



Interview of Seema Agnani

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Your CDC aims to serve the South Asian community throughout New York City. Could you begin by explaining how you define South Asian?

Basically, we consider South Asians those who emigrate from India, Bangladesh and Pakistan or countries that border that region. This includes Sri Lanka, Nepal, Afghanistan and Tibet, as well as the diaspora who immigrate to the United States via the Caribbean or Africa. In New York City, the main population groups are from India, Pakistan, Bangladesh and the Caribbean.

Between 1990 and 2000, the South Asian population in New York City nearly doubled from 113,000 to 216,000? What factors are behind this rapid growth?

Although there has been a South Asian community in the United States since the 20s, the first wave of immigrants—the first large wave—came in the 1960s. Initially migrants were primarily from India. Since the 1980s, the number of immigrants from Bangladesh has grown more.

There are a lot of factors behind the recent growth in the South Asian community. Many people are coming in through family visas. Also, companies—particularly tech companies—bring in experts. The Bangladeshi migration is different. Many of them came in through a diversity visa program that awards slots by lottery to countries that are under-represented in the immigrant pool. Indians and Pakistanis used to come in through diversity visas, but their numbers are now too great a percentage of the immigrant population to qualify. There are also a lot of people who come into the United States using visitor visas and overstay their visas - leading to a large percentage are undocumented.

Are there other cities that have experienced similar growth? Which ones?

The South Asian population in New Jersey is huge. People are now going straight to New Jersey. There are pockets growing in all areas, such as Atlanta, Georgia, Houston, and Dallas. All of these cities have pretty significant populations. Seattle also has a good-sized population. The coasts, especially California, also have a large population. Chicago has one of the largest South Asian communities in the country. It is very spread out and growing. New York, Chicago, and Los Angeles probably get the biggest numbers..

What would you see as the main issues facing South Asian immigrants today – both in New York City and nationally?

The number one issue is immigration reform. It is going to really impact our community. We have such a mixed bag of documentation status – often within the same household you will find both documented and undocumented immigrants – that’s a huge challenge.

There are also big class differences within the South Asian community. The high-end group is fairly well off. The other – it’s pretty extreme. Language is an issue. Education is an issue. A rising high school dropout rate is emerging as an issue.

In New York City, two other big issues are housing overcrowding and job opportunities. In the city, for example, you will meet cab drivers that are engineers by trade, but they have to get recertified in the United States and that’s not easy. Overcrowding is a big issue—despite the myths, immigrants don’t want to live in these close quarters, but they have limited options. You have multi-generational households living in very cramped conditions—it’s complicated and stressful for the family.

What were the origins of Chhaya CDC? How has the organization’s relationship to Asian Americans for Equality (AAFE), from which it emerged, evolved over time?

Before I was at Chhaya, I worked for AAFE. The idea of Chhaya initially was to broaden AAFE’s work to involve more South Asians—in other words, we saw a need and were trying to meet it.

We had a health care program – that was the first program that we tried to broaden. We sought to enroll people in Medicaid and Child Health Plus. There was a Bangladeshi population in around Chinatown where AAFE was based and so we starting to work there – in Manhattan’s Lower East Side. Concurrently AAFE opened an office in Queens—we started to work on fair housing in Queens.

The problem we encountered was that these programs were dependent on staff that spoke Bangla, Urdu and Hindi. When the staff with these language skills left, the programs left. So then we started to organize the leadership of the South Asian community to build something that would be more lasting. This involved leaders of community-based organizations, business owners, and others who we knew were visible in the South Asian community. This group eventually coalesced into an advisory committee that later evolved into being the first Board of Directors of Chhaya CDC.

We had a pretty strong initial group. One woman was working for the Queens Borough President’s office. One guy was working for Deutsche Bank. One was from Fannie Mae. It worked well. We had the expertise of AAFE, community leadership, and an institutionalized body to make sure it continued. Eventually Chhaya set up its office in Queens.

Chhaya was initially set up as an affiliate of AAFE. We formally separated in 2005, but that was the idea all along. The relationship with AAFE is still strong, but we no longer have a formal legal relationship. We still refer clients to them – they have such a broad array of services. They also still have a South Asian clientele of their own as well, although it is not very big.

Why did you decide to spin Chhaya CDC off as a separate organization?

