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Introduction. Between Two Worlds: the Chinese Diaspora in France during Covid-19

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Chinese in France amid the Covid-19 Pandemic

*Daily Lives, Racial Struggles and Transnational
Citizenship of Migrants and Descendants*

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INTRODUCTION

Between Two Worlds: the Chinese Diaspora in France during Covid-19

Simeng Wang and Francesco Madrisotti

Abstract

In the introduction, it is firstly recalled the social and historical context of the Covid-19 pandemic and explicated why authors chose to examine the pandemic through the perspective of the diaspora studies and in particular from the perspective of the Chinese diaspora in France. After a presentation of the specificities of the Chinese diaspora in France, the introduction draws up the key study question of the whole book: studying the differentiated experiences of the pandemic among the Chinese population in France, according to their migratory status (nonnaturalized migrants, French naturalized migrants and descendants of migrants) and other social relationships; placing these experiences in the context of what is happening in France, China and the rest of the world. As background, it is crucial to understand the different social construction of the Covid-19 pandemic in China and in France. Afterwards, the MigraChiCovid project's genesis, mixed methodology and qualitative and quantitative data are introduced. The introduction is concluded with the presentation of the three sections and the brief summaries of the twelve book chapters.

Keywords

Chinese diaspora in France – Covid-19 pandemic – migrants – descendants – daily experiences – everyday practices – stigmatization – racism – solidarity – social construction of Covid-19 – social differentiation – citizenship – mobilization – relationship to the home and living countries – photographic exhibitions – documentary film – MigraChiCovid project – methodology – quantitative and qualitative data – online and offline surveys

The Covid-19 virus was first reported in December 2019, in the city of Wuhan, in Hubei Province (Zhou et al., 2020). After a period of uncertainty, in January 2020 Chinese political and medical authorities took strong measures in order

to contain the spread of the virus and manage the health crisis: a general lockdown in and around Hubei, mobilization of thousands of physicians and nurses from all the country, construction of new hospitals, and so on. Despite these measures, within three months, the virus had begun to spread worldwide.

On March 11, 2020, Dr. Tedros Adhanom Ghebreyesus, the director-general of the World Health Organization (WHO), characterized Covid-19 as a pandemic, based on its spread across three continents, Europe, Asia, and North America. In January and February 2020, European governments reassuringly stated that the situation was under control and that their health systems were prepared to deal with the spread of the virus. But infection with the virus intensified and caused rapid deterioration in the conditions in many countries. At the beginning of March 2020, Italy became the first country in Europe to implement unprecedented measures by imposing a local and then a national lockdown. Other countries in the European Union quickly followed suit, with similar countermeasures around mid-March 2020. These policies included banning public gatherings, closing public places and institutions, restrictions on travel locally, nationally, and internationally, and lockdowns.

On March 16, 2020, Emmanuel Macron, the president of France, announced a two-week lockdown period to begin the following day, with the aim of “flattening the curve” (i.e., reducing exponential increases in infection) and, thereby, preventing rates of hospitalization that could overwhelm resources. Subsequently, the national lockdown was extended until May 10, 2020. The virus began to spread again in France (and more generally in Europe) in the autumn of 2020, prompting the government to declare a second national lockdown from October 30 to December 10. At the end of December, France began a massive campaign of vaccination. But another surge in infection forced the French government to declare a third national lockdown from April 3 to May 3, 2021.

The population of Chinese origin in France first became aware of the danger of the Covid-19 virus in January 2020 and anticipated that it would spread to Europe in general and France in particular, though their attempts to bring that to the attention of the proper authorities were largely dismissed. Health workers and medical and biological researchers of Chinese origin who live in France started to alert their colleagues and patients about the virus as well as to translate the first scientific findings on Covid-19 from Chinese into French. At the same time, because they had heard that the health-care system and the hospitals in the Hubei region were under pressure due to shortages of medical equipment, the researchers started to appeal to the Chinese community in France for help in shipping medical supplies to their colleagues in China.

