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'Inspired to Action': Immigrants' Faith-Based Organizations' Responses across Two Pandemics

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ABSTRACT

Sources of disaster resilience represent important (but understudied) dimensions of the interplay between immigrants and disasters, as do immigrants' disaster response activities. Using key informant interviews, we examine immigrant faith-based organizations' (FBO) responses to two contemporary pandemics. Additionally, we assess for the presence of disaster-relevant social capital in immigrant FBOs. FBOs were found to possess key components of social capital and to actively engage in pandemic response activities, including provision of health risk communication, education, leadership, infection control measures, cash and in-kind contributions, advocacy, and psychosocial support. For immigrant communities, FBO-based social capital contributes to effective disaster and pandemic responses.

Introduction

The role of social capital (SC) in disaster preparedness and response has been described for various hazard types including gas explosions (Aguirre, 1995); hurricanes (Cherry & Allred, 2012; Airriess et al., 2008); wildfires (Prior & Eriksen, 2013); and floods (Atkinson, 2014). There have also been descriptions of the role of SC in the adoption of protective measures during influenza pandemics (Rönnerstrand, 2014; Chuang et al., 2015). Until very recently, however, little research has focused on the role of SC in disasters as it affects immigrant communities.

Most information that is available about the role of SC in relation to US immigrants' disaster experiences is the result of studies conducted following Hurricane Katrina in 2005 when SC was seen to be an important driver of the response by Filipino immigrants in Houston (Cherry & Allred, 2012) and Vietnamese immigrants in New Orleans (Airriess et al., 2008; Rivera & Nickels, 2014). Despite this, not much is known about how, and whether, these same mechanisms hold within other disaster contexts, including pandemics.

This relative paucity of research on SC and immigrants in pandemic response is surprising, given what is known about the crucial role of SC in the wellbeing and success of immigrants within their new countries. SC has been found to correlate positively with immigrants' academic achievement (Bankston, 2004), business/entrepreneurial success (Marger, 2001; Kalnins, 2006), adaptation to the new country (Marger, 2001), career success in employed positions (Tinarwo,

2015) and earning potential (Raza, 2012). These positive contributions of SC to immigrants' success have been observed in the US (Kalnins, 2006), UK (Tinarwo, 2015) and Canada (Marger, 2001; Raza, 2012).

Faith-based organizations (FBO) have been shown to be a crucial source of SC (Wuthnow, 2002). Additionally, the place of FBOs in disaster response and recovery has been well-documented. FBOs' activities during disasters are typically driven by their culture of caring (Farrag, 2012), and sense of commitment to the surrounding communities (Smith, 1978; Atkinson, 2014). FBOs are well positioned to respond to disasters and to assist otherwise isolated and difficult to reach communities due to their tangible, disaster-relevant resources, including human, physical, and financial resources. (McCabe, 2011; Farrag, 2012). However, some research on FBOs suggests they may exhibit shortcomings during disaster response. This may be seen in terms of uneven levels of access to relevant community members across dimensions such as gender or levels of religiosity (Jennings, 2013; Heslin et al., 2003).

Considering the above ambiguities and given the understudied role of SC in immigrants' disaster experiences, this work expands upon current understandings of the role of SC in disasters. We do so by looking specifically at faith—and community-based organizations that serve immigrants, and their pandemic response activities—a previously understudied disaster context. We also expand on what is known about SCs' benefits to immigrants and the role of FBOs as a source of this SC. Using a series of semi-structured key-informant interviews, we explored FBOs' pandemic responses across two distinct pandemics. We also examined the presence of disaster-relevant SC in FBOs using an adaptation of two widely used social capital assessment instruments.

Community organizations and resiliency in immigrant communities

Although limited research exists on the roles of FBOs in supporting immigrants during pandemics, insights into these dynamics can be drawn from the broader literature on immigrant-serving community-based organizations (CBOs). Indeed, while not focused on pandemics specifically, much of this latter literature suggests that CBOs are instrumental in immigrants' abilities to overcome a wide array of socio-economic challenges. This literature often includes FBOs as a core subset of the CBOs considered. Marzana et al. (2020) studied a wide range of immigrant-serving CBOs (including FBOs), finding that—among other contributions to immigrant community resilience—CBOs increased access to critical infrastructure via social capital building, health promotion, and increased job opportunities. Yu (2015) similarly illustrated the contributions of FBOs and related CBOs in low wage immigrants' efforts to overcome a sense of powerlessness at their jobs through community unionism and mobilization. Along these same lines, research on mental health needs in US-based West African immigrant communities has stressed the importance of CBOs and FBOs in the provision of mental health services (Akinsulure-Smith, 2017), and research on US-based Asian-Indian immigrant communities has underscored the key role played by FBOs in community- and social capital-building (Brettell, 2005).