We decided to spin it off after 9-11. You're in a crisis situation and you have two communities with very different issues. In Chinatown, there was severe economic loss and a lot of people who lost families in the attacks. The South Asian community, by contrast, was under suspicion and attacked by federal government immigration policy trying to root out terrorists. AAFE had to respond to what was happening in Chinatown—that's their base.

It should also be noted that there are many other differences between the two communities. There are many issues in common, but many differences culturally – most obviously language-wise.

How did Chhaya CDC come up with its current priority programs? And how do these priorities evolve over time?

We're working in the context of Queens with a mixed combination of owners, renters, co-op rentals and so-called "single-family" homes, which are often jointly occupied by two-to-three families. We are trying to respond to all of the predatory lending. That requires education, outreach, trying to prevent people from losing their homes through foreclosure prevention work.

We can't look like a traditional CDC. There is no more land left to develop. We call ourselves a CDC because we are about institution building—not just providing services, but putting things in place that provide long-term stability.

One key issue is the issue of illegal conversions. A lot of owners are renting out basements, attics, garages, first floors, wherever there is space. It is happening all over the city, but especially in Queens. It's related to predatory lending. People get mortgages that they cannot afford so they rent out part of their homes to supplement their income.

In a sense, what this means is that an informal form of affordable housing has been created. We are working with the City to produce a report on this issue. The lowest number I have heard is that there are 100,000 units of "informal" —we prefer the word "informal" to "illegal"—housing in the city. The high estimate is 300,000 units.

The impact it has on the family is frustrating. When we first starting doing tenant rights work, 60-70 percent lived in these informal units. We spent our time going to hearings and just buying time for tenants before the inevitable displacement occurred. Owners themselves were also in the dark about what their responsibilities were. We found it was too expensive to use the system and too time consuming.

So we are working with HPD [New York City's Housing Preservation & Development office] to look at potential administrative solutions to ease the burden on the owners and make it easier to legalize the rentals, provided it is safe. We're also working with the Architectural Institute of America. So we have adopted a two-pronged approach of policy advocacy within the city and actual assistance to owners.

The idea with the owners is to get them the resources to do the renovation work to bring their rentals up to code. So we are placed in the role of mediating between the owner and the tenant and trying to get them to come to an agreement.

Of course, if it's both illegal and unsafe, the tenants need to find different housing. But we don't want to be in the business of evicting tenants. In an ideal world, we'd have access to transitional housing – but it's hard for the tenants anyway.

You mentioned earlier in this interview that South Asians often faced federal government hostility after 9-11. How specifically has 9-11 affected the South Asian community?

The discrimination was there. The increased level of policing has had a large impact. Not as much any more in Jackson Heights in Queens – more so in Midwood in Brooklyn among the Pakistani community, where regular sweeps still go on. It creates an atmosphere of distrust and fear. Everybody knows someone who was disappeared. A lot of the businesses went under after 9-11—staff weren't around; people weren't going out and buying. Kids were being beaten up. Women and girls were being harassed if they were wearing a hijab.

As for the CDC, we tried to help people who could access federal assistance for business interruption suffered in the aftermath of 9-11, such as taxi drivers and restaurant workers. With cab drivers in Manhattan, we were able to document the revenue loss. In Queens, it was hard to show. We also did education – know your rights kind of stuff.

Many of New York City's CDCs, such as Mid-Bronx Desperadoes and Abyssinian CDC, are based in the city's African-American community. Do you work with these groups? What obstacles, if any, has Chhaya, and more broadly Asian CDCs as a whole, encountered in breaking into the CDC community both in New York City and nationally?

AAFE has a great relationship with the New York CDC community. AAFE was set up around the same time as Abyssinian. The relationship is very good. There is a lot of distrust among the different New York City communities, but not among the leadership.

Nationally our relationships are also strong. Because of National CAPACD (Coalition of Asian Pacific Americans for Community Development)'s work, Asian American CDCs are becoming more and more visible. Some of our members like AAFE have been around for 30 years.

The problem is subtler: it's that the Asian American community is like the third or fourth thought – it happens in this movement as well. But it's changing slowly.

In our own work, our workshops are very diverse. Because it's Queens, people of all ethnicities attend our events: we get African American, Latino, and white participants. We even had a Canadian immigrant at one of our recent events.