The Chinese community, mainly first-generation migrants, started to take preventive measures against infection with the virus. These measures went

from wearing masks and avoiding public transportation to quarantining at home. In France, the EpiCov study shows that during the first wave of the pandemic (in May 2020), immigrant background participants ($n = 111\,824$, including first-generation migrants and descendants, all origin countries combined) from non-European countries were more exposed to Covid-19-related factors and more respectful of prevention: whereas 61.8% of the majority population reported not wearing a face mask systematically when outside, the proportion was lowest among first-generation Asian migrants (only 23.5%, $P < 0.001$), and the proportion among descendants of Asian migrants was 42.6% (Gosselin et al, 2022). At the same time, the spread of the virus on a global scale was accompanied by a process of racialization of the disease (Reny & Barreto, 2020). In the first months of the pandemic, in some political and media discourses, the virus was strongly associated with China and Chinese people. This led to an increase in the stigmatization of people perceived as “Chinese” (more broadly as “Asian”) worldwide and to a surge in discrimination and anti-Asian racism, which reached a height between February and May 2020 (Adja et al., 2020; França et al., 2022; He et al., 2020; Pang, 2021). In France, the pandemic triggered incidents of discrimination, racism, and xenophobia, violent and explicit to varying degrees, against Chinese as well as Asians in general, ranging from mistrust and avoidance to physical attacks and stigmatization in public places (Wang et al., 2021). The hardening of racist attitudes and the publicizing of these discriminatory incidents (via social networks and activist associations) catalyzed increased awareness of anti-Asian racism and the need to combat it, in particular by the descendants and highly educated first-generation migrants (Wang & Madrisotti, 2021a; Wang et al., 2022). These statements remind us of the stigmatization of ethnic minorities in other epidemics throughout history. For example, association of smallpox with Chinatown intensified over the course of four successive outbreaks in nineteenth-century San Francisco (Craddock, 1995). Another example is the stigma suffered by Canadians of Chinese and Asian ethnicity in general during the SARS outbreak in 2002 (Ali, 2008). In addition, xenophobia increased in the US during the Ebola epidemic in 2014 (Kim et al., 2016).

In the spring of 2020, when the health conditions deteriorated in France, and it began to suffer shortages of medical equipment, health-care workers and ordinary people of Chinese origin asked for and received medical supplies from China. By doing so, they also became involved in donations to French medical institutions, organizations, and individuals. During the first national lockdown in France, many groups of Chinese people organized self-protection and mutual assistance to control the spread of the virus at the neighborhood level as well as helping other Chinese living in precarious conditions, offering supplies of food and medical equipment.

Gradually, the health crisis took hold for the long term, and national and international leaders started to take measures in order to “live with the virus.” The long course of the pandemic (over two years) triggered profound social, political, and economic changes, affecting the lives of billions of people. The living conditions and social trajectories of Chinese people in France have also been shaped by this global crisis.

This book analyzes the experiences of Chinese migrants and their descendants who lived in France during the Covid-19 pandemic, in terms of their everyday habits and daily lives: media consumption, preventive measures, stress and anxiety, food behaviors, community security (in Section 1), with studies focused on various specific subgroups: elderly, international students, entrepreneurs, and people in precarious conditions (Section 2), looking at their changing struggles for citizenship, solidarity and anti-racist mobilization, and relationship to their living and home countries (Section 3). Before we lay out the research methodology and describe the twelve chapters in this volume, we first discuss the huge divergence in the representation of Covid-19 and crisis management in China and France, in other words, in the home and living countries of the Chinese migrants studied here. This divergence makes the experiences of Chinese people in France unique and relevant for shedding light on individual agency (among migrants or descendants of migrants) in dealing with a global crisis. We also address how the pandemic reshaped transnational mobility and diasporic connections and how migrants and diasporas have reacted to the pandemic and contributed to handling its effects.

