 33 per cent of the men).

### Don't know about special services

Clearly, the events of 9/11 had marked effects on the community of South Asians, but when asked if they or members of their family had used any special services after 9/11, more than eight out of ten people said that they were unaware of any special services available to them.

Interestingly, more women than men knew that such services were available. Only 78 per cent of the women said they were not aware of them compared to 90 per cent of the men. A greater number of women – 19 per cent -- also said that they did not need any special help, while only seven per cent of the men said they didn't.

#### UNAWARE OF HELP<sup>1</sup>



<sup>1</sup> Percentage of people by ethnicity who did not know of special services to help with 9/11 trauma

#### *Appearance makes student a punching bag*

At his computer institute, a student he had never seen before punched Ravi in the nose. As he held his fractured nose and stared disbelievingly at his attacker, the young man said, "All of you Muslims should be burned!"

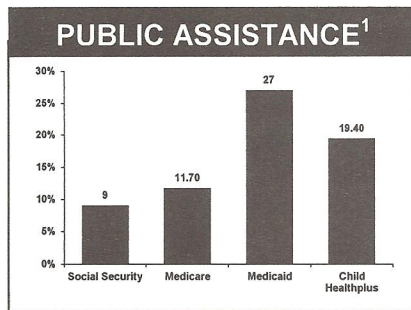


Services

# Families

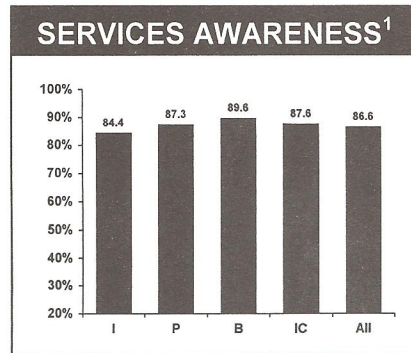
## Not making use of available assistance

For a high poverty group with nearly half the people living in households at or close to the poverty line, South Asians and Indo-Caribbeans do not use the array of services available to families all that much.



<sup>1</sup> Percentage of people who say the services are used in their households

Only a small number of the people surveyed – nine per cent – reported receiving Social Security. While this number may not sound surprising because only 13 per cent of the group is over 60 years of age, an analysis of those eligible for it found that only half of them received it.



<sup>1</sup> Percentage of people aware of the services; I = Indian P = Pakistani B = Bangladeshi

While the percentage of Pakistanis getting Social Security is only 4.8 per cent, which is almost half the overall proportion, they also have the fewest number of people over 60 covered by the survey.

This pattern holds at the other end of the age spectrum as well. Families with children are underutilizing the services available to them. The

Bangladeshis are more likely to use the services for children compared to the others.

## Unable to find other services

Besides public assistance, there is an array of services provided by government, private and publicly subsidized organizations that provide important community services. Here again the community is not making use of the services adequately.

## Strategy

**Fund a citywide, South Asian multi-lingual outreach, information and referral helpline to link the community members to needed services**

### *Suddenly widowed, no support for mother of 9*

Amina and her husband immigrated to the U.S. from Pakistan last year. They had eight children with one more on the way, when her husband suddenly died of a heart attack. The 39-year-old Amina suddenly found herself with no means of support. "They tell me that I immigrated after 1996," she said. "So I am not eligible for SSI [welfare] or Medicaid."

Only about 16 percent of the people surveyed said that they had used any of ten different services ranging from counseling and youth programs to legal help and job training.

The number of people who said they had needed services in these areas is much higher – about a quarter of the total. But many of those who said they needed the assistance – more than a third of them -- were unable to get it.

Surprisingly though, the vast majority – 86.6 per cent -- of all the people we surveyed said they were aware of the services. It appears that while they knew in general terms that help is available, many of them could not find it in their communities. This problem is particularly apparent among those who said that they did not use the services. About a third of them did not know about the services at all and more than half, did not know how to find them.

SERVICES		LL%	B%	I%	P%	IC%
Counseling	<i>Used</i> <sup>1</sup>	11.0	17.9	11.0	12.7	3.4
	<i>Needed</i> <sup>2</sup>	16.9	22.6	19	13.3	11.2
	<i>Not available</i> <sup>3</sup>	13.5	9.7	14.2	11.2	12.2
Domestic violence	<i>Used</i>	5.1	17.0	5.1	13.3	5.6
	<i>Needed</i>	13.9	11.8	13.3	17.9	12.4
	<i>Not available</i>	9.3	6.7	15.1	12.4	9.3
Drug & alcohol	<i>Used</i>	5.5	14.2	5.5	9.7	3.4
	<i>Needed</i>	11.2	17.0	11.0	9.7	7.9
	<i>Not available</i>	9.7	3.6	8.5	5.6	7.2
English language	<i>Used</i>	25.0	50.9	14.8	35.2	2.2
	<i>Needed</i>	36.2	66.0	32.9	36.4	9.0
	<i>Not available</i>	18.6	17.6	19.8	6.7	16.8
Immigration	<i>Used</i>	28.3	62.3	28.3	49.1	31.5
	<i>Needed</i>	36.2	66.0	32.9	36.4	9.0
	<i>Not available</i>	34.2	16.4	33.0	22.5	27.3
Legal	<i>Used</i>	25.6	50.0	14.8	32.7	12.4
	<i>Needed</i>	40.2	71.7	36.7	37.0	18.0
	<i>Not available</i>	26.2	15.2	29.2	10.1	21.3
Job training	<i>Used</i>	25.6	52.8	17.3	23.0	20.2
	<i>Needed</i>	36.7	74.5	36.7	30.9	28.1
	<i>Not available</i>	29.5	18.8	36.8	23.6	27.0
Translation	<i>Used</i>	13.4	22.6	5.9	25.5	.0
	<i>Needed</i>	24.5	40.6	24.5	20.0	5.6
	<i>Not available</i>	20.3	13.3	28.3	9.0	20.3
Youth	<i>Used</i>	12.1	18.9	9.3	13.9	7.9
	<i>Needed</i>	16.5	24.5	16.5	14.5	14.6
	<i>Not available</i>	12.7	12.1	33.0	12.4	16.1
Senior	<i>Used</i>	14.1	17.9	15.6	10.9	11.2
	<i>Needed</i>	22.8	23.6	22.8	15.2	18.0
	<i>Not available</i>	14.1	17.9	15.6	10.9	11.2
OVERALL	<i>Used</i>	16.6	32.5	12.6	22.6	9.7
	<i>Needed</i>	26.8	43.7	26.1	23.9	16.6
	<i>Not available</i>	17.5	23.4	19.1	12.4	13