The above points notwithstanding, the literature also suggests some unevenness in the effectiveness of CBOs and FBOs in supporting immigrant populations. In studying municipal, civic, and religious CBOs, Sun and Cadge (2013) found that FBOs provided a far wider array of economic, legal, and political support to economic migrants than to refugees (who depended more on municipal and civic CBOs). And, as noted earlier, some FBOs may exhibit similar shortcomings in servicing all community members during pandemics due to unevenness in their service provision across various sub-groups within and outside of their communities (Jennings, 2013; Heslin et al., 2003).

Hence, the extant literature offers mixed expectations as to the effectiveness of FBOs in enhancing immigrant resiliency during pandemics. The ensuing sections accordingly seek to clarify and thus directly address this gap in the current literature. We do so via a group-oriented perspective on SC, which views SC as a public good involving shared norms, obligations,

expectations, and social trust that in turn foster collective coordination and cooperation across a given social network (Putnam, 1995).

Materials & methods

During 2017–2018, we sought (through key informant interviews) to examine pandemic-associated stigma as experienced by West African immigrants living in the US during the 2014-16 Ebola epidemic. Our findings from that work are reported elsewhere (Maduka-Ezeh et al., 2018). During those interviews, respondents repeatedly volunteered information highlighting multiple pandemic response activities their groups had undertaken.

Given these initial findings, we undertook to study, in a more focused fashion, the response activities that immigrant FBOs undertake during pandemics. Intending to look retrospectively and gather data on contemporary epidemics/pandemics (including SARS-1, H1N1 influenza, Ebola and Zika), data collection was slated to start in February 2020.

However, just as we started collecting data, there occurred the unprecedented rapid global spread of a novel coronavirus that had first been identified in China in late 2019. This virus was ultimately identified as the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The associated syndrome was named Coronavirus Disease (COVID-19) (Yi et al., 2020; WHO-China, 2020). Because spread to the US coincided with the start of our study, we were able to examine FBOs' pandemic response activities in real-time, even as the pandemic unfolded.

Following the initial recognition of the COVID-19 pandemic, strict containment measures were applied in countries globally, and in the US. These included government-directed social distancing and stay-home orders that led to the closure of businesses and places of mass congregation including schools and houses of worship (CDC-NCIRD, 2020; Calsyn, 2020; Miller, 2020).

It was against this backdrop, during February to April 2020, that we conducted the second part of our study. We sought answers to the following research questions:

- What activities have FBOs that serve immigrants undertaken at an organizational level in response to recent pandemics, including the ongoing COVID-19 pandemic?
- What social capital resources do FBOs serving immigrants have at their disposal for pandemic preparedness and response?

Research design

Key informant interviews were conducted, with participants selected using purposive (criteria of inclusion) sampling. Participants were above the age of 18. For the first phase (conducted in 2017/18- related to Ebola), we targeted leaders within FBOs & CBOs serving primarily a West African immigrant clientele (≥25% of clientele).

For the second phase (in 2020- related to COVID-19), we targeted leaders within FBOs serving immigrants from any region of the world. Initially, we planned to include leaders who served a clientele comprising ≥ 25% immigrants. However, as challenges with recruiting became evident, that was changed to allow participation of those with ≥10% immigrant clientele. This allowed inclusion of three additional FBOs. During both phases, pre-interview written questionnaires were used to identify those who met inclusion criteria.

For the first phase, initial recruitment was undertaken by conducting an internet search to identify potential organizations for participation and calling them to request participation. Subsequent recruitment was done by snowballing.

For the second phase, recruitment was done using two strategies. First was a "gatekeeper" approach and second was a "snowballing" approach. Two different types of gatekeepers were approached to gain access to the target population. First, contact was made with staff from the

Delaware state health department who were asked to connect the study group with immigrant FBOs and CBOs that they worked with. Secondly, we enlisted gatekeepers by reaching out to some of the contacts who worked with us during our phase 1 research. We requested that they put the study group in contact with FBO/CBO leaders that they were connected to in existing networks.

We however did not include any of the FBO/CBO leaders who had been interviewed during phase 1 interviews in the phase 2 interviews.

Data collection and analysis

The primary data collection instruments for both phases were the interview guides which were provided to participants for review in advance of interviews.

Interviews to gather information on the 2014-16 Ebola pandemic were conducted in 2017/18 and comprised 4 sets of questions: (1) descriptions of group interactions prior to and during Ebola, (2) personal experiences during Ebola pandemic, (3) group experiences, and (4) opinions on governmental engagement.

The interview guide for the 2020 (COVID-19) interviews comprised two sets of questions: first were questions focused on FBOs' response activities during COVID-19 and prior contemporary epidemics/pandemics. Next were questions focused on assessing SC, and derived from two instruments developed by the World Bank: "The Social Capital Assessment Tool" (SOCAT) and the "Social Capital Integrated Questionnaire" (SC-IQ).

The SOCAT is an integrated three-component instrument that can be used to assess SC at the community, household, or organizational level (Krishna, 2000, Grootaert, 2002). The organizational profile component of the SOCAT was adapted for use in this study. Additionally, components from the SC-IQ were incorporated. Of note, these instruments are, by design, intended for adaptation for use in different contexts to best support the research questions of interest relative to SC. (Krishna, 2000; Grootaert, 2002; Grootaert, 2004; Woolcock, 2000).