1 The Chinese Population in France: History of Migration Waves

The first wave in modern times dates to the beginning of the twentieth century, when Chinese workers mainly from northeast China and Shandong Province were recruited to work during World War I (Ma, 2012). In the 1930s, emigration from Zhejiang Province to Europe began. People from Wenzhou and Qingtian tend to go into a few particular professions: Chinese trinket shops, peddling miscellaneous goods, giving pedicures, catering, and leather work (Live, 1992). After 1949, with the founding of the People’s Republic of China, this immigration flow slowed but then resumed in the 1980s.¹ Most Chinese newcomers in France in 1980s and 1990s were from Zhejiang Province (Poisson, 2005; Ma Mung, 2000).

¹ The opening up and reforms in China started in 1978.

A second wave started in 1975 after nationalist movements and urban riots broke out in the area of the former Indochina (Cambodia, Laos, and Vietnam). Available data show a rapid increase in the flow of refugees over the period between late 1970s and early 1980s (20,000 Asians in 1975; 104,000 in 1982). Many of these refugees obtained French citizenship and identified themselves as having “Chinese origins.” Some of them are descendants of Chinese who had earlier migrated to Vietnam, Cambodia, Laos, and Thailand from Guangdong and Fujian Provinces.

The third wave began at the end of the 1990s, with migration from the urban areas of northeast China. After the reform and opening up policies were implemented, this region, known for heavy industry, underwent great social and institutional disruption. State-owned enterprises went bankrupt and were privatized, with a large number of their employees dismissed. Many of them fell into economically difficult conditions and decided to leave the country to seek a better life elsewhere (Cattelain et al., 2005).

A fourth wave began in 2000, in which skilled young Chinese went to France to pursue higher education and then settled there after graduation. In terms of immigration status, they become skilled migrants, with the residency cards issued for various reasons: salaried jobs, business, scientific work, marriage, and starting a family life. Some of them decided to adopt French citizenship.

The Chinese population in Paris is not a monolith, as it has wide variation in terms of the region of origin, migratory wave, gender distribution, and socio-economic status due to these different waves of immigration and demographic characteristics (Wang, 2021).

2 Differences in the Social Construction of the Covid-19 Pandemic between China and France

To understanding the gap between China and France in terms of managing the Covid-19 crisis, we need to analyze the social construction of the pandemic in different social contexts, in other words, the processes through which political, medical, media, and other social actors construct a collective representation of Covid-19, its severity, and the measures needed to counter it, in a particular social and historical context. The perception of a health threat is almost systemically influenced by media, political, and institutional communication, which tends to amplify or mitigate its main features, characteristics, and consequences (Pidgeon et al., 2003). In addition, interpersonal exchanges play a key role in the process of perceiving a threat and in the construction of social representations (Garrett, 2011). Scholars in different countries examined the

social construction of the Covid-19 pandemic. In Canada, different stages of the evolution of the pandemic can be defined based on the media discourse among experts, who at different times defined various aspects of Covid-19 for the public, and political authorities have defined as a social problem (Negura et al., 2021). In Germany, during the initial weeks of the worldwide Covid-19 outbreak between January and March 2020 and shortly before the first German lockdown, individual and collective actors had different perceptions of the seriousness of the Covid-19 threat that began to be reiterated in the public discourse (Deisner et al., 2021).

The different social representations of Covid-19 in China and France are rooted in their experience with infectious diseases. France has experienced few major epidemics over the past century: the so-called Spanish flu in 1918, the “Asian flu” in 1957–1958 linked to the influenza A (H₂N₂) virus, the “Hong Kong flu” due to the influenza A (H₃N₂) virus in 1968–1969 (Maurel, 2020); and AIDS in 1983. Epidemics of severe acute respiratory syndrome (SARS), swine flu (novel influenza A, or H₁N₁), Middle East respiratory syndrome coronavirus (MERS-CoV), and Ebola in the twenty-first century had little impact on France.²