1 Percentage who said they used the service; 2 who said it is needed, 3 who said the service is not available B = Bangladeshi I = Indian P = Pakistani

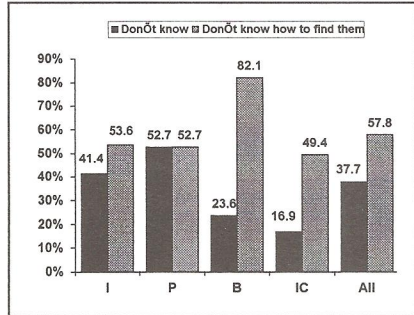


## Signposts to services needed

While a communication gap about the services available and how to get them is apparent and needs more research in order to find solutions, the survey came up with signposts to the services that the community needed the most.

As a group of people who have arrived here recently and are struggling to establish themselves, the community's attention is focused on the help they will need to achieve these goals.

### KNOW OF SERVICES<sup>1</sup>



<sup>1</sup> Percentage of people who say they know about services available I = Indian P = Pakistani B = Bangladeshi

Immigration services are, therefore, needed the most, followed by job training and other legal services. Naturally, these also ranked high on the list of services that people availed of the most and those that they felt were not adequately available.

English language classes and language translation services are next in demand.

Assistance in dealing with domestic violence and alcohol and drug dependency rank lowest on their scale of priorities.

Different ethnic groups within the community have different needs and priorities. While about three out of four Bangladeshis said they needed immigration services, only under half the Indians and Pakistanis and about four out of ten Indo-Caribbeans said they did. While less than one in ten Indo-Caribbeans needed English language programs and one in twenty, translation services, a far greater number of people from the other communities said they needed them. Of course, this is because Indo-Caribbeans have been in this country the longest and because in their native countries, English is often the first language.

The language factor also points to a reason why the community does not use the services that it needs. The Indo-Caribbean group, which has the highest English fluency, was also the most knowledgeable about the services available.

## Drug and alcohol dependency

The survey tried to get an idea of the prevalence of alcohol and drug dependency in the community by asking those interviewed if they were aware of the problems rather than asking if they had personal experience of it. This is because the interview setting was not suitable for delving into a sensitive matter like this. Indo-Caribbeans and Bangladeshis reported the most awareness of drug and alcohol abuse in their communities.

### *Symptoms of depression go unrecognized*

Gopal says there is nothing wrong with him physically. "But I feel tired all the time" he said. "I am young but I don't seem to be able to do things which I used to do, I don't know what is wrong with me"

DEPENDENCY <sup>1</sup>	ALL%	B%	I%	P%	IC%
Alcohol	20	30.2	22	12.7	34.8
Drugs	22.8	26.4	16.5	13.3	33.7

<sup>1</sup> Percentage within each group who said they were aware of the problem in the community

B = Bangladeshis I = Indians IC = Indo-Caribbeans P = Pakistanis

Overall, less than one in ten people surveyed said that programs to deal with drug and alcohol issues were needed. A far greater percentage of Bangladeshis – 17 per cent – than the others said there was a need for such programs.

As regards protecting children, 13.4 per cent of the people wanted drug and alcohol awareness programs for school kids. Even though Pakistanis reported the least prevalence of the problems in their community, they were also the largest percentage asking for the programs, perhaps as a way of ensuring that alcoholism and drug dependency do not become a future problem in their community.



*Services*

# Health Care

## At least one in four don't have health insurance

Health insurance is a hot button topic in the nation, more so in a place like New York where many working people can't afford it or just can't get coverage. An immigrant community like that of the South Asians and the Indo-Caribbeans is particularly vulnerable and those who have come to this country more recently are at a particular disadvantage.

About four in six of the people surveyed said they did not have health insurance. Almost 30 per cent said that they do without any health care services because they are not insured.

INSURANCE	CITIZEN	GC <sup>1</sup>	VISA <sup>2</sup>	NS <sup>3</sup>
Have health insurance	83.1	59.8	43.1	24
Can't afford it	10.8	24.1	36.2	38
Can't get coverage	4.2	10.9	13.8	34
Can't afford if eligible	.5	3.4	5.2	1.3
Don't need it	1.4	1.7	1.7	2.7

<sup>1</sup> Green Card <sup>2</sup> Valid visa like H1 or J1 <sup>3</sup> No status or visa pending

Immigration status may often be a factor in getting health insurance. Nearly three out of four of those without valid immigration documents do not have insurance. On the other hand, eight out of ten of citizens and nearly six in ten people with Green Cards have coverage.