Several adaptations were necessary in moving from the World Bank's SOCAT/SC-IQ to our final instruments. First, the question structure was changed to suit in-depth interviews by changing the questions from close-ended to open-ended. Additionally, changes were made to suit the US context of our study (*vs* the developing world focus of SOCAT/SC-IQ) because some SC proxies used in SOCAT/SC-IQ were not relevant to the US context. Finally, adjustments were made to better fit the research question of SC and pandemics (*vs* SC and international development).

Given the multiple adaptations, it was necessary to properly validate the hybrid interview instrument. To conserve immigrant FBOs for the actual study, validation was done with FBO leaders of non-immigrant minority-serving congregations in the US Mid-Atlantic.

Interviewees were given the option of face-to-face or phone interviews. However, in spring 2020, as the COVID-19 pandemic worsened, the face-to-face option was no longer offered.

Interviews were audiotaped and recordings transcribed using commercial transcription services: Rev.com (Austin, TX) and TranscribeMe!" (Oakland, CA) for 2017/18 and 2020 interview transcripts respectively. Transcripts were uploaded into Atlas-ti qualitative analysis software (Atlas-ti, Berlin, Germany) for analysis.

An inductive approach was used in which the data was subjected to open coding. This was done to allow identification of multiple themes, with sequential grouping of themes under broader categories as described by Payne (2004). The adequacy of the coding frame was then tested, following the process described by O'Connor and Joffe (2020). The resulting coding scheme was then split into two thematic "code families," following the approach described by Campbell et al. (2013). Each transcript from the 2020 (COVID) interviews was then coded twice—with the codes in the first and the second code families respectively. This made coding cognitively more manageable (by requiring fewer codes for each coder to recall) and improved inter-coder agreement, similar to what Campbell describes (Campbell et al., 2013). The code

families were, "*organizational social capital resources*" and "*organizational pandemic response*" which had 22 codes and 12 codes respectively (total, 34 codes). Coding was done by two independent researchers.

Next, the codes for "*organizational pandemic response*" only were applied in similar fashion to the transcripts from the Ebola interviews.

Results

Participant characteristics

Participant demographic characteristics for both the Ebola and COVID interviews are summarized in Table 1. The size of congregation/number of clients served and location of organization are presented in Tables 2 and 3, respectively.

Ebola interviews

Between September 2017 and November 2017 and in January 2018, a total of 19 interviews were completed. All participants were immigrants from nine countries in Western Africa (Table 1). Twelve were FBO leaders, two were CBO leaders, two were hair braiders and three were "other". The importance of hair braiders as focal points within African communities has been well documented (RWJ Clinical Scholars, 2009). Participants represented different faiths: Pentecostal (#5); Inter/non-denominational Christian (#2); Evangelical Lutheran (#1); United Brethren (#1); other Christian (#1); "no religious affiliation" (#5); no response (#4).

COVID-19 interviews

Between February and April 2020, 20 FBO/CBO leaders were interviewed. One interviewee was later deemed ineligible and not included in the analysis, leaving a total of 19 interviews. Participants were from 10 countries across 3 continents (Table 1) and represented different faiths:

Table 1. Demographic Characteristics, Interview Participants

	Ebola pandemic Respondents N (%)	COVID-19 Pandemic Respondents N (%)
Gender		
Male	8 (42.1%)	12 (63.2%)
Female	11 (57.9%)	6 (31.6%)
No response	0	1 (5.3%)
Total	19 (100%)	19 (100%)
Age		
18-30 yrs.	2 (10.5%)	0
31-40 yrs.	4 (21.1%)	1 (5.3%)
41-50 yrs.	8 (42.1%)	6 (31.6%)
51-60 yrs.	3 (15.8%)	6 (31.6%)
61-70 yrs.	2 (10.5%	1 (5.3%)
>70 yrs.	0	3 (15.8%)
No response	0	2 (10.5%)
Total	19 (100%)	19 (100%)
Highest Educational Attainment		
Less than Associates	0 (0%)	1 (5.3%)
Associates	2 (10.5%)	2 (10.5%)
Bachelor's	5 (26.3%)	3 (15.8%)
Masters or Doctorate	12 (63.2%)	12 (63.2%)
No response	0 (0%)	1 (5.3%)
Total	19 (100%)	19 (100%)
Birth Country		
	Burkina Faso, Cameroon, Guinea, Ghana, Gambia, Liberia, Mali, Nigeria, Sierra Leone	China, Ghana, Haiti, Mexico, Nigeria, Pakistan, Puerto Rico, South Korea, United States, Vietnam.