This is not the case in China, which was hard hit by various epidemics in the twentieth and twenty-first century, among which are the following infectious diseases. Between 1772 and 1949, Yunnan Province suffered 200 epidemics of various types of plague, which caused one million deaths. Only after massive mass prevention and treatment was the plague declared completely controlled in China in 1964. Cholera was introduced in Yunnan from India in 1921, with outbreaks in 1939 and 1942, before it was completely controlled in 1957. Another example is smallpox, which was prevalent in China before 1949 and was eradicated in 1960, when the last case emerged in Yunnan Province. In the early 1950s, schistosomiasis was endemic in as many as twelve provinces, threatening a population of more than 100 million people, of which 12 million were infected with the disease, and many workers lost their lives. The epidemic was brought under control, but still not eliminated. Tuberculosis, which had relatively high rates of morbidity and mortality in both urban and rural areas in China, declined steadily and has been largely controlled since 1949. At present, 4.5 million people in China are infected, but treatment is now fairly effective.³

2 For a history of epidemics in the twentieth century, see https://www.bnf.fr/sites/default/files/2020-04/Bibliographie_Epidemies_depuis_1900.pdf.

3 We thank Professor Jing Jun for his generous comments on this paper and information on the history of epidemics in China during our informal discussions. For more information, see, e.g., Leung (2009) on the story of leprosy in China, Feng (2010), and Jing and He (2020).

After the China's reform and opening (post-1978), Shanghai experienced an outbreak of hepatitis A in 1988, affecting over 300,000 people. One of the big problems exposed by this crisis was that commercial interests had been prioritized over people's right to health: in one serious incident, a certain kind of shellfish (*scapharca subcrenata*) was very popular with people living around Shanghai, and vendors in Shandong Province and Tianjin, through a long-standing supply chain, delivered several tons of contaminated shellfish. The health department had found as early as 1982 that the consumption of this kind of shellfish caused gastrointestinal disease, but this did not lead to any response. In addition, several hundred cases of hand, foot, and mouth disease (HFMD) are reported annually in China. It emerged in Shanghai in 1981, as the first reported epidemic, and since then it has appeared in many cities. From 2009 to 2019, Guangzhou had 119 outbreaks, 106 of which were at kindergartens, and 99.3 percent were among children at day-care centers under the age of five. Other examples are an outbreak of SARS in 2003 and an AIDS cluster at the end of the 1990s among farmers in Henan, who were selling their blood as part of an illegal practice of transfusing plasma back into red blood cells.

After the AIDS epidemic, the Chinese government reinforced its disease control and prevention capacity (Huang, 2014). The spread of the SARS virus across China revealed at least three flaws in the public health system: the weakness of the community health-care system, the absence of a strict system of referral based on a patient's history and diagnosis, and the absence of measures to prevent infections at health-care institutions. Since then, although China has been strengthening its community medical service system and emergency management (Lim, 2021), addressing the weakness in community medicine has been difficult. This weakness exists not only in terms of inadequate resources, incomplete infrastructure, and inadequate drug supply but also in terms of its low status compared to the growing hospital-based health care, in addition to poor medical technology, lack of service capacity, and lack of public trust. In general, the problem of poor information on the pandemic is a common denominator of all the public health incidents mentioned above. Data on the prevalence of AIDS is an example.

After the outbreaks of Hepatitis A, HFMD, SARS, and HIV, the Chinese government paid much more attention to infectious disease. Not long after the emergence of Covid-19, in January–February 2020, the Chinese government invested in vaccine research.⁴ It predicted in March 2020 that the pandemic had the potential to become global and long-lasting: an initiative to “build

4 http://www.gov.cn/xinwen/2020-04/14/content_5502177.htm.

a human health community” was proposed to fight for global justice, global health, common interests, and common action. Because the health-care system in Wuhan was paralyzed at the beginning of the pandemic, the Chinese government described Covid-19 in the media as a highly dangerous disease and imposed strict public health policies to control it.

