




Refugee-Led Organizations' Crisis Response During the COVID-19 Pandemic

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ABSTRACT

Scholarship on disaster response and recovery has focused on local communities as crucial in developing and implementing timely, effective, and sustainable supports. Drawing from interviews with refugee leaders conducted during the spring and summer of 2020 at the onset of the COVID-19 pandemic, this study examines crisis response activities of refugee-led grassroots groups, specifically within Bhutanese and Congolese refugee communities in a midwestern metropolitan area in the US resettlement context. Empirical findings illustrate how refugee-led groups provided case management, outreach, programming, and advocacy efforts to respond to the pandemic. These findings align with literature about community-based and strengths-based approaches to addressing challenges stemming from the pandemic. They also point to local embeddedness and flexibility as organizational characteristics that may have helped facilitate crisis response, thereby warranting reconsideration and re-envisioning of the role of refugee-led grassroots groups in crisis response.


KEYWORDS

pandemic; crisis response; practice with refugees; COVID-19

RESUMÉ

La recherche sur l'intervention et le rétablissement en cas de catastrophe s'est concentrée sur les communautés locales comme ayant un rôle crucial dans le développement et la mise en œuvre de soutiens opportuns, efficaces et durables. S'appuyant sur des entretiens avec des leaders réfugiés effectués au printemps et à l'été 2020 au début de la pandémie, cette étude examine les activités d'intervention en situation de crise menées par des groupes de base dirigés par des réfugiés, particulièrement au sein des communautés de réfugiés bhoutanais et congolais d'une région métropolitaine du Midwest dans le contexte de réinstallation des États-Unis. Les résultats empiriques illustrent comment les groupes dirigés par des réfugiés ont assuré la gestion de cas, les activités de

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rayonnement, la programmation ainsi que les efforts de plaidoyer en réponse à la pandémie. Ces résultats convergent avec la littérature sur une démarche de proximité et une approche axée sur les forces comme réponse aux défis issus de la pandémie. Ils soulignent également que l'intégration locale et la flexibilité sont des caractéristiques organisationnelles qui ont pu faciliter la réponse à la crise, cautionnant ainsi de reconsidérer et de ré-envisager le rôle des groupes de base dirigés par des réfugiés dans l'intervention en situation de crise.

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INTRODUCTION

COVID-19 has been one of the greatest trans-boundary mega-crises to impact contemporary societies in the last two centuries. As a continuously unfolding event, the pandemic has presented fundamental challenges for crisis management capacities at state and local levels (Boin et al., 2020). Local government entities, as well as civil society organizations and social service providers, were not prepared for such a crisis and therefore have lacked the resources to respond in comprehensive ways. Meanwhile, scholarship on crisis response and recovery has examined how sustainable responses emerge from the ground up, drawing from the strengths of and ties within communities (Misra et al., 2017; Ogie & Pradhan, 2019). The challenges that stem from crises, including the COVID-19 pandemic, are unique in their magnitude, dynamism, and urgency. Crisis response thus necessitates a diverse set of actors—not only state and institutionalized actors but also grassroots actors (Cheng et al., 2020; Kitching et al., 2016; Lawrence, 2020), including those in refugee communities (United Nations High Commissioner for Refugees [UNHCR] Staff, 2020).

A recent turn in refugee studies shifts the focus onto refugee-led efforts to provide support for refugee communities. In the context of international humanitarian and protection work, scholars examine how

refugees' organizational capacities interact with structural factors in refugee camps to create different modalities of assistance and outcomes for refugees (Pincock et al., 2020). Meanwhile, within national contexts of resettlement, studies have similarly interrogated the complex links between the state and refugee-run organizations (Gonzalez Benson, 2020a). Studies focus on grassroots groups formed by refugees for refugees or refugee-led organizations (RLOs) (Clarke, 2014; Gonzalez Benson, 2020a; Gonzalez Benson, 2020b), illustrating how RLOs expand the scope of assistance and diversify types of services to accommodate the limited resources and supports provided by state-funded institutions and agencies (Gonzalez Benson, 2020a; Gonzalez Benson, 2020b).