Table 2. Size of Faith- and Community-Based Organizations Interviewed

Congregation size/ number of members served by organization	# of Ebola interview respondents reporting (% of total)	# of COVID interview respondents reporting (% of total)
1-50	3 (15.8%)	6 (31.6%)
51-100	1 (5.3%)	0 (0%)
101-250	4 (21.1%)	6 (31.6%)
250-500	3 (15.8%)	2 (10.5%)
> 500	4 (21.1%)	4 (21.1%)
No response (or stated N/A)	4 (21.1%)	1 (5.3%)
Total	19 (100%)	19 (100%)

Table 3. Location of Organization (COVID & Ebola Interviews)

US state	Number of interviewees by state- Ebola	Number of interviewees by state- COVID	Total interviewee organizations by state
Delaware	7	10	17
Pennsylvania	4	2	6
Maryland	5	0	5
New Jersey	1	2	3
US State not specified/no response	2	1	3
New York	0	2	2
California	0	2	2
Total	19	19	38

Islam (#2); Catholic (#2); Episcopal (#1); Greek Orthodox (#1); Presbyterian (#2); United Methodist (#1); Pentecostal (#2); and other Christian (#6). One CBO participant reported no religious affiliation, and one interviewee did not respond to the question about affiliation.

Organizational pandemic response

Participants indicated extensive participation in pandemic response activities, both in response to Ebola and to the COVID-19 pandemic. Importantly, these response efforts were initiated by the FBOs and CBOs independently without assistance or direction from governmental agencies (for 2014/16 Ebola pandemic) and prior to guidance from governmental sources being available (for spring 2020 COVID pandemic).

For the 2020 interviews, we started data collection in February 2020 (after COVID-19 had begun in China but before it was recognized in the US). We were thus able to capture measures that FBOs put in place to protect their congregants even before government-directed control strategies were put in place in the US. Interviewing continued through April 2020 (by which time governmental stay-home orders were in place). We were thus able to capture perspectives from early, and later in the pandemic.

Pandemic response: health education

Provision of pandemic-relevant health education to their congregants/members was a key activity taken on by participant's FBOs/CBOs. This was seen during both Ebola and to COVID-19. Additionally, health education was offered in response to influenza outbreaks (2009-2010 H1N1 influenza pandemic and yearly influenza seasons).

For some, health professionals taught congregants science-based approaches to disease prevention during formal learning sessions. In other cases, prevention messaging was incorporated into ministers' sermons. Finally, informational material was posted on church bulletin boards. Two participants commented on their FBO's responses to COVID-19:

"We address both the physical and the spiritual. We need to be conscious about the things around us and take the necessary precautions. We have access to doctors in the church and when issues (like outbreaks) arise, we give them the platform to educate members."

> "Yes-the present coronavirus outbreak. We've taken measures to provide evidence-based procedures that people need to take. And we have posted, within the church bulletin board, information from CDC."

Another participant reflected regarding Ebola.

> "For Ebola, the information, the education was a very big part of what we did."

Heath education was targeted at members/participants and aimed to provide knowledge about transmission of the pandemic agents/viruses, and protective measures against these viruses. Efforts were also aimed at increasing self-efficacy and equipping members to appropriately cope with pandemic-associated experiences.

Pandemic response: infection prevention

Infection prevention efforts were undertaken by FBOs during both Ebola and COVID-19 (prior to the stay-home orders that shuttered places of public gathering in 2020). These efforts included provision of hand sanitizers and cleaning supplies, exclusion of persons returning from areas where the pandemic viruses (Ebola and COVID) were spreading, and changes to traditional greeting practices to minimize contact.

One example was as noted by a church leader whose congregation comprised primarily Liberian immigrants. Referencing what happened in their Pennsylvania church during Ebola, he shared:

> "During fellowship time we'd greet everybody, but you know like how we normally hug each other? We couldn't do it although normally from back at home it's part of our tradition."

Regarding COVID-19, the pastor of a Ghanaian-immigrant church (interviewed before the 2020 government-ordered closures), shared how their church was putting preventive measures in place:

> We have a sanitation designated area. When people are coming into church, they can access those items that are needed for personal hygiene and cleaning their hands and we even have sanitizers."

Another pastor (of a Korean-immigrant church) shared that as soon as their local church learned of the outbreaks of COVID-19 in Asia, they began to practice preventative measures to minimize interpersonal contact and prevent disease spread. They did this in anticipation that the virus could be inadvertently brought into their community by travelers returning from Korea. During the interview (in February 2020), he noted how his church leadership referenced knowledge from the Asian experience with the prior (2003) SARS-1 coronavirus outbreak in determining how to approach COVID-19.

With this frame of reference, he ordered the discontinuation of the physical contact component of their customary greeting, provided hand sanitizers throughout the church building and requested returning travelers self-quarantine at home. (All this was before the US-government issued COVID-19 prevention guidance or quarantine orders for returning travelers).

Other participants reported instituting preventive measures during prior epidemics or smaller outbreaks of infectious diseases. This included asking members to stay home when sick during influenza season and setting up free influenza vaccination clinics on-site in the church building. One FBO partnered with a large US pharmacy chain to provide their congregants with influenza vaccination. Other FBOs proactively provided members with information on how to access free influenza vaccinations at nearby clinics.