HEALTH INSURANCE		ALL%	B%	I%	P%	IC%
Have it:	<i>Self</i>	57.3	56.6	60.3	82.0	40.0
	<i>Spouse</i>	41.9	44.3	49.8	43.8	27.9
Can't afford:	<i>Self</i>	24.0	30.2	22.8	10.1	29.1
	<i>Spouse</i>	13.9	11.3	13.9	19.1	12.7
Can't get:	<i>Self</i>	14.9	7.5	13.9	4.5	26.7
	<i>Spouse</i>	7.0	6.6	8.4	3.4	7.3
Can't afford even if eligible	<i>Self</i>	2.0	3.8	.8	3.4	1.8
	<i>Spouse</i>	1.7	2.8	0	6.7	.6
Don't need it:	<i>Self</i>	1.8	1.9	2.1	0	2.4
	<i>Spouse</i>	3.7	3.8	3.4	4.5	3.6
Not applicable to spouse <sup>1</sup>		31.8	31.1	24.5	47.9	22.5

<sup>1</sup> Those who did not have spouses or whose spouses were not in the country  
 B = Bangladeshis I = Indians IC = Indo-Caribbeans P = Pakistanis (Percentages within ethnic groups)

Nearly three quarters of those who said that they could not afford health insurance are on temporary visas, or do not have documentation, or are waiting for it. About 15 per cent of the people in the survey said they could not get insurance, and of them, four out of ten are either on temporary visas or currently lack immigration papers. Health insurance

## Strategy

**Expand free health screening and maintenance programs to reach the uninsured and the undocumented**

*Youth as a substitute for expensive insurance*

They were a young, confident couple. When asked if they had health insurance, they smiled and he said: "We have a three year old daughter and a month old son. They are covered. It is too expensive to get insurance for us too." He added, "But we are young, we won't need it!"

usually comes with a job and those who lack work authorization often work in the unorganized sector or in temporary positions where it is difficult to get coverage.

Those who do have health insurance may in fact be fewer than those who said that they had it because they had confused having access to free public health services with private health insurance. Interviewers who conducted the survey said that some people said that they had health insurance because they were able to obtain services like HealthPlus or ChildhealthPlus and could not differentiate between having health insurance (either paid for privately or through employment benefits) and being eligible for public services.

### Ethnic disparities

Indo-Caribbeans have the highest rate of health insurance with eight out of ten of them being covered, while for Pakistanis the rate was only half that. Nearly half the Pakistanis said that they made do without any health services because they were not insured.

Almost one in four Pakistanis also said they could not get health insurance and the likely explanation for this phenomenon is that this group also has the largest proportion of people – 40 per cent -- without immigration status or who are waiting for it.

### Services used and needed

Those who do have health insurance were most likely to use health maintenance organizations and dental services. Over all, 53.3 per cent of the people went to health maintenance services and 42.7 per cent to dental clinics. About a third also used services for women and children.

Health maintenance services and dental clinics also rank at the top of the list of services that people said they needed but were not available. One in four Pakistanis – a community with limited access to medical care – said that they needed health maintenance services. Indians were twice as likely to ask for senior citizen's services.

SERVICES NEEDED	LL%	B%	I%	P%	IC%
Health Maintenance Services	14.1	8.5	10.5	26.7	6.7
Mental health counseling	2.5	1.9	1.3	4.2	2.5
Children's clinic	4.4	4.7	5.5	3	3.4
Dental clinic	11.4	12.3	12.7	7.3	14.6
Women's clinic	9.7	6.6	12.2	10.3	5.6
Senior health services	6	4.7	8.4	4.8	3.4

B = Bangladeshis I = Indians IC = Indo-Caribbeans P = Pakistanis (Percentages within ethnic groups)



*Services*

# Schools & Children

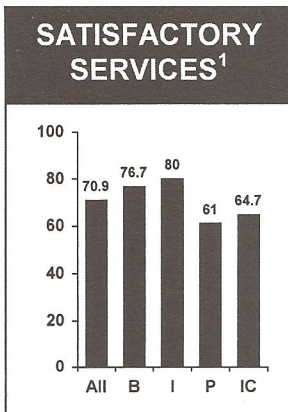
## Fear of violence

Schools play a major role in the lives of children aged between six and 18 and their families. While the majority of the people surveyed said they were satisfied with the educational services in the schools, violence cast a long shadow of fear over their lives. More than nine out of ten South Asians and Indo-Caribbeans said that they were concerned and frightened by violence and gang activity in the schools.

SCHOOL BLUES	All%	B%	I%	P%	IC%
Gangs and violence	90.4	88.6	91.3	92.2	89.6
Peer pressure	19.7	28.9	8.8	25.4	20.8
Food and diet	22.7	31.4	9.0	33.3	23.2

B = Bangladeshis I = Indians IC = Indo-caribbeans P = Pakistanis Percentages within each group citing problem

This fear factor appears to cancel out the positive feelings that they may have about the educational services in schools, which over 70 per cent of them rated satisfactory.



<sup>1</sup> Percentage within each ethnic group who said they were satisfied with school services.  
B = Bangladeshis I = Indians IC = Indo-caribbeans P = Pakistanis

In all the communities an almost similar percentage reported concern with this issue. More research will have to be done on this subject because from the responses to the survey, we could not determine if violence is a generalized concern or a specific threat felt by the parents and their children.

Interestingly only seven per cent of the people surveyed felt that there was discrimination in the schools. And bullying did not seem to be a major issue either; Indo-Caribbeans expressed the most concern with it, and even then it was only seven per cent of them. We also could not establish the composition of the gangs they complained about.

It is likely that the environment that the schools are situated in is responsible for the perception of violence and gang activity.

Peer pressure is a related problem that many people raised. While more than a quarter of the Pakistanis and Bangladeshis and a fifth of the Indo-Caribbeans thought it was an issue, less than one in ten Indians did.

## Strategy

**Expand peer conflict resolution projects in schools & community institutions to promote understanding among youth from different backgrounds.**

### *Violence sometimes condoned*

Anil, who is 12 years old, was being hit by José while the school guard stood watching. The guard taunted Anil: "You scared of being beat up or what?"

Food and diet in the schools ranked as a problem for about a third of the Pakistanis and Bangladeshis, perhaps reflecting the families' adherence to Islamic dietary rules. Only nine per cent of the Indians had concerns about food and diet.

Overall, Indians appeared to be those most satisfied with the school services, with eight out of ten giving a thumbs up. At the other end of the spectrum, only about six out of ten Pakistanis, were satisfied with the schools.