2.1 *The Covid-19 Pandemic as Highly Risky: Chinese Authorities’ Politics, Social Media, and Perception among Citizens*

The SARS epidemic, which occurred in the early 2000s, combined with the growing HIV/AIDS epidemic to put a new issue on the Chinese agenda regarding population control in terms of health and reproductive rights (Greenhalgh, 2009). Health authorities in China and in neighboring countries started to adopt preventive measures to anticipate potential respiratory epidemics, such as the surveillance of migratory birds, as described by Keck (2020).

When coronavirus emerged, the Chinese population and the Chinese political and medical authorities were already aware of the real danger of an epidemic and of the measures needed to counter it. Based on their experience in the SARS epidemic, Chinese political and medical authorities reacted quickly, mobilizing an enormous amount of material and human resources, such as holding simulations of epidemics at hospitals with patients treated in special rooms dedicated to respiratory diseases and constructing military field hospitals. Also, by designing and presenting a solid and coherent representation of the danger of the disease and of the measures needed to counter it, Chinese authorities employed a nationalist rhetoric aimed at proving the superiority of the Chinese political system, creating the “politics of care” (Sier, 2021) in the name of protecting Chinese citizens from the virus.

Willy Sier examines the visibility of antiviral measures undertaken by Chinese authorities in Wuhan. Sier states that most of the visible signs of the virus were in the form of measures to prevent its spread and believes that the visibility of these measures was a form of government communication to demonstrate the Chinese state’s care and capability. The main tool used in this communication campaign was the visible implementation of high-tech measures to contain the virus, such as technology to detect infections by scanning people’s temperature and tracking people’s movements to enable a targeted response in the case of a local outbreak. This communication campaign blanketed the urban landscape of Wuhan and transformed the crisis into a unique opportunity to prove the superiority of the Chinese political system on the global stage, to deflect responsibility for the outbreak, and to evoke nationalist sentiment.

In responding to the spread of the Covid-19 virus, Chinese authorities employed multiple tools at different levels, broadcasting the presence of the state and its care politics as well as its willingness and ability to protect Chinese citizens. Among these tools were residential committee workers. As Yang et al. (2021) pointed out, the residential committees are self-organized entities that are nominally independent of the government but, in practice, funded and supervised by the government to perform various government-assigned tasks. During the pandemic, residential committee workers were called on to impose the prevention measures established by the Chinese government at the local level: first, by providing infection control and support services for residents and, second, through surveillance of residents' movements for the purpose of contact tracing. These tasks included the construction of additional fencing around an apartment building and controlling exits and entrances, asking inhabitants to show the results of their Covid test; tracking pandemic-related health information in the housing development (including the number of people with confirmed and suspected infections and of those quarantined in each building); collecting, registering, checking, and reporting personal information on all residents (detailed address, telephone number, identity card number, age, sex, temperature, recent travel history) in order to track the cases and trace close contacts (mainly their family members); and providing residents with essential supplies, such as food, groceries, and medicine (Yang et al., 2021). Under the conditions of strict lockdown, residents were completely dependent on residents committee workers for their day-to-day needs. Miao, Schwarz, and Schwarz (2021) show the crucial role of community volunteers and their effective deployment by Chinese authorities during the Covid-19 crisis in order to protect public health and to support overwhelmed public services. They demonstrate that the massive mobilization of hundreds of thousands of volunteers in community-based groups helped to fill gaps in public services.

Some studies also highlight the role played by social media, in particular WeChat, in portraying the disease in a way that is consistent with the messaging, protective measures, and the communication campaign by the Chinese government. De Kloet, Lin, and Hu (2021) describe the reposting of personal stories on WeChat public accounts and the orchestration of these individual stories as part of nation-state maintenance by commercialized accounts. They also identify an evolution in the emotions evoked in these stories, from fear and anxiety, to solidarity and resilience, and, finally, criticism of Western countries, feelings of vindication, and pride. De Kloet et al. also state that the massive dissemination of these stories on social media fed the surge of biopolitical

nationalism and, subsequently, vaccine nationalism. In the same way, Litzinger and Ni (2021) examine the creating and circulation of vlogs on the Chinese platform Douyin during the Wuhan lockdown. These vlogs were produced at mobile hospitals constructed between February and March 2020 as part of the state's isolation and quarantine efforts. They describe these vlogs as bursting with energy and optimism but also appropriated by the Chinese state, which used them to promote a collective commitment to containing the virus.