What languages do you work in?

We have staff members who speak Bengali, Urdu, Hindu, and Nepali. We also have volunteers who speak Tibetan and Tamil.

Chhaya CDC has decided to serve New York City's entire South Asian community rather than a specific neighborhood. What was the strategic rationale for doing this?

Because the community is so spread out, there is no single neighborhood base. It was a very conscious decision that we made to call ourselves a citywide group. We went into every

commercial corridor we knew of. That made it obvious we couldn't stay sealed in one part of the city.

Now it feels like it's becoming more neighborhood-based [in Jackson Heights in Queens]. There are benefits – there is a lot more you can do and you can be more strategic. So some of our programs may become more neighborhood-focused. Our homeownership program will remain citywide however.

How does your citywide scale affect your ability to be accountable to the neighborhoods you serve?

Through partnerships we work throughout the city. That's how we work in Brooklyn, for instance. We thought about making Chhaya a membership organization, but it seemed like an overwhelming task. We remain accountable by staying engaged with the community. We continually do studies and research surveys. With individual services around the community, we're trying to do it a little differently, based on the responses we receive. We are still figuring things out as we go along. With community development, there are lots of models. It's good to mix it up a little bit.

What do you see as the main benefits that CDCs provide immigrant communities? How does working with an immigrant community change the kind of work a CDC must do?

I think we do the same things as CDCs that serve established communities. The needs are the same. They get a little bit more complex in immigrant communities because of immigration status issues, cultural and language issues. But fundamentally it's not different. These are working people who are peacefully living in the city and need access to resources and stability.

The amount of displacement people experience can dramatically affect their lives. A CDC: what we can do is provide some kind of stability here.

How has the CDC community responded to growing immigration in the United States?

It's a mixed bag. There are those who've done well to adjusting to the shift in population and those who don't. For those who don't respond, because they don't respond, they're kind of stuck. So either you pressure them to do it or do it yourself. New York City is about sixty percent immigrants and their children. If you don't respond to it, you're making a bad business decision.

Historically many immigrant communities have established a variety of "self-help" mechanisms to pool capital and develop businesses or establish services to support community members. Do you find such mechanisms in the South Asian community and, if so, how does the CDC work to leverage these resources?

The faith-based community is very large and diverse. We work with faith-based institutions to do outreach, but we would never place our organization within one group. We very consciously keep a balance between Hindu, Muslims, and Christians.

As for the business community, the South Asian business community is strong. There is the Jackson Heights South Asian Business Association, for instance. They're pretty strong and politically connected. There are gender politics that play into this as well. A lot of our staff

consists of women, while a lot of the business community is male and conservative. It's not easy, but we are building trust and some business leaders are more progressive than others. For instance, some of our English classes happened in a print shop.

In terms of capital resources, they do exist. They have facilities – lending pools. We advise the people we work with that if they are seeking, for instance, help with a downpayment, that might be an available source. Within the Islamic community, there is a whole separate Islamic financial system based on principles of shariah.

What do you see as your CDC's role in building wealth? What other groups do you work with to achieve your wealth building goals? We see our role as informing people of the different ways you can conserve and save. In terms of employment, hopefully moving forward we will offer basic job training. The South Asian community is not accessing many public resources. The percentage of south Asians benefiting from Section 8 or Low Income Housing Tax Credit housing is very, very low. There's a lack of information.

Do you work with limited equity co-ops, mutual housing associations, community land trusts and other forms of "shared equity"?

We're trying to find out more about how to convert rental units into co-ops. A lot of units in Queens were built with the plan to convert into co-ops at some point. So we would like to encourage people to look into establishing co-op housing. Particularly buildings that provide 2-5 family homes: it would be great to shift that.

Does Chhaya CDC generate significant earned income?

Right now, we're highly dependent on foundation support. In large measure, this is because we have had only a short period after the separation from AAFE. One possible source of earned income is development work, but because of the lack of land to develop I don't think it's going to happen. We could charge fees to clients, but we don't want to do that. We are trying to get HUD-certified, which would help. If we are able to assist owners with housing renovation work that gets them up to code, we might be able to earn some income for that.

What government policies have been most helpful in sustaining your work? What are the biggest government obstacles that you face?