The COVID-19 pandemic presents as a moment for deepening understanding of refugee-led efforts to provide care and social services. As the pandemic spread across the world, refugee communities were among the hardest hit in the United States (Clarke et al., 2020) and in other national (Dempster et al., 2020) and international contexts (Hakiza et al., 2020; Kluge et al., 2020). In the United States, specific vulnerabilities arose for refugee communities due to precarious working and living conditions, health inequalities, and limited access to care (Centers for Disease Control and Prevention [CDC], 2020). Refugee communities had less access to information and public

health assistance than did the general population (Brickhill-Atkinson & Hauck, 2021). Professional workers have long been found to struggle to reach refugee and immigrant communities in providing services (Langlois et al., 2016). As localities around the world mobilized at the grassroots level to respond to the pandemic crisis, refugee communities did too.

Our research team was conducting fieldwork on the ground about the activities, processes, resources, and institutional linkages of RLOs in March 2020 when the pandemic reached the United States.¹ As the pandemic impacted refugee communities, RLOs pivoted to focus on crisis response, and so our study also pivoted accordingly. In this study, we examine data from interviews and participant observations in RLOs for Bhutanese and Congolese refugees in a US midwestern city in summer 2020. Applying a theoretical framework from previous research, we provide a descriptive examination of case management, outreach, programming, and advocacy conducted by RLOs as a method of crisis response to COVID-19. Drawing upon primary empirical data, our findings align with the crisis response literature, which promotes community-based and strengths-based approaches. Empirical findings then point to local embeddedness and flexibility as two conceptual insights about RLOs' organizational attributes that may be relevant for crisis response, thus raising questions and opening lines for future research.

BACKGROUND

Community-Based and Strengths-Based Approaches to Crisis Response and Recovery

The literature on crisis response and recovery has increasingly emphasized community-

based and strengths-based approaches (Rowlands, 2013). As an unfolding process, crisis response involves co-constructed interactions between people—with their culturally contingent values, political systems, technologies, and practices—and their material environments (Faas & Barrios, 2015). During a crisis, the dynamics of grassroots micro-level practices have consequences that affect and restructure the dynamics of mezzo- and macro-level institutions, such as large non-profit organizations and publicly funded social service institutions (Shove et al., 2012).

From a strengths-based perspective, crises can be characterized not only by negative effects, such as conflict, but also by positive effects, such as mobilization, solidarity, co-operation, and improved adaptation to the environment (Lalonde, 2004). Conventionally, ethnic and refugee communities are viewed as marginalized or disempowered; however, a strengths-based perspective recognizes the unique communal strengths they bring to address the impacts of a crisis (Ogie & Pradhan, 2019).

Organizational Embeddedness in Crisis Response

The valuing of communal capacity and knowledge is activated when joined with a relational approach to managing and responding to crisis. Several studies on service delivery and crisis response have focused on the importance of embeddedness within or relationships with local communities during times of crisis or disaster (Bell, 2008; Seelos et al., 2011). This embeddedness or relationality is not only the extent to which organizations are linked with communities but the quality of those linkages (Seelos et al., 2011). The underlying perspective is that communities are important collective

¹ See Pimentel Walker et al. (2021) for details about this previous work.

social units, or networks, and assistance and care are thus facilitated when they are embedded within these interlocking social relationships. The effectiveness of these interlocking relationships influences the communities' abilities to cope with disaster events (Misra et al., 2017). The capacity for community-based organizations to navigate crisis situations, where there may be a lack of organized structure, illustrates how valuable it is for these organizations to be connected to individuals affected by a crisis (Pipa, 2006). The COVID-19 pandemic created a dramatic shift in perspectives and programs similar to federal disaster emergency programs, such as the Federal Emergency Management Agency's Whole Community, which was focused on community resilience in disaster preparedness (Koch et al., 2017). In particular, conditions of quarantine in response to the pandemic led to a new understanding for both academics and practitioners of local capacity and community strengths (Truell, 2021).

Organizational Flexibility in Crisis Response

Organizational flexibility refers to behaviour and decision-making (Mendonça et al., 2001) within social networks (Lind et al., 2008) characterized by agility, improvisation, and spontaneous planning (McEntire et al., 2013). Flexibility in different phases of a crisis, and in a constantly changing service delivery environment, is critical to coordinating responses that are timely and effective (Maglajlic, 2018; Webb & Chevreau, 2006). Many non-governmental service providers are often unable to successfully employ already limited resources in times of crisis due to bureaucratic processes and lack of pre-existing relationships (Lein et al., 2009). Therefore, outside or professionalized aid often starts to

arrive later in the process and in varying degrees, which can be particularly problematic during times of crisis.