In China, government communications and the official media and social media portray the virus as extremely dangerous. This image of the disease as extremely dangerous and of the protective measures needed to counter the virus in a collective mission resulted in heavy stigmatization of those in China who were infected with Covid-19, regardless of their nationality and regional origin. The social stigma due to disease, especially mental illness and infectious diseases (i.e., HIV/AIDS), in contemporary China is well documented by researchers. Taking a structural perspective, Jing Jun, an anthropologist, uses the notion of "Titanic's law" to show the link between individual vulnerability to AIDS and social stratification. According to this concept, those who are lower on the social ladder have higher vulnerability. Stigma is therefore the result of structural inequality and discrimination (Jing, 2006).

From a sociocultural perspective, Arthur Kleinman (1986) explores the cultural content of stigma related to mental illness and infectious disease in modern China and, with David Mechanic (1981), looks at the stigmatization of mental illness in China based on observations of psychiatric and medical facilities there in the 1970s. The mechanisms for producing and maintaining stigma are found in the moral universe of the individual (Kleinman et al., 2011). In this sense, the stigma reflects the cultural definition of a "person" in China (Kleinman, 1981) and is produced and maintained by the combined forces of government policies, institutions, and everyday morality.

Those who are infected are judged for their actions that are believed to have led to their infection, as well as endangering their families and communities by bringing illness into common spaces. Not only is the individual stigmatized but so is his or her family—the entire social circle. In the Chinese context, stigmatization is characterized by self-shaming and loss of face, the breaking of social ties, and the social death of the individual and his or her family. This analysis, developed to understand the stigma of mental illness, AIDS, and other infectious diseases, such as the SARS (Lee et al., 2005), is relevant to understanding what has happened with Covid-19. In China, people infected with Covid-19 and their families have experienced multiple forms of discrimination, exclusion, and otherization.

Several sociologists have tried to discern what is unique in the stigmatization surrounding Covid-19. First, the definition of the boundaries between

“them” and “us” is constantly shifting during the pandemic: people from “Wuhan,” from “Hubei,” from other regions affected by the pandemic and travelers returning to China are all stigmatized at different moments in relation to the evolution in the spread of the virus (Wang, 2020). Second, it is necessary to consider the mechanisms of stigmatization in the context of the “risk to society.” Stigma can arise from the sudden appearance of an unpredictable risk. It spreads rapidly as the risk spreads, unlike stigmas that evolve in a more stable context. The stigma attached to people from Hubei is not related to their external and visible characteristics but to hidden characteristics, such as geographic origin, travel history, occupation, and so forth, forming an insidious stigma. Finally, stigma not only is imposed unilaterally by others but also is accompanied by self-labeling (Thoits, 1985). In the first stage of the pandemic, the habitants of Wuhan internalized the social stigma related to Covid-19. This complex stigmatization, as shown throughout the chapters in this book, strongly affected the experiences of Chinese people living in France.

2.2 *The French Health System, Already in Crisis, Is Shaken Again and Weakened by the Unprecedented Pandemic*

As said above and related to the history of infectious diseases in France, the French political and health authorities had never had to deal with a health crisis of this magnitude. French policy makers and the population were not familiar with implementation of the measures needed to limit the spread of such a pandemic. In the early 2020, although health protocols were established in France, the potential for being hit by a pandemic was perceived as remote, particularly because the various epidemics in 1990s and 2000s had a marginal impact on daily life for the French people. For example, in 2009 France prepared for the anticipated H1N1 pandemic it in part by purchasing a billion surgical masks and 700 million FFP2 masks (similar to N95 respirators in the US), but in the end it was less severe than expected. The cost to the state was estimated at 700 million–760 million euros, according to the French National Audit Office (Cour des Comptes) in 2011.⁵ The French government was heavily criticized at the time for being “too prepared.”