To date, we also have not accessed much public contract money. We might be able to access Department of Youth & Community Development money. That would be the appropriate source, but it's very political and it's hard to access. The other possible city agency is Housing Preservation and Development. To date we haven't gotten much money, but that's what we're looking to do: contract work with owners, neighborhood improvement work.

For our members, FEMA assistance to date was the most helpful. There is also a city "jigget" program that has been helpful for members seeking to catch up on back rent.

In terms of obstacles, proving eligibility is not easy. If you're paid in cash, for instance, documenting everything is challenging. Another problem that immigrants face is that public housing is located in parts of the city that people don't feel comfortable living in.

New York City in recent years has become very much a “hot market” city. The city used to own thousands of parcels of vacant land or boarded-up properties, but no more. How has the rise in land values affected your CDC’s work?

Organizations are getting creative. There is a lot more renovation work of existing property. The definition of CDC work is also broadening. It’s not necessarily building development any more. For us the CDC movement is much broader than bricks and mortar. It comes through these different types of wealth building strategies: employment capacity, stable housing. I see that as community development work. The illegal conversions work we do best fits this—we are legalizing affordable units that are there.

You’ve mentioned that in many respects immigrant CDCs are similar to any other CDC, but surely there are also important differences.

Language and immigration – the way that you do the work changes dramatically when you have to work with people with varying immigration statuses. You need to figure out which people that qualify. Communities also want to stay together. For our seniors they need environments that are supportive. And there are also cultural issues you face. People respond differently. You can’t have a traditional counselor ask a South Asian woman for family financial information. That would be seen as betraying her family. Nuances like that. Having an immigrant organization doing this type of work is needed if this work is going to be done properly.

You serve on the national board of National CAPACD. What are some of the movement’s national priorities?

One priority is simply to build up the capacity of Asian-American community-based organizations. A second key objective is to inform the broader CDC movement of how to be a little more aware and understanding of our organizations, and communities. We are advocating with intermediaries within the movement to be more responsive to the needs of Asian and Pacific Islander communities.

Are there specific objectives that National CAPACD has?

Well, one is building up the capacity of our organizations – this involves training and technical assistance. Second, there is the political aspect of our work. We would like the federal government to be more responsive. Right now, there are set-asides for native & African-American communities. We don’t expect a set-aside, but we want to make sure resources are invested in the communities in accord with population size. Right now, it’s just not holding up.

A lot of Chhaya CDC’s work centers on housing, but many CDCs, including Asian Americans for Equality, have branched out to do more business development work. Is this a direction you anticipate following in the future? How will you decide to take on new directions, such as individual development accounts or commercial development?

We haven’t talked about commercial development, but we have talked about developing a community center—a one-stop shop type of thing. There is a need for transitional housing, so we have about that as well. IDAs—we definitely need to do that because of our homeownership work.

In the current “immigration debate,” most of the focus has been on undocumented Latino workers. But as you have mentioned, the South Asian immigrant community is likewise affected. How is the South Asian community affected by and responding to this debate?

We have a community of very mixed status. In New York City in particular there is a good percentage of people with expired visas. So it’s going to have a great impact. The family visas issue will also have a great impact.

Housing will also be greatly affected. Right now, you effectively have undocumented housing –illegal immigrants in illegal housing. Even if someone in the household has legal status, often there is a family member that is not. Giving people legal status will enable them to speak up and secure basic human rights. So you have a lot of the same issues as with the Latino community.

What do you see as the most important challenges or opportunities facing immigrant-based CDCs today? Where do you think the National CAPACD and Chhaya should focus its energies over the next 5-10 years?

There are unbelievable opportunities for National CAPACD and Chhaya. For Chhaya, there is no other organization in the city or even nationally doing this type of work and the need is immense. The infrastructure is there. The federal government and foundation world has done some good work in putting this in place. For us, it’s about building capacity and accessing that – I see a lot of opportunity as long as we stay on track.

As for National CAPACD, I feel it’s really coming of age. We’ve been steadily building it since 1999. In addition, the founding organizations are in a much better place. The networks are even stronger now. We have a lot of executive directors who are very seasoned. I think our biggest asset is that it has a lot of member organizations that are strong in their community base. And I think the country is trying to find ways to adjust to the new immigrant population. We’re in a good position to play a leadership role in that arena, because we have the expertise and know how.