## Computer training and sports

Computer training ranks first among the programs that parents want either in school or outside for their children; it is followed by sports. However, there is a vast difference according to ethnicity in the kinds of programs they said they need. More than two-thirds of Pakistanis and about four in ten Bangladeshis and Indo-Caribbeans want computer training, but only less than a third of Indians do.

<b>PROGRAMS WANTED<sup>1</sup></b>	<b>LL%</b>	<b>B%</b>	<b>I%</b>	<b>P%</b>	<b>IC%</b>
<b>Computer training</b>	44.4	43.2	29.6	66.7	38.8
<b>Sports</b>	41.4	44.7	37.8	50.8	42.9
<b>Tutoring</b>	39.4	55.8	24.6	57.4	23.9
<b>Music and dance</b>	32.7	4.05	32.9	23.1	4.0
<b>Language classes</b>	29.7	28.6	23.6	47.5	16.3
<b>Religion classes</b>	21.8	8.1	32.3	15.4	23.3
<b>Drug &amp; alcohol classes</b>	13.4	12.2	8.8	27.4	2.2
<b>Mentoring</b>	8.3	8.1	4.3	13.3	7.7

B = Bangladeshis I = Indians IC = Indo-caribbeans P = Pakistanis 1 Percentages within each group who wanted the program

Pakistanis and Bangladeshis were more than twice as likely as Indians and Indo-Caribbeans to ask for tutoring. Almost half the Pakistanis also asked for language classes, which fewer Indians and Indo-Caribbeans wanted.

How long the communities have been in the U.S. can account for the difference here. Indians and Indo-Caribbeans have been here longer and, therefore, their children are likely to have had more exposure to computers and computer technology and also be relatively more fluent in English. Therefore, they need somewhat more support outside the classroom.

Sports ranked after computers overall in the list of programs needed. Curiously, it ranked at the top among all the programs sought by Indians; yet compared to other communities they felt the need the least. But among all the ethnic groups, Indians also were the most likely to suggest music and dance – perhaps reflecting cultural traditions -- and religion classes – probably because Hinduism is less formally organized and institutions cannot be easily transferred here from the home country.

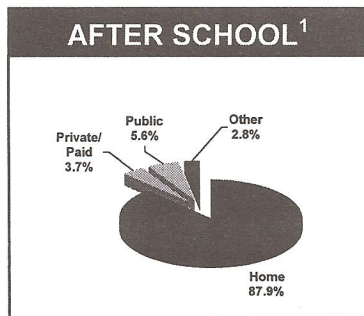
The demand for drug and alcohol education is significantly higher among Pakistanis compared to the other groups.

### *Overcrowding hampers learning*

Some parents are at a loss about how to deal with overcrowded classrooms. Lily said, "John is not a dunce. But in a class that has 35 students, only those who sit in front understand what the teacher is saying. I don't know how to help him."



## After school arrangements



<sup>1</sup> After school arrangements used as percentages overall

After school arrangements are not a major concern for the parents who were surveyed because an overwhelming majority of the children – almost nine out of ten -- are taken care of in their own homes. Only 5.6 per cent of them go to public after school programs.

The majority of the parents – nine out of ten – said they were satisfied with the arrangement they now have.

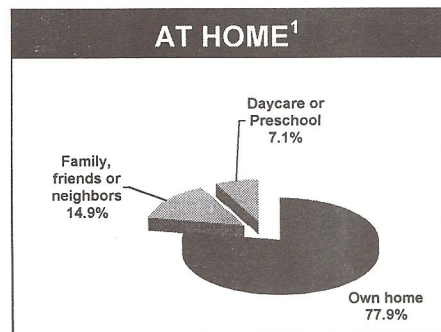
## Most kids have health insurance

The majority of the children – almost three out of four – have health insurance. But again as in many other areas, there are significant differences between the ethnic groups. Most Bangladeshis – nine out of ten – and Indians – eight out of ten -- are covered, while only seven out of ten Pakistanis and 65 per cent of the Indo-Caribbeans are. Only a tiny number of the children – about two per cent – have partial coverage.

An even greater proportion of preschoolers – children below six years – have health insurance. In all, 85.2 per cent are covered to some degree and in an interesting difference in the ethnic pattern of medical insurance for adults and school kids, Pakistani preschoolers have the highest rate of coverage. While 96.7 per cent of Pakistanis with children younger than six years said that they had insurance, only 57.9 per cent of the Indo-Caribbeans did.

## Most preschoolers are home

The South Asian and Indo-Caribbean community prefers to keep their preschoolers at home or leave them in the care of relatives, friends or neighbors. In all, about 78 per cent of the people with children in the age group said they cared for them at home and almost 15 per cent relied on the tight social circle; only 7.1 per cent sent them to day care centers or preschool.



<sup>1</sup> Type of care for preschoolers as percentages overall

The significant ethnic variation is that Indo-Caribbeans relied more family, friends and neighbors, whose help 37.5 per cent sought; 56.2 per cent looked after them at home. In the other communities, home care arrangements did not vary the much: 80.6 per cent of the Bangladeshis relied on it, as did 78.3 per cent of the Indians and 83.3 per cent of the Pakistanis.

### *Fearing reprisal, boy suffers silently*

Sam is beaten by a classmate everyday. "I don't want to report him. I am afraid of what he will do to me."

One of the factors that contributes to a large number of little children being cared for at home may be that about 28 percent of the families have a senior citizen – often a grandparent – living with them.

Only a little over half the people with preschoolers were satisfied with the current arrangements, though. Among Indo-Caribbeans, who relied more on relatives, friends and neighbors, only about six out ten were satisfied.