Officially, the first case of Covid-19 infection was detected in France on January 24, 2020. The political leaders made reassuring statements indicating that the French health-care system was prepared to keep the virus from spreading. In the media, researchers, journalists, opinion leaders, and political commentators expressed various, contradictory opinions about the danger of the virus. For example, on February 17, 2020, in a video posted on the website of

5 <https://www.publicsenat.fr/article/parlementaire/grippe-h1n1-quand-la-france-s-etait-trop-preparee-a-une-pandemie-183984/>.

the hospital-university institute in Marseille, titled “Coronavirus, Fewer Deaths Than from Scooter Accidents,” Dr. Didier Raoult, an infectious disease specialist, announced that

The epidemic is located in China and not even in China, it is located in Hubei, ... infectious diseases are always ecosystem diseases, and there are very few infectious diseases that spread to all areas of the earth at the same time, there is no such thing ... probably fewer people died from the new coronavirus in this area of China than from influenza at the same time, ... so it's a lot of noise for not much ... paradoxically the smartest thing that was said was said by Trump, who said, “Look, this is going to go away in the spring because it's true that most seasonal respiratory infections stop in the spring [2020].”⁶

Dr. Raoult, and other doctors making similar statements, got a lot of air time in the media and had a strong impact on the public debate over the management of the pandemic in France. At the same time, other scientists were warning about the severity of the health conditions and the dangers ahead. These scientific controversies about Covid-19 have been studied by French social scientists, using a more or less multidisciplinary approach (Dubois et al., 2021; Hirsch, 2020; Linhardt, 2020). Faced with progressive deterioration in the conditions, the government put the entire population on lockdown on March 16, 2020. This unprecedented decision came as a shock and led to a slowdown in economic activity.

As Bergeron et al. (2020) state, because of the uncertainty due to the health crisis, the government created new ad hoc institutions, even when other organizations, regulations, and protocols already existed to respond to this kind of situation. According to Bergeron et al., this reaction highlighted the lack of preparedness by the French leadership and, at the same time, increased the difficulty of coordinating organizations with overlapping roles. In their book, they first analyze the historical and organizational conditions that prevailed during the emergence of new institutions to manage the coronavirus epidemic and their consequences for the coordination of institutional reactions. They show that, after cyclones (called Lothar and Martin) in 1999 and a severe heat wave in 2003, the French government put in place institutions and tools designed to prepare the country dealing with a major crisis. This preparedness

⁶ <https://www.mediterranee-infection.com/coronavirus-moins-de-morts-que-par-accident-de-trottinette/>.

generated confidence in the health-care system, so the risk of a viral pandemic in France appeared low.

The Operational Center for Regulation and Response to Health and Social Emergencies (Corruss) became involved in the prevention and response to the coronavirus outbreak as early as January 2, 2020. However, a delay occurred in triggering the pandemic protocols and the interministerial crisis unit (CIC).⁷ According to the Commission of Inquiry Report “Public Health: Making a New Start, Lessons from the Covid-19 Epidemic,”⁸ the threat of a pandemic was not taken seriously enough. The health officials misread the warning signals, probably due to their desire to avoid “overreacting” to a risk that could turn out to be low, as happened earlier. Overwhelmed by the scale and speed of Covid-19, the government reacted by transforming the institutional environment that had been organized to face a major health crisis. The Scientific Council was created on March 10, 2020, and the national lockdown was announced six days later, in a political environment with high economic and electoral stakes. The health officials seem to have overlooked the existing influenza pandemic plan, even though it provided all the measures needed to deal with such a crisis. The French government created new crisis management organizations, such as the Scientific Council and the Committee for Analysis, Research, and Expertise, in addition to the existing structures and measures. These institutions constituted the “new” frameworks for public actions, which often acted in contradiction to the existing institutions. Finally, Bergeron, Borraz, Castel, and Dedieu (2020) emphasize that the difficulties in coordinating different institutions produced an environment of chaos that limited the response of institutions to the pandemic.