Refugee Communities and Refugee-Led Organizations

In this section, we provide background on RLOs emerging out of resettled refugee communities. RLOs in places of resettlement, sometimes termed **mutual aid associations**, are generally small grassroots collectives, groups, or nonprofit organizations formed by refugees themselves to assist their own co-ethnic or refugee communities. Immigrants and asylum seekers may also form similar groups, but this study focuses solely on refugee communities' groups. Some RLOs are formalized as an official, registered organization, while others are more loosely and informally organized. RLO leaders are typically those who speak English well and those with work and higher education experience. As small entities, RLOs are often volunteer-run, lack office space, and have limited or no operational structure, paid staff, and/or funding. As a result, RLOs generally rely on personal resources, including RLO leaders' time and expertise, and spatial resources such as living rooms and public spaces, for example, libraries and apartments (Gonzalez Benson, 2020a). RLOs provide cultural and social activities, providing space for community building and celebrating histories and identities (Gonzalez Benson, 2020a). RLOs also provide case management and crisis assistance, advocacy, outreach services (such as social media), and programming (e.g., ESL and citizenship classes, seminars on parenting, wellness programming for older adults) (Gonzalez Benson, 2020a). RLOs are often overlooked in research and practice, as attention is placed on more established nonprofit organizations, especially those that are state funded (Gleeson & Bloemraad, 2013).

Responding to empirical and theoretical gaps in the literature, emerging research conceptually reframes RLOs as complex organizational entities within the social welfare domain, providing resources and potential institutional links for the provision of and access to needed social services (Clarke, 2014; Gonzalez Benson, 2020a; Pincock et al., 2020). Possessing relational capacity and connection to the local community, RLOs are recognized as providing assistance and responding with comprehension to community needs (Gonzalez Benson, 2020a). One conceptual framework forwards five types of welfare support activities provided by RLOs: case management, outreach activities, programming, cultural and social activities, and advocacy. Through case management and outreach, leaders seek and advocate for social services on behalf of community members and work to ensure that services reach those most vulnerable and hard to reach. Additionally, through program development, RLOs develop various group-based, time-specific interventions to achieve organizational objectives. Rather than viewing RLOs as peripheral to large government-sponsored service providers or well-established nonprofit organizations, grassroots refugee-led organizations can be seen as vital actors in the provision of welfare support activities (Gonzalez Benson, 2020a; Pincock et al., 2020).

For refugee and migrant communities and in the context of COVID-19, supports—in the form of both community-based responses and social welfare assistance—have been particularly important as these communities have been highly impacted. Not only are refugee and migrant communities at greater risk of comorbidity due to interwoven risks in their working and living conditions, but they may also lack access to health care and mainline welfare services (Hooper et al.,

2020). Across the world, RLOs have caught the attention of the media and institutional and governmental actors as they have mobilized during the pandemic (Amnesty International, 2020; Global Compact on Refugees, 2020; Hakiza et al., 2020). Drawing from an existing framework on RLO activities, this study presents its own account to test some of the patterns seen in previous accounts, providing empirically based analysis of RLOs' crisis response during the COVID-19 pandemic.

METHODS

This study focuses on RLOs' activities in Bhutanese and Congolese refugee communities in a midwestern metropolitan area in the United States. Bhutanese and Congolese refugees are two of the three largest refugee groups in the area (the third group is Burmese refugees), having arrived there approximately 10 years ago. Bhutanese and Congolese RLOs were secular entities active in the local area, while Burmese groups were connected and functioned mostly through a community church. Our research team has been working with these RLOs and communities since 2018 in a larger participatory action research project. Data for the study focuses on interviews with leaders of RLOs conducted from March to August 2020, during the earlier phases of the pandemic. The study was initially about RLOs' work in general, but the pandemic created a situation whereby RLOs shifted their focus to crisis response, and the research focus shifted accordingly. We obtained institutional approval for our research, and interviewees gave written consent to be interviewed. Each organization received a stipend of \$1,500 as partial compensation for its time and effort. In addition to data from individual interviews that this study analyzed, RLO leaders participated

in other intensive research activities: surveys, focus groups, organizational capacity-building activities, and collaborations on programming for research. While there may be questions of possible respondent bias due to the financial compensation, from an equity perspective, our team believed compensation was necessary (Bromley et al., 2015).