Pandemic response: psychosocial supports

The provision of psychosocial supports to help members cope with the pandemic was a recurrent theme relative to both the Ebola and the COVID-19 pandemics. During Ebola, such supports were provided in response to the trauma that immigrant members were facing with having loved ones succumb to the disease far away in their home countries. As one pastor shared:

> "When it comes to Ebola, we know that something is happening way back home… the effect is automatic. They get worried about what is happening back home. So, it does have an effect on the church. That's where we come in and we use the opportunity we have in scripture to preach to them. We adjust our sermons to address the anxiety in the people."

Another FBO leader, interviewed in 2020, reflected on how stigma was a source of emotional distress for which the FBO had to take action during Ebola in 2014-16.

> "Ebola was one of the outbreaks, aside from coronavirus of course, that had the biggest impact on our members. It has emotional impact on our members because many of our members are from West Africa and that's about the hardest hit region of the world for Ebola… Some of them still experienced discriminations at their places of work or school. Because of the stigma that some of our members received during Ebola, we had to encourage them, pray for them. Sometimes visit if we can."

Regarding COVID-19, participants spoke about how the pandemic had caused a lot of fear among congregants, and steps FBOs were taking to address this.

> "We are praying about it. We are educating our people through our sermons as to how to protect themselves from getting emotionally affected too much about it. And mostly we rely on biblical principles to encourage them. And I think it's working"

As the COVID-19 pandemic evolved, another concern brought up by participants was impacts on their ability to meet the spiritual needs of members, given the ban on religious and other large gatherings during the pandemic. Although most congregations had adopted some form of online programing for their services, challenges remained.

Some aspects of religious services were difficult to conduct remotely. We interviewed a priest in New Jersey two weeks after COVID-19 restrictions on congregating were put in place. He shared some of the struggles they faced in this regard:

> "But the bigger thing is spiritually. People haven't been able to come in and light their candles, do their cross, hear the sermon live. There's a big, tremendous impact."

> "The last service we had in the church was on Monday, March 16th (2020). After that, there was a directive, 'Close all the churches'. People cannot come to their church. If we leave a piece of blessed bread, it's something that's just left on a tray outside of the church. We have to maintain the social distancing that the authorities are asking us, so we respect all the laws, but within that, we want to make sure that we're there to serve our people also."

Some FBO leaders reported creative ways they came up with to comply with governmental orders during COVID-19 while still meeting the spiritual needs of members. Some of these involved adaptations to, and relaxation of some of the strict requirements of their religious rituals. These adjustments allowed for practicality during constrained times, while still providing for the emotional and spiritual needs of the participants.

One such example was described by a pastor who conducted a Holy Communion service remotely with his congregants. The usual rites that went with a Communion service occurred, including the "breaking of the bread". However, because of pandemic restrictions, participants were allowed to substitute whatever bread they had available in their homes for the special (unleavened) bread that would typically be used during in-person Communion services in the church.

Informal counseling, prayers, words of encouragement were common response activities during both pandemics. Additionally, one congregation in Delaware reported providing formal counseling by mental health clinicians to their members in response to Ebola.

In addition to psychosocial support for members, FBOs also met the physical needs of congregants.

Pandemic response: financial and in-kind contributions

Another area where FBOs were found to be active during pandemics was in providing in-kind and financial support to affected members. This occurred both during the 2014-16 Ebola and the 2020 COVID-19 pandemics.

During COVID-19, FBOs contributed to help members and participants who had lost jobs due to furloughs, down-sizing and shuttering of businesses that happened during the pandemic. Other FBOs saw individual members stepping up to donate monies to be used at the FBO's discretion to meet the needs of members impacted by COVID-19.

The FBOs did not stop at serving and contributing for their members alone. For some, they reached beyond their doors to provide help to the communities that they were located in. One such FBO was a mosque in Delaware that reached out to the Department of Education/USDA food program to partner in providing meals to indigent children. They built on a preexisting system they had which prior to COVID, provided 400 meals a day to students at the mosque's school. Significantly ramping up services, they went from providing 400 meals to providing over 10,000 meals in one day to neighbors in the community their facility was located in. As shared by the imam in charge:

> "So as this situation with COVID-19 started to develop, we realized that the schools are going to be closed, and there are going to be a lot of children who may not belong to the Muslim community, but they are going to be in need of food and other services. So, we can't solve all problems, but solving the food problem is one of the things that we thought was within our control."

During Ebola, FBO contributions were not limited to the local congregation or even the surrounding community. Rather, immigrant congregations got together to contribute cash and in-kind, and to raise funds and medical supplies to be sent to their home countries to help with the Ebola response there.

The organizational pandemic responses did not occur in a vacuum, but in the context of preexisting social networks, drawing upon pre-pandemic social capital (SC). We turn now to report on findings relative to the SC in FBOs interviewed during the COVID-19 pandemic in the spring of 2020.

Disaster-relevant social Capital resources

The 2020 interviews provided insights into the SC resources that FBOs that serve immigrants have at their disposal as we note below.

Trust and altruism

Participants described the presence of trust, and close interpersonal, collaborative relationships in their groups. Several described the relationships between members as similar to the closeness and trust found within families. Below are the responses from some of the FBO leaders regarding trust within their congregations.