<b>CHILDCARE NEEDS<sup>1</sup></b>	<b>ALL%</b>	<b>B%</b>	<b>I%</b>	<b>P%</b>	<b>IC%</b>
<b>Day care at work</b>	6.7	15.4	2.9	0	8.3
<b>Day care closer to home</b>	31.5	26.9	40	31.25	16.7
<b>Affordable day care</b>	42.7	50	28.6	56.25	50
<b>Combination of above</b>	6.7	3.8	11.4	0	48.3
<b>Other</b>	12.4	3.8	17.1	17.1	16.6

B = Bangladeshis I = Indians IC = Indo-caribbeans P = Pakistanis 1 Percentages within each group who mentioned the need

Lack of affordable day care may be the reason for the reliance on family and social networks – and this, in turn, may be contributing to the dissatisfaction.

Less expensive childcare was rated the top need of the community, with more than half of all but the Indians asking for it. Childcare close to home came next.



*Services*

# Senior Citizens

## Many lack health insurance

A rather large number of the South Asians and Indo-Caribbeans surveyed lived with a senior citizen. Reflecting the traditions in these communities, 28 per cent of them said their households were extended, multigenerational ones with a senior citizen living in them.

Health becomes a major issue as people age and the lack of medical insurance can be a serious financial burden on senior citizens and those providing for them. Almost four in ten of the seniors who were covered in the study -- either by directly surveying them or through someone living with them -- were not insured.

Out of those who were not insured, Indian senior citizens represented the most at 34 per cent, closely followed by Indo-Caribbeans at 27 per cent. Pakistanis represented 23 per cent and were followed by Bangladeshis at 15.4 per cent.

As recent immigrants and non-citizens, many of them are not eligible for Medicare and, because of their age, private health insurance premiums can be exorbitant.

## Problems with participating in activities

Only about half of those senior citizens -- who themselves were surveyed or someone living with them was -- participated in activities for seniors. Here as in many other areas there was a big difference between the ethnic communities. While 52 per cent of the Indians took part in senior activities, only 9.1 per cent of the Pakistanis did

There was keen interest in seniors centers, though. About 40 per cent expressed the need for them. Indians were the most interested, with 50 per cent asking for them; 24 per cent of the Indo-Caribbeans and 12.9 per cent of the Pakistanis and Bangladeshis also wanted them.

There were many reasons for staying away and these, too, varied by community. Language and health problems were blamed the most by those who did not attend seniors activities, with 31 per cent citing them. Indians cited them the most often.

## Strategy

**Recruit and train a cadre of South Asian outreach workers who help the homebound elderly and provide them a link to the needed social, health and mental services.**

### *For senior,s a sense of displacement...*

It's a lonely life for Janaki, who moved in with her daughter in New York three years ago. "My daughter and son-in-law work so hard and they are so busy, I don't want to trouble them asking them to take me here or there" she said. "In India, I could talk to the neighbors and do my own shopping. Here I have to depend on them [family] for everything. I can't speak English. I feel lonely but I don't want my daughter to worry"

<b>STAYING AWAY<sup>1</sup></b>	<b>ALL</b>	<b>B</b>	<b>I</b>	<b>P</b>	<b>IC</b>
Language	31%	13.3%	60%	23.3%	3.3%
Health problems	31%	10%	46.7%	30%	13.3
Transportation	25%	16.7%	41.7%	25%	16.7%
No services available	24%	18%	57%	18%	9%
Family responsibility	22%	18.2%	45.5%	18.2%	18.2%
Schedule conflicts	17%	13%	63%	6.3%	13%
Food	10%	10%	60%	10%	20%

<sup>1</sup> Percentage overall and in each ethnic group who reported various problems in making use of senior centers

B = Bangladeshis I = Indians IC = Indo-caribbean P = Pakistanis

Other reasons for staying away from activities for seniors included transportation problems, health issues, food habits and family responsibilities.



*Services*

# Domestic Abuse

## Sensitive issue

Domestic violence lurks in every community and is often hidden behind a veil of emotional and cultural issues.

The Family Violence Prevention Fund in a report in 2000 found that domestic violence, in general, is an underreported crime and the National Violence Against Women survey said that Asian women are the least likely to formally report any kind of physical victimization.

In an immigrant community made up of South Asians and Indo-Caribbeans, getting people to acknowledge the problems of abuse and talking about them is especially difficult and calls for a lot of cultural sensitivity.

ABUSE <sup>1</sup> %	ALL	B	I	P	IC
Child	15.9	24.5	14	13.3	15.7
Elder	22.8	28.3	15.2	30.9	21.3
Spouse	20.6	28.3	20.8	14.5	22.5

<sup>1</sup> Percentage within each group who expressed awareness of an abuse problem  
B = Bangladeshis I = Indians IC = Indo-Caribbeans P = Pakistanis

Therefore, it was hard to address the problem in the type of informal setting in which much of this survey was conducted.

In order to collect some meaningful information about the nature and prevalence of the abuse problem in the community, the people interviewed were not directly asked about their personal experiences of abuse in any form but rather whether they were aware of the problem in the community. This important distinction has to be kept in mind in reviewing this section of the report.

## Ethnic differences

About 22 per cent of the people surveyed said that they are aware of the prevalence of different kinds of abuse in the community. But some interesting patterns emerged in how the occurrence of abuse was noted by various ethnic groups. The Pakistanis are the least likely to report the incidence of abuse in the community, and Bangladeshis are the most likely to. Whether this difference reflects cultural differences in the perception of abuse, willingness to talk about it, or actual differences in the prevalence of abuse in the communities is not something that can be disentangled in this study.

## Strategy

**Recruit and train a cadre of community outreach workers to provide escort, translation and advocacy services**

### *Abuse extends beyond generations*

Asked whether she believed there was domestic violence in her community, Meena, a newlywed, nodded, her eyes welling with tears. Her husband quipped, "They will think I'm beating you." She whispered, "It is my mother. My father beats her."

The work of Sakhi, an organization of South Asian women in New York that provides help to victims of domestic violence and runs a hotline, can give an inkling of the problem in the South Asian community. During 2003, Sakhi reported that it received 458 requests for help with domestic violence from women. Of them, the most (51 per cent) were from Indians. Requests from Pakistanis came next at 15.1 per cent followed by Bangladeshis at 14.4 per cent and Indo-Caribbeans at 5 per cent. These figures, however, are not to be considered a barometer of the actual incidence of domestic abuse in the community because they count only those who actually seek the help of one organization and there is no statistical framework to extrapolate from this how widespread the problem is.