The one Bhutanese organization (termed BRLO) and two Congolese organizations (termed CRLO1 and CRLO2) that were present in the local area were approached, and all three participated. Because all in-person research was curtailed due to the pandemic, all interviews were conducted via Zoom and were then transcribed for analysis. Research team members, trained in data collection and research processes, conducted semi-structured interviews in English, which lasted one hour on average. They covered many domains, such as range and modality of activities, connection with institutions, organizational structure, and barriers. Fourteen leaders were interviewed: eight from BRLO and three each from CRLO1 and CRLO2. Each RLO leader was interviewed at least twice; a total of 38 interviews were conducted. Study limitations include sole reliance on leaders' accounts and lack of perspectives from community members and other institutional actors with whom the RLOs engaged. Such perspectives would enrich and triangulate data, allowing deeper examination.

For analysis, we directly utilized five concepts from an existing conceptual framework (Gilgun, 2013) on types of RLO welfare support activities: case management, outreach activities, programming, social and cultural activities, and advocacy. Using these five activities as a priori concepts for framing our descriptive analysis, we specifically inquired whether RLOs conducted the five activities as part of crisis response to the

COVID-19 pandemic and, if so, how. First, one analyst created a subset of interview data with content related to the pandemic. Second, the analyst coded transcripts using the five types of RLO activities as parent codes. Next, a second analyst joined to analyze data and generate smaller subthemes within each type of activity. Analysis also included examining divergent themes and consistency of themes across the full set of interviews. In other words, as subthemes emerged, we also analyzed data for conflicting or contrary evidence to those subthemes, as well as for relevance of the subthemes across the three RLOs. The final step entailed selecting quotes to illustrate diversity and commonality within the data. Analysis did not entail a comparative approach that paralleled or differentiated between the Bhutanese and Congolese RLOs; instead, analysis focused on generating themes across the three RLOs. We use pseudonyms in presenting our findings.

FINDINGS

Case Management

Case management involves direct or one-on-one assistance for individuals, families, or small groups and can entail a range of activities such as appointment scheduling, systems navigation, and initial assessment of health issues. While case management is typically considered a practice conducted as part of social welfare assistance or by helping professionals, civil society organizations, including RLOs, also provide such necessary direct assistance, albeit through more informal and personal processes.

At the height of the pandemic, the Bhutanese and Congolese RLOs received hundreds of calls from community members asking for information and expressing

fear. During this time, Marie of CRLO2, a Congolese leader, described the "most busy day of [her] life" after answering phone calls from early morning through the night with questions related to the novel coronavirus. Bhutanese leaders reported that their team received "approximately 4,000 calls" at the onset of the pandemic. Bhutanese and Congolese leaders assisted with specific challenges, shared information about COVID safety on a one-one-one basis, and helped allay fear and anxiety. Case management activities involved a range of issues stemming from the COVID-19 pandemic, including health concerns, children's virtual education, and access to online services, food, and unemployment benefits, as described below.

Case Management Related to Health

Refugee leaders explained what to do when people got sick and emphasized why it was important to wear masks, wash hands, and practise social distancing while at home. This was of special concern, as many in the refugee community were essential workers and could not work from home, as mentioned by Dawa of BRLO. In the local area of the study, many refugees worked in meat-processing plants and other factories that became hotspots at the peak of COVID-19 infections in summer 2020 (Dyal et al., 2020).

Jean of CRLO2 encouraged a fearful community member to seek medical treatment, explaining what going to the hospital was like and assuring him that "the hospital is not bad. They help people if [they have] COVID." Assistance often also entailed some level of assessment so that support was tailored to specific needs and information shared was appropriate. Sonam of BRLO reported the following:

They said, "What do I do next?" Then I said, "Okay. What do you need? Well, what does your house look like? How many [are] positive in your house?" We try to understand what they are doing. A few people said, "Someone in my family is positive, but I'm not sure I am." So, we just gave them addresses where they can go get tested.

Helping Parents with Children's At-Home Virtual Education

Jitu of BRLO described a call from a woman who was distressed about having to work while her children were attending virtual school. She was anxious about getting sick at work but had also heard from her children's teacher that her children were not completing assignments. Jitu talked with the woman about her options and encouraged her to talk with her employer's human resources (HR) department about taking a leave from work. Jitu said the following:

She wanted to get a couple weeks off from work so that she could stay home and then teach her kids the school materials because they were missing out a lot in school. And she was complaining about that. I told her, "You need to go talk to people in your company and if you're not able to, then let us know." And then she said that "today I'm going to go and ask. I'm going to ask my HR about that."

Meanwhile, to help with navigating virtual education, Clement of CRLO1 mentioned that Congolese leaders referred families to other organizations serving refugees in matters related to education. He explained that for assistance they cannot provide themselves, they connect community members to appropriate resources.