> "We relate, really as a family- brothers and sisters. It's more of that family relationship. Even though we may not be biologically all from one family, we see from the biblical point of view that we are family."

> "Well, trust is tricky because trust takes time…You can't just trust somebody because you belong in the same parish. But I think we've done a very good job in our parish to make sure people trust us."

There was also a high degree of altruism. For several of the respondents, they invoked the core symbols, teachings, and tenets of their faith, as drivers of the work they did in service to their congregants and communities. For others it was an eagerness to serve humankind that motivated their work. In all cases, across faith traditions, the leaders were driven by a desire to make a difference for good. A Greek Orthodox priest said this:

> "I would say it's part of our calling as a church to look inward and help your people, but also to look outward. Unless we're looking outward, it's not a complete mission. That's part of our calling is to help the least of our brothers and sisters. That's what makes us a church organization."

A Muslim imam shared:

> "We have a belief that anything that we have is given to us as a trust from God, and that it can be taken away from us. You will be questioned, 'How did you spend your wealth, and your time, and your energy

to benefit others?' So that concept of trust- that even our own life is a trust- and that our life really exists to help others. If we don't help others, our life is not well spent."

A Pentecostal pastor put it this way:

"We reach out to humanity to help. That's why we are there. And Jesus Christ, our Lord, he insisted on that. So, if you take that out of the church, then it fails to be a church. The Bible instructs us to help the needy, so we are doing that because it's a biblical principle."

However, the sense of trust alluded to by most of the participants was not unanimous. One of the 19 respondents described a culture of mistrust and acrimony within her congregation that appeared to be perpetrated along ethnic and economic/social class lines. This though, was the exception among the persons interviewed. But even in the best and most trusting relationships, there is a need for good leadership to provide a sense of direction to a group.

Leadership, communication and conflict management

Respondents described some of the leadership dynamics within their organizations including interactions between members and leadership, bidirectional communication flow and how they as leaders obtained information from various sources and decided what, and how to communicate to their membership.

Some described a well-structured leadership hierarchy while others described a less tiered, or a flat organizational structure. What was universal across respondents was a well-developed, multi-channel system of communication with members/clientele. This included traditional communication mechanisms like phone, bulletins, in-person announcements and surface mail. There was also very wide use of modern means of communication including email, websites and particularly, social media and free text and voice/video chat applications (apps) such as *WhatsApp* and *Kaka-talk*. These were an important means of communication for most of the respondents' organizations and their members.

Moving beyond the mere sharing of information, we wished to understand the dynamics surrounding conflict management and so inquired about how conflicts were handled. Interestingly, less than half of the respondents were able to describe a formal system in place for handling and resolving conflicts in the organization. Most were handled on an ad hoc basis. For the minority that had a process in place, this commonly took the form of stepwise escalation, bringing the problem before higher levels in the groups' leadership hierarchy until resolution was reached.

Despite the lack of structure around conflict resolution, the situation was different when it came to identifying and meeting needs of members and others facing disasters or personal crises.

A helping culture and response structure

The FBOs interviewed had both the motivation and the desire to help, and a long history of providing help and supports to those in need and to those facing hardships- both within and outside of their congregations. Several indicated having a well-structured system, sometimes including dedicated personnel or volunteers, and set guidelines for assisting members who were victims of disasters.

These responsible individuals and the response sub-groups they led went by different names such as "welfare committee", "benevolent fund", "ladies auxiliary". Regardless of the name, the overall charge was the same- to identify individuals in need due to longstanding issues (such as unemployment, immigration status, poverty); or more sudden crises such as being victims of disaster, and to allocate funds and in-kind resources to provide relief.

The sources of funding for these relief groups varied, with some being funded by regular, ongoing contribution from congregation members. An example was a church in Delaware that collected a fixed amount each month from each adult member for the crisis/relief account. At

a mosque in Delaware, members who made above a certain income level contributed a percentage of their savings to the mosque on an ongoing basis for distribution to indigent members.

Other organizational relief accounts were funded out of the FBO's coffers, with yet others being funded by just-in-time, event-specific contributions from members. Often, a combination of several of these strategies was used.

Some FBOs indicated that their organization's national/parent body had a disaster response and management branch charged with responding and providing support to members and others following large scale disasters. This was reported by several of the participants including a Vietnamese Catholic priest (referencing St Vincent de Paul society & Catholic Charities); a Greek-Orthodox priest; a Ghanaian Presbyterian pastor (Presbyterian Disaster Assistance); a Korean United Methodist pastor (UMCOR-United Methodist Committee on Relief) and a Nigerian Redeemed Christian Church pastor (Hope for You inc.). These national-level relief organizations were reported to be available as an additional resource to members whose needs could not be met by the local church.

The relief work of FBOs was not limited to their membership, but extended beyond their doors and into the communities they were located in. In addition, their efforts were not just directed at major disasters or personal crises but also included ongoing community service and social justice efforts and initiatives, often undertaken in conjunction and partnership with other organizations.