For Pakistanis, elder abuse ranked as the major form of abuse. Bangladeshis reported the most awareness of child abuse.

All the ethnic groups covered in the study said to an almost equal degree that domestic violence services are not available (10.1 per cent) and that they are needed (13.4 per cent). However, Pakistani and Bangladeshi respondents are three times more likely to say that they are aware that members of their community have used domestic violence services (15.15 per cent) as compared to Indians and Indo-Caribbeans (5.35 per cent).



*Recommendations*

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# Plan of Action

## **Forging a strategic plan to meet community needs**

South Asians represent a unique and vibrant part of the mosaic that is New York City. Yet despite their substantial economic, social and cultural contributions to New York City, they often face significant threats to their own wellbeing. South Asian Council for Social Services' survey findings indicated South Asians and Indo-Caribbeans – immigrants from the Caribbean islands with roots in South Asia -- are experiencing severe economic difficulties, higher rates of unemployment, increased levels of discrimination and harassment and also, lack awareness about where to seek out needed services.

With a population of nearly 300,000 in New York City, New York State accounts for the second highest concentration of South Asians in the United States. The South Asian community's diversity in terms of culture, religion and language is part of its many strengths but it also poses major challenges to building a comprehensive network of support services. To appreciate this challenge, one only needs to take into account that there are over fifty major languages spoken in South Asian countries and seven major religions practiced.

Without a doubt, South Asian community based organizations (CBOs) are, and will continue to serve as the lifeline for these families, delivering an array of linguistically appropriate and culturally competent services to this very diverse and burgeoning population. However, to fulfill this broad mission, additional funding and closer collaboration will be needed among South Asian CBOs, funders and governmental agencies in order to fully address the many unmet needs and gaps in services that persist.

As one of New York's fastest growing populations, the needs of South Asians can no longer be ignored and the future of New York City is no doubt closely intertwined with their progress and success. The recommendations that follow are offered as the first step in a strategic action plan to better address the problems faced by this growing and vital sector of New York City. More than 30 recommendations are offered in the hope that we can -- in real terms -- unlock the golden door of opportunity for South Asian New Yorkers.

## **Investing in Capacity Building**

**Issue Summary:** While cultural and religious institutions abound within the South Asian community, the development of South Asian social service and community development agencies has only taken root within the last 10-15 years. The small network of South Asian social service agencies that do exist, have either few staff or rely primarily on volunteers, making it impossible to address the myriad needs of community residents. Yet, there is no doubt that the welfare of many community residents will largely depend on the ability of South Asian community

based agencies to provide critically needed, culturally and linguistically competent outreach, advocacy and social services. The need is especially urgent, in light of growing levels of economic hardship and discrimination encountered by community residents since 9/11.

To better address the multiple, unmet needs of this very diverse and burgeoning population, it will be necessary to increase funding and technical assistance to South Asian community agencies on the frontlines.

### Recommendations:

➤ **Capacity building** funding will enable organizations to hire and train additional program staff, secure additional office space that will allow for program expansion and strengthen overall organizational infrastructure (e.g. accounting, fundraising and information technology systems) to ensure long term organizational sustainability.

➤ **Incubator project** funding is required to address immediate, critical gaps in services and the need to develop innovative and responsive program models tailored to the unique circumstances faced by South Asian immigrants.

➤ **Research and program evaluation** funding will allow emerging programs to achieve an in-depth understanding of community needs, fine tune program interventions accordingly and document successes in order to leverage additional funding and resources.

➤ **Supporting collaborations** among South Asian organizations and other community institutions is also critically important in order to build a comprehensive, culturally responsive and effective network of services for the South Asian community. Promoting collaborations of this nature will serve to bridge cultural understanding and pool resources and expertise that will improve coordination, quality of services, data collection, and cost efficiency.

### Increasing Services for the Elderly

**Issue Summary:** In a little more than a decade, New York City has witnessed an 86 per cent increase among the Asian American elderly population that now exceeds 60,000 individuals.<sup>1</sup> South Asian elders in particular are experiencing high rates of poverty, depression and isolation. Among the South Asian elders surveyed by the Asian American Federation of New York, the median household income ranged from \$6,000-\$8,500.

Moreover, many elders are socially isolated at a time when they are most vulnerable. The SACSS survey found one in five elders reported living alone, 40 per cent were uninsured, and 24 per cent reported there were no senior citizens programs available. Even when services were available, health, language and transportation barriers served as formidable obstacles to service utilization. For example, among SACSS survey respondents, 31 per cent reported language and health problems as major obstacles to participating in senior citizens programs. Against this backdrop,

<sup>1</sup> Asian American Federation of New York. *Press Release: Elderly Asian American New Yorkers Face Higher Levels of Poverty and Depression*. New York, NY: February 19, 2003.



it is not surprising that 40 per cent of Asian American elderly are experiencing signs of depression.<sup>2</sup>

### Recommendations:

- **Advocate for the development of a South Asian Elder Initiative**, under the auspices of the New York City Department for the Aging, that will provide funding and technical assistance for the development of programs specifically tailored to address the needs of the South Asian elderly population.
- **Expand the network** of culturally and linguistically competent programs for the elderly and provide transportation services to ensure ongoing participation.
- **Develop partnerships** that will lead to co-location of on-site geriatric health services and senior citizens support services
- **Recruit and train** a cadre of South Asian community outreach workers that can reach out to the homebound elderly and link elders to needed social, health and mental services.
- **Develop culturally competent mental health services** specifically tailored to the South Asian elderly in order to address the disproportionately high rates of depression within this population.
- **Develop a city wide, multilingual helpline** for South Asian seniors providing up to date information, referral assistance and counseling in major South Asian languages including: Punjabi, Bengali, Urdu, Hindi, Gujarati and Nepali.