Helping Families Access Online Services

Marie of CRLO2 said that many families were challenged when various services went online as the pandemic shut down in-person services. Marie said, "It was really hard for

them because they don't have access to internet." For instance, many Congolese refugee families were not sure how to pay bills online or did not have access to a computer and/or the internet. Before the pandemic, Marie said she would have been working side by side with the person needing assistance to pay bills online. But assisting remotely required new strategies: Marie took photos for documentation and had three-way phone calls. It soon became the norm for Congolese leaders to have people send photos of their documents in text messages so that the leader could file for them remotely. Marie said,

They don't know how to [pay bills] online. So that's where we came in. Mostly they don't have computers, [but] I have mine. If somebody called me, I need to make a payment of the bill. I will take a picture of the bill. So I have access of the account number and then must be on the phone and call for them.

Assisting with Food and Basic Needs

Marie of CRLO2 said that access to food was also a concern. The RLO assisted by driving families to the grocery store or food pantries at local churches, which the leader was notified about via emails from the churches. Despite the buses running, Marie said she still helped with transportation because "families who have a lot of kids really need help. ...They have to take two, three buses to get there. And then they had stuff to carry. So that's why we provide rides for them at least."

Assisting with Unemployment Benefits

As the pandemic shut down businesses, many workers with refugee backgrounds were at high risk of losing their jobs. A large and pressing need for members of both Bhutanese and Congolese communities

involved learning how to apply for unemployment benefits and managing being out of work. Refugee leaders worked one on one with people to help them file for unemployment benefits and provided other job-related assistance in a socially distanced manner.

Hari of BRLO, who worked in IT, helped a community member file for unemployment by using screenshare technology, Chrome Remote Desktop,² which allowed him to see the community member's computer screen. Sonam, another leader in BRLO, helped a woman establish eligibility for unemployment benefits and then continued to help her file claims every two weeks until she learned how to do it on her own. At one point, there were so many unemployed community members seeking help that Bhutanese RLO leaders created a document with step-by-step instructions showing how to apply for unemployment benefits, with an accompanying video of a person describing the instructions in Nepali. Congolese leaders saw issues similar to those in the Bhutanese community, with people having trouble navigating the intricacies of the unemployment application. Clement of CRLO1 said they helped community members create accounts and troubleshoot issues on the unemployment benefits program website. Marie of CRLO2 recalled that these issues with unemployment were "pretty much the most common" difficulties encountered by community members in April and May 2020.

In sum, RLOs provided immediate case management, especially during lockdowns. RLO leaders supplied online texting apps and phone contact lists that connected members to each other and to the RLO leadership. Furthermore, in their native language, RLOs managed social media platforms with infor-

²Google, Mountain View, CA: <https://remotedesktop.google.com/>.

mation about community vulnerabilities and strengths.

Outreach

Outreach in the community is conceptualized as the methods used to help community members, especially the most vulnerable, gain access to information and support. Communication strategies are a main component of outreach. Refugee leaders worked to ensure that accurate information was available to their communities in accessible languages. Leaders from all three communities reported that they believed misinformation about COVID-19 was spread due to lack of translated resources provided by formal actors. Hari of BRLO explained:

With [the] language barrier and whatnot, they're relying more on the information that was available in social media, and they were very misinformed by their posts. I can give examples of posts that they were going through, where it says, eat this, eat that, or do this to avoid getting the virus or, if you ever have the virus, eat a whole lot of hot peppers or ginger. ... So we had to clear that out and make sure that people are not getting sick from trying all these things that were not approved or not recommended by doctors.

Using various social media, RLO leaders shared information rapidly to combat misinformation and stigma, as described below.

Sharing Accurate, Timely Information on WhatsApp

Clement of CRLO1 reported that he regularly translated information obtained from the local resettlement agency and state agencies and shared it in a community WhatsApp group. WhatsApp was used to share up-to-date information directly in Congolese languages and to explain COVID-19 precautions to the community, as the WhatsApp group had "almost over 200" mem-

bers and allowed for question-and-answer-type responses, explained Benoit of CRLO1. When information was posted, group members could respond with questions, and leaders would do their best to respond, usually within five minutes, Benoit added.