Partnerships and networks

Most of the organizations interviewed reported being involved in several community service efforts and community building activities. While some of these were conducted by the church members alone, several were done in collaboration with other community organizations. Some of these partnering organizations were similar (e.g., other churches), while several other collaborations were with dissimilar organizations including food pantries, schools, boys' & girls' clubs.

Activities FBOs were involved in included working with food banks to contribute food, volunteering and donating to homeless shelters, providing mental health counseling, supporting Ronald McDonald houses (temporary lodges for persons with seriously ill family), organizing blood drives, community festivals and fairs, amongst others.

Discussion

This study aimed to investigate immigrant FBO's pandemic response activities during the 2014-16 Ebola and the spring 2020 COVID-19 pandemics. We also sought insight into what disaster-relevant SC resources are present within these immigrant FBOs.

There are two widely accepted conceptualizations of SC- the individual-oriented conceptualization popularized by Burt; and the group-oriented conceptualization promoted by Putnam. We examined these questions from the group-oriented perspective (Putnam, 1995; Woolcock, 2000; Burt, 2000; Krishna, 2007). We found that SC was both present in its different dimensions, and at work in informing crucial pandemic response activities by study participants' organizations.

This study expands on available information in four areas relative to social capital, immigrants and disasters. First, it provides information on protective factors and social capital resources that immigrants can access during pandemics- expanding on current literature that has largely focused on the disproportionate impact of pandemics on immigrants.

Next, it shows how an adaptation of SC assessment instruments from the field of international development can be applied to the study of disasters.

Third, it expands on the limited literature on immigrant organizations' response to disasters (previously limited to weather-related events), by providing insight into how immigrant FBOs respond to pandemics. Notably, we do not find evidence to suggest in this case that FBOs service some sub-groups of their communities better than others. Rather, we found that

FBOs in this context made efforts to dedicate funds and support to sub-groups that may be particularly disadvantaged by the pandemics (e.g., children and economically disadvantaged) and to extend their relief to nonmembers, in some cases in partnership with other community organizations.

Finally, this study adds to what is known about positive impacts of SC on immigrants' success in their host country, expanding this to include the realm of immigrants' disaster/pandemic response. Here we identified that immigrants and their FBOs were not passive bystanders during the Ebola or COVID-19 pandemics. Instead, working through their internal and external networks, FBOs actively engaged in response efforts in a manner analogous to the "emergent" and "extending" organizational types of the "DRC typology" as described by Dynes (1976).

Together, these findings underscore the important and sustained role of FBOs in providing disaster assistance despite the relative flux in religious identification in the US as noted by Jones (2021). Our study reveals that FBOs have excelled as service providers to immigrant communities during the COVID pandemic––which is also a period wherein a quarter of Americans report a growth in their own faith (Gecewicz, 2020). This suggests that in times of disaster, FBOs will continue to serve an important role as service providers to communities in need—even amidst longer term declines in church membership in the US.

Immigrant FBOs' pandemic response activities

Earlier researchers have described how cultural norms, social values and beliefs held by immigrants can negatively impact their compliance with health directives during disaster or pandemic response (Carter-Pokras, 2007; Siddiqui, 2011).

We expanded upon current knowledge by showing how well-informed immigrant FBOs can take the initiative to institute pandemic response activities by drawing upon; and applying lessons learned from previous pandemics and smaller-scale infectious disease outbreaks, even the absence of (or prior to) the issuance of guidance from governmental sources.

Additionally, the participation of immigrant FBOs in health education was crucial, as ineffectiveness of risk communication is an important contributor to immigrants (and other minority populations) being disproportionately impacted by disasters.

Our findings are in tandem with that of scholars studying contemporary pandemics in developing countries who have noted how in those contexts, FBOs have served to provide culturally acceptable interpretations of pandemic prevention/control messages disseminated by governmental, scientific and health authorities, thus increasing compliance (Greyling et al., 2016; Blevins, 2019). We add to current knowledge and highlight how this also happens with immigrant FBOs in the US who serve as credible sources to provide effective risk communication to their membership. This suggests that FBOs may be uniquely advantaged to partner with government service providers in efforts to support immigrant communities during pandemics.

Related to this, we note another dimension to the immigrant FBO response. Most religious services across the US were moved to the online environment in the spring of 2020. FBO leaders reported resultant difficulties in meeting the spiritual needs of their congregants, but responded by adopting creative approaches to continuing to meet those needs by softening some of the stricter requirements of religious rites so they could be performed at home with available materials.

Another key aspect of immigrant FBO response was meeting physical needs brought on by the pandemics. Contributions in-cash and in-kind were made to FBO members and neighboring communities. This is similar to what has been described by others relative to FBOs and immigrant groups responding to weather-based disasters (Smith, 1978; Airriess et al., 2008; Cherry & Allred, 2012; Atkinson, 2014; Rivera & Nickels, 2014). We added to existing knowledge by highlighting how immigrant FBOs meet physical needs during pandemics, an area that has not received much attention in the existing literature.