### Creating Economic Opportunity

**Issue Summary:** Contrary to the model minority myth, South Asians in New York City are experiencing economic hardship which has only worsened since 9/11. An alarming 53 per cent of respondents reported family incomes of less than \$25,000 and more than 13 per cent of survey respondents reported being unemployed. By comparison, the U.S. Census reported only 17 per cent of Asian and Pacific Islander households had incomes of \$25,000 or less in 2001.<sup>3</sup> These disparities are especially disconcerting if you take into account that more than 49 per cent of respondents have a college or post college degree and 87 per cent of respondents have some college credits or at least a high school diploma.

Without a doubt, the events of 9/11 set in motion an economic tailspin from which the South Asian community has yet to recover. Nearly 30 per cent of respondents reported a decline in their income post 9/11 and while South Asian respondents have twice the rate of college graduates when compared to the general U.S. population, 63 per cent remain fixed in low paying service industry jobs working as

<sup>2</sup> Ibid.

<sup>3</sup> Reeves, T. & Bennet, C. *The Asian and Pacific Islander Population in the United States: March 2002*, Current Population Reports, P20-540, U.S. Census Bureau, Washington, DC: 2003.

waiters, dishwashers, grocery clerks, etc. Moreover, one in three of the individuals surveyed indicated that job training services were needed but unavailable.

### Recommendations:

- **Expand specialized job readiness, job training and employment counseling programs** to help recently arrived South Asian immigrants address credentialing issues, become familiar with the job market, expand/improve job skills, conduct job searches and prepare for interviews.
- **Increase funding to expand Adult English as a Second Language classes**, especially flexible, evening and weekend programs that allow working adults to fully participate and improve their English language proficiency skills.
- **Develop worker rights clinics** to provide education and advocacy assistance on employment related matters such as: illegal firings, racial/ethnic and gender discrimination in the workplace, withholding of back pay or fringe benefits, etc.
- **Work with the Small Business Administration** to initiate a South Asian Small Business Development Project providing intensive technical assistance and resources to small businesses that can act as a source of employment for community residents and stimulate the local economy.
- **Partner with local lending institutions** to help generate micro-lending initiatives that will allow small businesses to expand and/or improve their services/products and compete in the marketplace.
- **Initiate career planning and entrepreneurial mentoring programs** to help South Asian adolescents and young adults explore career options and business opportunities.

### Combating Post 9/11 Discrimination and Harassment

**Issue Summary:** Since 9/11, the South Asian community has witnessed a dramatic increase in the number of incidents involving harassment and discrimination. A recent study conducted by the New York City Commission on Human Rights revealed that 69 per cent of Muslims, Arabs and South Asians had experienced discrimination or harassment and 79 per cent indicated they had been negatively impacted by intolerance.<sup>4</sup> In fact, many bias attacks unleashed upon South Asians, have taken place based on the erroneous assumption by the perpetrators that all South Asians are Arabs or Muslims. These incidents illustrate both the unwarranted and dangerous levels of animus against Arabs and Muslims and all who appear to be like them, and the pervasive lack of cultural knowledge present within New York City's communities. Undoubtedly, these conditions create fertile ground for cultural misunderstandings, discrimination and bias related crimes.

Among SACSS' survey respondents 44 per cent reported experiencing verbal harassment and problems with obtaining or retaining jobs or being promoted.

<sup>4</sup> New York City Commission on Human Rights. *Discrimination Against Muslims, Arabs, and South Asians in New York City Since 9/11*. New York, NY; 2003.



Perhaps, even more telling, 27 per cent of respondents reported being concerned for their personal safety. Moreover, half of those experiencing discrimination reported they did not know where to report the incident and 22 per cent did not believe reporting the incident would change the situation.

Discrimination and harassment breed fear, mistrust and isolation, undermining the well being of individuals, families and communities alike. Aggressive steps must be taken to send a message to all New Yorkers that discrimination will not be tolerated and to ensure that victims of discrimination have access to meaningful remedies and protection.

### Recommendations:

- **Increase the availability of legal and advocacy services** to enable South Asian residents to access public benefits programs, address immigration issues, and lodge discrimination and harassment complaints.
- **Promote a multilingual public education campaign** (e.g. utilizing ethnic based print media, television and radio) designed to educate community residents about anti-discrimination laws and the remedies available to victims of discrimination.
- **Initiate cultural education programs and conflict resolution projects** in schools and community institutions to facilitate dialogue and understanding among community members from different ethnic, cultural and religious backgrounds.
- **Fund South Asian community organizations to hold community forums** aimed at developing grassroots solutions to combating discrimination, promoting community building and improving relations among diverse cultural groups.
- **Advocate for the formation of a South Asian Anti-Discrimination Task Force** under the leadership of the New York City Commission on Human Rights. The Task Force would be charged with the responsibility and authority to investigate, monitor and coordinate interagency efforts to combat discrimination.

### Increasing Educational Opportunity

**Issue Summary:** Access to quality education has always been considered a keystone to achieving equality and success especially for America's immigrant groups and this fundamental precept continues to hold true for South Asian immigrants and their children. Yet, survey respondents identified numerous unmet educational needs and a few troubling trends. Approximately four of every ten individuals surveyed identified the need for tutoring programs, computer training and sports programs. Nearly one third of respondents also identified the need for enrichment programs in the areas of music, dance and language classes. Yet less than 6 per cent of South Asian parents are making use of after school programs that usually provide such services. Underutilization may be connected to concerns about safety. A staggering 90 per cent of respondents expressed concern about the level of

violence and gang activity in the schools – raising doubts about whether neighborhood schools are able to offer a safe and conducive learning environment for South Asian children.