A considerable amount of misinformation, stigma, and fear emerged and then intensified among community members, and sharing accurate, up-to-date information was especially important to RLO leaders. Jean of CRLO2 described assisting someone who was afraid to go to the hospital because he believed that if he tested positive for COVID-19, the hospital would keep him there and not let him leave. Jean thought the lack of available translated information contributed to this type of fear. Further, Benoit of CRLO1 expressed frustration that people were not taking COVID-19 seriously enough because they "have not seen anyone pass away because of COVID." Benoit explained the situation this way: "There are a lot of people in our community, over 2,000 or 3,000, I think. But the [number of] people who test positive are like 10 or 15 but no one has passed away. That's why they say [COVID-19] is not bad or strong." RLOs were in a position to share accurate information that was not readily available with community members in their native languages so that the gravity of the pandemic could be understood.

Combating Misinformation and Stigma via Facebook Live Events

To combat misinformation, BRLO leaders hosted two Facebook Live events. In the first event in April 2020, BRLO leaders interviewed people who had tested positive for COVID-19. Sonam of BRLO explained this outreach activity:

[We aimed to] educate people about what happens when you are positive. ... A lot of people had [tested]

positive and they were kind of scared to tell people because of their own reasons. But our goal was, if you're positive, you've got nothing to worry about. Just quarantine yourself and be safe. Let others know that you are positive, so nobody comes visit your place for a week or two weeks.

The event was successful in addressing stigma, Sonam said, adding,

After that interview [at the live event], a lot of people contacted us, saying, "Okay. My family has this many positive [cases], we need masks." Then we got a much better response from the community. And people are not really worried about hiding it anymore.

In partnership with the county health department, Bhutanese leaders hosted a second Facebook Live event, during which they interviewed a medical doctor and encouraged people to submit questions. An interpreter provided translation during the event. This was important because mainstream public health information events were often only in English or other languages inaccessible to Bhutanese and Congolese refugees (e.g., Spanish, American Sign Language). The Facebook Live event was an effort to explain "what's myth and what is fact" by connecting the community with someone who had a "more credible voice to explain all the different misconceptions," said Hari of BRLO. Bhutanese and Congolese RLOs were able to employ unique and community-specific outreach methods, such as communication through social media such as WhatsApp and Facebook.

Programming

Programming entails assistance targeted towards specific groups of people and is conducted over time in a repeated or scheduled manner (e.g., weekly, monthly, or for a pre-planned number of days). Compared with case management and outreach as

forms of assistance that can be done by individual RLO leaders on a one-time, case-by-case basis, programming entails more time, funding, coordination, and planning by leaders. During COVID-19, new forms of programming emerged, specifically in the Bhutanese RLO. BRLO leaders planned and implemented programs to distribute personal protective equipment (PPE) and food, as described below.

Collecting Community Information and Determining Needs

BRLO leaders identified community members in need of PPE and resources by posting on the community Facebook page and calling people listed on sign-in sheets from past events. Hari reported the following:

To begin with, what we did was we communicated. So we have our Facebook page ... that most of our members kind of visit regularly for updates and information. And then also, as a community organization, we had a list of people from the past, from past events that we've conducted. We had sign-in sheets that had the name and address and phone number.

BRLO leaders also reached out to religious leaders, specifically those in the largest Nepali church in the area and a Buddhist community leader, for information about community members, said Sangay. Once families were identified, BRLO leaders contacted each family to arrange for distribution of PPE. Sangay explained:

And then it kind of flowed for the community, you know. We talked to one family and that family talked to other families, and it was basically good communication that started and went very well. We were able to identify as many vulnerable or the elderly people that we had in our community. Once we had their address, we started delivering those kits.

Organizing PPE Distribution Days: Door-to-Door Deliveries

On what BRLO called its distribution days, leaders drove around for hours and gave out PPE packets in a contact-free manner. In the first two days, BRLO delivered PPE to hundreds of houses. Sonam described what was in the PPE kits: "So, it had a hand sanitizer and masks, and sometimes gloves. One, two, three, four, five—we put up to five masks, and one or two hand sanitizers, depending on the family size." Hari further explained distribution days:

We were able to do the first round of distribution very well. So we did our contactless distribution, where we packaged everything in a Ziploc bag and then we left them at the door or we just, you know, told them where they could come to safely pick those up.

Distribution days lasted for weeks during the early phase of the pandemic in April, May, and June 2020, when public health information was lacking. As BRLO started distributing supplies, more and more people called; at one point, Jitu said he was managing over 200 calls a day from people who were asking for deliveries and supplies. Dawa shared a Google spreadsheet to document callers and track distributions. BRLO coverage spanned the entire metropolitan area and extended to another nearby city.