Additionally, we found that during both pandemics, FBOs provided cash and in-kind support overseas to the regions their members originated from. Individual immigrants sending remittances back to countries of origin to provide relief to family and friends during the early months of COVID-19 was recently described (Maduka-Ezeh, 2021). We add to this knowledge by describing how this was also done at the organizational level by immigrant-serving FBOs.

Remittances from migrants have been found to be an important component of social resilience for persons in the countries of origin, allowing them to successfully navigate and recover from various acute and chronic stressors (Adger, 2002; Sikder, 2017). This study adds to current knowledge by delineating how remittances occurred as a direct response to two pandemics.

Regarding FBOs as a source of psychosocial support, others have examined how FBOs can be engaged to provide such supports to geographically and socially isolated groups following a disaster (McCabe, 2011). We expanded upon this knowledge by highlighting how this holds true both in the context of immigrant FBOs as sources of these resources (emotional, psychologic supports); and in the specific context of pandemics as a subset of disasters that generate significant mental health needs.

Social capital resources in immigrant FBOs

We identified several components of SC in the immigrant organizations we studied. This included trust, altruism, and an eagerness to alleviate suffering- all motivated by firm beliefs that were rooted in the tenets of their underlying faiths. This finding from immigrant FBOs is similar to what prior researchers have found in describing non-immigrant FBOs (Smith, 1978; Farrag, 2012).

During both Ebola and COVID-19 pandemics, FBOs demonstrated collective action and social cohesion, two important dimensions of social capital. Most of the FBOs' pandemic responses targeted communities near their physical location. However, some additionally reached beyond their local community to contribute to communities overseas.

"Groups and networks", and "appropriable social organizations" are two SC dimensions noted by the World Bank's SC researchers and Dynes respectively (Grootaert 2002; Dynes, 2006). We found both to be present in immigrant FBOs as they routinely joined forces with other FBOs and non-faith affiliated community organizations to address issues of social importance and to respond to disasters. Our findings with immigrant FBOs are similar to what prior researchers have found in FBOs serving native-born Americans (Smith, 1978; Atkinson, 2014). Thus, we expand upon what is known in this area by demonstrating how immigrant FBOs also have strong connections within, and are commitment to, the US communities in which they are located.

Two additional SC element were the presence of well-established FBO leadership structures and well established, multifaceted, and effective means of communication with members/participants- both crucial components of disaster-relevant SC (Grootaert 2002; Dynes, 2006).

Experience shows that properly engaged, SC is a useful tool for public health and disease prevention efforts (Daniels, 2007; Coady et al., 2008; Bond, 2013). Our study contributes to existing knowledge by highlighting the disaster-relevant SC resources that are available within immigrant FBOs.

Strenghts and limitations

One strength was that data collection occurred during two distinct periods relative to two modern-day pandemics. Data was collected in 2017, after the 2014-16 Ebola pandemic was over. Secondly, 2020 data collection began in early February, prior to the widespread occurrence of COVID-19 in the US, and continued through April 2020- well into the 2020 spring wave of the US pandemic. As such, we actively collected data as the pandemic initially unfolded in the US, giving us the unique opportunity of capturing data on the response activities undertaken

by FBOs both prior to the 2020 COVID-19 governmental restrictions, and in the midst of those restrictions.

Combined with our having retrospectively examined the 2014-16 Ebola pandemic, this enabled us in this work to capture perspectives from 3 different pandemic periods: early pandemic (COVID-19), ongoing pandemic (COVID-19); and after the end of the pandemic (Ebola).

Another strength of this study was that participants represented different faith traditions, from different countries, allowing us to obtain insights from multiple perspectives, cultures, and faiths. Given that FBOs and faith traditions may exhibit different levels of access to community and non-community members, our consideration of different faiths helps to strengthen the generalizability of the shared findings and conclusions reached above.

A limitation of the study had to do with the sampling and recruitment approach. Purposive sampling, as well as gatekeeper and snowballing are non-random methods. As such, the results of this study cannot be generalized to the larger population from which respondents were drawn. Despite this limitation, the information gathered provides a window (imperfect though it may be) to begin to visualize and understand the complexities of the immigrant experience in pandemics.

Conclusion

Overall, our work corroborated the findings of prior researchers relative to the existence, within FBOs, of disaster-relevant social capital (SC). We added to existing knowledge in this regard by showing how the different dimensions of SC noted in FBOs that serve native-born US persons, are also present in immigrant FBOs. We additionally contributed to existing literature by illustrating several pandemic response activities that US immigrant FBOs undertook during two contemporary pandemics- the 2014-16 Ebola pandemic and the 2020 COVID-19 pandemic.

Furthermore, we showed how the World Bank's widely used SC assessment instruments (the SOCAT and SC-IQ) can be effectively adapted for application in disaster science. Disaster-relevant SC has long been recognized as a key resource available to communities during disasters. What has been lacking are instruments that can be applied to assess for the presence of this resource. Our findings suggest that SC assessment instruments from other fields of endeavor can be effectively adapted to fill this gap.

Institutional review board approval

This study was approved by the University of Delaware's Institutional Review Board. Approval # [1427821-2].

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