### Recommendations:

- ➔ **Fund South Asian community based organizations** to initiate culturally appropriate after-school educational, sports, mentoring and cultural enrichment programs.
- ➔ **Initiate peer conflict resolution projects** in schools and community institutions to facilitate dialogue and understanding among youth from different ethnic, cultural and religious backgrounds.
- ➔ **Initiate culturally responsive, parenting education programs** to help South Asian parents increase their understanding of child development, help navigate the educational system and improve parent-child communication.
- ➔ **Develop South Asian Parent Leadership Programs** designed to increase parental involvement and leadership in the schools (e.g. parent associations, school leadership teams, advisory boards and school committees, etc.) in order to address the need for school improvements and overall educational reform.

### Promoting Health Care Access

**Issue Summary:** SACSS' survey findings illustrate the urgent need to expand health services for New York City's South Asian community. An alarming 41 per cent of survey respondents reported they could not afford or otherwise obtain health insurance. By contrast, it is estimated that only 17 per cent of APIs are uninsured nationwide.<sup>5</sup> Among the survey respondents who were undocumented, the number of uninsured was even higher reaching a staggering 72 per cent. Overall, respondents identified health maintenance, dental and women's health services as their top three, unmet healthcare needs. Another surprising finding involved underutilization of Medicaid, just over a quarter of those eligible were in fact utilizing Medicaid funded services.

The finding above may be related to another formidable barrier, namely, the lack of linguistically appropriate and culturally competent healthcare services. The provision of culturally competent health care can dramatically improve health outcomes; the Health Resources and Services Administration (HRSA), notes that culturally competent practices: 1) enable health providers to obtain more specific and complete information to make a diagnosis; 2) facilitate the development of treatment plans that are more likely to be adhered to by the patient and supported by the family; and 3) enhance overall communication and interaction between patient and provider.<sup>6</sup> A key component of providing culturally competent services is the delivery of linguistically appropriate services. This is especially important, given that 44 per cent of survey respondents were deemed to have limited English

<sup>5</sup> The Commonwealth Fund. *National Comparative Survey of Minority Health Care*. New York, NY: Louis Harris and Associates, Inc.; 1995.

<sup>6</sup> Human Resources and Services Administration. *Cultural Competence Works*. Merrifield, VA: Publication No. 98-0372(P); 2001.



language fluency<sup>7</sup> and therefore may have difficulty communicating with their health providers (e.g. describing symptoms, providing medical histories or understanding the health providers' instructions).

### Recommendations:

➤ **Mandate the use of South Asian language interpreters** at health care institutions (e.g. Health and Hospitals Corporation, community health centers, emergency medical services, public health departments, etc.) in keeping with the provisions of Title VI of the Civil Rights Act and the spirit of New York City's Equal Access to Human Services Act. South Asian language interpreter services are especially needed in Queens and Brooklyn neighborhoods with high concentrations of South Asians.

➤ **Expand free health screening and health maintenance programs** (including dental and women's health services) with an emphasis on outreach to the high numbers of uninsured, undocumented South Asians.

➤ **Recruit and train multi-lingual South Asian peer health educators** to conduct health screening and health promotion activities, including helping residents apply for Medicaid and other healthcare safety net programs.

➤ **Fund efforts to develop cultural competency training institutes** for health providers and allied health workers situated in neighborhoods with high concentrations of South Asians.

➤ **Fund a multi-phase collaboration project** among South Asian community based organizations, health care institutions and universities to address the health care needs of the South Asian community. Member agencies would work to: conduct an in-depth health needs assessment of South Asians throughout New York City; design research methodologies and data collection systems to better understand and document the health problems faced by South Asians; and develop and implement a city-wide health action plan to reduce South Asian morbidity and mortality.

### Strengthening Families

**Issue Summary:** Many South Asian families face multiple and concurrent stressors that can undermine even the most resilient families. Poverty, unemployment, discrimination, punitive immigration policies and growing anti-immigrant sentiment, lack of health care access and limited English proficiency represent only a small portion of the barriers that many South Asian families face each day.

One of the most alarming findings of the SACSS survey was the high level of unmet need reported among survey respondents. For example, 36 per cent of respondents indicated that immigration services were needed but 34 per cent indicated such

<sup>7</sup> The level of English language proficiency of survey respondents was assessed by the interviewers. An estimated 44 per cent of respondents were deemed to have limited or no English language fluency. The specific categories encompassed under limited English fluency were: no English (4.3 per cent), very little English (17.1 per cent) and moderate English fluency (32.6 per cent).

services were unavailable. Similarly, 40 per cent of respondents indicated that legal services were needed but 26 per cent said these services were unavailable. This is especially disconcerting if we take into account that approximately one quarter of survey respondents are undocumented<sup>8</sup> and may need assistance understanding their legal options and the complex rules governing eligibility for public benefits. Other areas of high need included: English language classes (36 per cent), translation services (25 per cent), senior programs (23 per cent), counseling (17 per cent), youth services (16 per cent), domestic violence services (14 per cent) and drug and alcohol programs (11 per cent). Additionally, 22 per cent of respondents acknowledged the prevalence of some form of family violence occurring within the South Asian community, signaling the need to expand family violence prevention and service programs.

Overall, the composite picture shows a community in dire need of comprehensive family and social support services.

### **Recommendations:**

- **Fund a citywide, South Asian multi-lingual outreach**, information and referral helpline to link community members to needed support services.
- **Recruit and train a cadre of community outreach workers** to provide translation, escort and advocacy services.
- **Fund the creation of multi-service, South Asian Community Life Centers** that will house an array of services under one roof including: youth and parenting programs, counseling and mental health services, job training, English language and civic participation classes, as well as, recreational and cultural activities.
- **Develop an array of culturally competent, family violence prevention and service programs** to address intimate partner violence, as well as, child and elder abuse.
- **Expand immigration and legal assistance programs** and co-locate these services within trusted South Asian CBOs to facilitate access and service utilization.

<sup>8</sup> When asked about their immigration status, 27 per cent percent of survey respondents reported no status/status pending or refused to answer the question.