For the distributions, Hari explained that BRLO contacted community members to identify those with higher risks and greater challenges, such as adults with pre-existing medical conditions, adults aged 65 years and over, and families with only one working adult or a sick member. Hari said, "We tried to give priority to those people to make sure that ... we do not want [things] to escalate to a mental and emotional issue."

Creating a PPE Pick-Up Centre in a Community Leader's Garage

In June 2020, the spread of COVID-19 had worsened, with more and more cases of COVID-19 being contracted within the local Bhutanese community. Thus, BRLO members revised their approach, as Hari said:

And then on the second round, once we realized that most of our families, most of our community members had tested positive, we had to be more cautious. So, we actually designated a place where they can come in and pick up their kits. So that was what we did on the second round, when we had challenges finding volunteers. ... We had to designate a place, find a place where we can securely store those resources and they would come and pick up their kits. And then, we had a kind of set-up where only one person can come in and they had to maintain social distance when they come in and only 10 people were allowed to pick up each day.

The designated pick-up place was the garage of one BRLO leader, ideal for its central location. The donated PPE was stored in the garage, and BRLO scheduled windows for pick-up when people could get supplies. The protocol for pick-up was based on CDC guidelines for social distancing.

Organizing Food Distribution Days

In the summer of 2020, when the number of positive cases fell, BRLO turned its focus to food security. By this time, most businesses had been shut down for months, and many workers in the refugee community had lost their jobs or had their work hours reduced, thus limiting financial resources for food and other basic needs. BRLO helped families with reduced budgets for food. BRLO partnered with the United States Department of Agriculture (USDA) and local organizations and conducted food distribution days. Food distribution occurred once a week on Saturdays in its first month, and it increased to twice a

week over the summer, said Dawa. Sonam said,

So then, we let people know ... if you are in need, contact us. We dropped [the food] off for them. One particular family was a single mom with two kids. She reached out to me and we dropped it off to that particular family. And there's another family of seven.

BRLO collected donations of 150 boxes of fruit and vegetables from the USDA and about 50 bags of rice and other groceries from three Nepali stores and a Burmese store. Food distribution was run solely by BRLO volunteers, and about 100 families were each provided with a 25-pound box of fruit, vegetables, and groceries, said Jitu.

Advocacy

To ensure equity in emergency response, community-based organizations must be engaged in changing practices, procedures, and policies, joining grounded advocacy efforts, which are especially important in the fields of health and human services (Miranda et al., 2020). RLO leaders sought to give voice to community issues not being addressed and called for responses from those who could help and from those in power, including businesses, employers, and non-governmental and governmental organizations. RLOs advocated on behalf of community members on a wide range of issues and with many different actors.

Case Advocacy and Liaison with Employers for COVID-19 Safety in the Workplace and Unemployment

Refugee leaders advocated for refugees' right to services in conjunction with case management activities. In one example, issues with unemployment applications required a Congolese leader to contact an

unemployment agent directly on the phone to "make sure that [they are] fixing that case for them," reported Clement of CRLO1. Advocating for refugees' right to language services meant convincing the unemployment applications agent to do a three-way call, so that the leader could interpret, he explained: "I call them, I say that I'm not the person, but I have my friend who doesn't speak English. And sometimes they agree to do a triangle call."

Case advocacy entailed encouraging or empowering refugees to advocate for themselves. In an earlier example, where Jitu was working with a woman who was struggling to balance employment and assisting with her children's virtual education during the pandemic, Jitu encouraged her to communicate with her employer about the situation: "I told her, 'you should go back and tell [HR] what's going on and explain it to them and maybe they'll be able to figure something out for you.'"

As community members expressed frustration and anxiety that they were not receiving PPE at their workplaces, BRLO leaders took action. Hari described how his organization directly engaged with employers:

BRLO reached out to three employers in the area where they had the majority of our people working, food and meat factories. We reached out to their HR, their managers on what exactly is happening, why are they not providing us this list of basic protection for the employees? And some of them responded very well. They said, "We're a small industry. We do not have the resources, we're still struggling." And then we understand that part. And then also, some of them were simply ignoring us.

Further, Dawa explained how one employer was interested in collaborating with BRLO after seeing that many employees were getting sick. They worked together to have BRLO translate a document with

questions and answers about COVID-19 that was shared with employees.

Advocacy and Liaison with Elected Officials, Public Officials, and Other Actors/Institutions

In broader advocacy efforts towards health equity for refugee communities, RLOs expressed their concerns to elected officials and called for attention and response. During a quarterly meeting of local community stakeholders and service providers, BRLO and CRLO leaders spoke out to state representatives about their communities' needs and about employers not providing PPE for refugee workers. Hari of BRLO said he sent emails to the state representative and state senator regarding this issue. In another example, Sonam said that BRLO leaders raised this issue during one of their weekly meetings with the director of the state health department, asking her that refugees' employers follow health protocols. The health department gave assurance that it would follow up on the issue, but concrete outcomes were not communicated back to BRLO.

DISCUSSION

Through explication of the activities engaged in by RLOs during the early weeks of the COVID-19 pandemic, our findings point to organizational embeddedness and flexibility as two organizational characteristics that may be crucial for enabling or facilitating a community-based, strengths-based crisis response, specifically in the context of the COVID-19 pandemic and refugee communities. Embeddedness and flexibility are crucial in crisis response (Brown, 2002; Evans & Bahrami, 2020), and our findings point to these concepts as relevant also for future

research into the specific context of refugee communities and the COVID-19 pandemic and into refugee- and immigrant-led organizations more broadly. This study presents contextual illustrations of how RLOs' case management, outreach, programming, and advocacy efforts specific to crisis response may have emerged from organizational embeddedness and flexibility. It is important to note that though our analysis used the five types of RLO activities as a framework, interview data did not illustrate one type: cultural activities. Perhaps due to the urgency of the pandemic and to consolidate already limited resources towards the most crucial needs only, cultural activities took a backseat. It is also important to note that assessments of efficacy or impact are beyond the scope of this study; we do not present our discussion of RLOs' activities in terms of their success or their impact upon individuals and families. Future studies could examine RLOs' impact using evaluation studies or voices of community members served by them. Our findings encompass organizational processes and activities described by refugee leaders as research participants.

First, based on our interpretation, the local embeddedness of RLOs facilitated timely processes in crisis response. Common language and shared experiences are perhaps key here; our findings suggest that refugees turned to RLO leaders because they could translate important public health messages and they were able to understand community members' specific concerns related to jobs, family, and other socio-cultural aspects of life. Our findings suggest that further research is warranted on the significance of informal, personal, and pre-existing relationships (Smith, 2012), particularly in crisis response within hard-to-reach communities such as those of resettled refugees. For vulnerable communities during a crisis, trust is essential (Hasel,

2013), and RLOs' local embeddedness can perhaps be seen as grounded in trust. In future research on refugees' disaster and crisis response, refugee leaders can perhaps be considered and examined "as primarily acting on the basis of their pre-disaster group affiliations" and "involved in emergency activities because of their group's formal or informal participation" (Quarantelli & Dynes, 1977, p. 9).

Second, our findings point to the flexibility of RLOs' organizational structure as another characteristic that may have helped facilitate RLOs' just-in-time response to the pandemic. By definition, RLOs are typically small and do not have rigid organizational leadership structures or bureaucratic procedures, as discussed above, which may slow down responses. Further research is needed to examine the ways by which RLOs may easily and quickly reconfigure themselves to respond to community need. Our findings raise questions about valuing the "smallness" of organizations and argue for highlighting organizational flexibility as an important consideration in future research. Specifically, it is crucial to further examine not only the conditions under which flexibility and embeddedness are most effective but also those conditions when those two organizational characteristics may present as limitations.

This study also illuminates the context in which RLOs operate. As discussed, RLOs are often small organizational entities that operate with limited or no funding and without a central location or office building, relying on refugee leaders' volunteerism and material resources. This study illustrates how, during times of crisis, RLO leaders were able to operate within one such resource-deprived context, cultivating and accessing a range of resources to serve community members. RLO

leaders used their own cellphones, computers, and vehicles, for instance. The RLOs utilized existing social media channels for outreach and locally accessible resources and infrastructure, such as one leader's garage and an existing list of community members for distributing COVID-19 kits. As human resources themselves, RLO leaders donated personal time during this period of urgent community need; one RLO leader said she worked from early morning until late at night during the height of the first wave of the pandemic. Another type of non-material resource that served RLO leaders well in responding to the COVID-19 pandemic was a set of skills and knowledge previously acquired (e.g., those related to IT, computers, and public benefits). RLO leaders used material and human resources available prior to the pandemic, and such resources were quickly mobilized and accessed to a greater extent during the pandemic. Moreover, our findings point to social media and technology as vital resources, especially crucial given the unique demand for social isolation and virtual connectivity during the pandemic. Our empirical descriptive findings point to future research on social media and technology as resources for RLOs and refugee communities.

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