Later, Gaudillière, Izambert, and Juven (2021) argue that the Covid-19 pandemic had a significant impact on the French health-care system and revealed the number and diversity of prioritization practices employed to deal with staff and equipment shortages. Indeed, health practitioners working on the front line have testified to the stresses on the overloaded French health system and the shortage of masks (Pialoux, 2020; Piarroux, 2020). Through an analysis of patient triage for treatment and of the equipment and tools employed by hospitals,

7 For memory, the CIC is activated by decision of the Prime Minister. It corresponds to the occurrence of a major crisis, capable of affecting various sectors or areas of society and therefore various ministerial departments, as recalled in Circular No. 6095/SG of July 1, 2019 on the government organization for the management of major crises. Indeed, according to this circular, the main criterion justifying its activation is the transition from a “sectoral crisis” to a “major crisis.”

8 Santé publique: pour un nouveau départ: Leçons de l'épidémie de covid-19, <http://www.senat.fr/rap/r20-199-1/r20-199-13.html>.

Gaudillière et al. (2021) reveal the limits of the French health-care system in its response to the health crisis and the changes in medical practices during the crisis. In particular, they note that, at the height of the emergency, French medical authorities turned to protocols and epidemic models implemented in England, but for the most part they did not take into account the protocols implemented in countries with current know-how about the management of epidemics and viral transmission, in particular those in Asia and West Africa.

Studying recent experience in those countries would have recommended rapid responses, such as universal masking and the establishment of a system of community medicine. Gaudillière et al. (2021) mention the “community medicine” set up in Guinea during the Ebola epidemic, which made it possible to carry out contact tracing and to reconstruct chains of infection. When Covid-19 spread to West Africa, community medicine was reactivated, making it possible to limit its impact. The French health-care system was not prepared to deal with a pandemic and was unable (or only partially and belatedly able) to put in place the responses adopted in Asian and West African countries, such as mask wearing and the deployment of a health-care system at the community level (Fernández, 2020), which could have limited the spread of the virus. The gap between France and China in the implementation of these two measures is particularly wide: in China, the wearing of masks was compulsory and adopted very quickly, and residential committees were mobilized to set up a community health system.

In summary, reactions to the Covid-19 in France were later, less organized, and more chaotic than in China. The political and health officials underestimated the dangers and, before the national lockdown, failed to employ effective measures to limit the spread of the virus in a coherent manner. At the same time, the many voices in the French public debate led to very varied representations of the danger of the virus. Indeed, at the beginning of the pandemic, few called for stronger measures. Instead, the critical voices called for loosening the preventive measures, with demonstrations every Saturday echoing the messages of the yellow vests (*gilets jaunes*) (Noûs, 2020; Poupin, 2020).

Ultimately, these historical, social, and political differences between France and China led to profoundly different social representations of and reactions to Covid-19, which contributed to differential social constructions of the pandemic. We study the experiences of Chinese living in France within this general framework of a gap between the country of origin and the living country in dealing with Covid-19. The chapters in this book demonstrate that the differential positioning of our respondents in one of these two material and symbolic contexts (or in between them) profoundly affected their representation of the pandemic and influenced their practices on a daily basis.

3 Chinese Diaspora in France at the Time of the Pandemic

3.1 *Daily Experiences in Stigmatization and Solidarity*

This volume is the fruit of a project funded by the French National Research Agency (ANR) from April 2020 to March 2022, called Chinese Migration in France Facing the Covid-19 Pandemic: The Emergence of New Forms of Solidarity in Times of Crisis (abbreviated as MigraChiCovid). The MigraChiCovid project consisted of a nine-member team: sociologists, journalists, a public health and infectious disease practitioner, and an independent filmmaker. The project studied the social representations, perceptions, attitudes, and behaviors of Chinese people in France related to the Covid-19 pandemic.⁹

The Chinese population in France was affected by the outbreak of Covid-19 very early, before the French-majority population, and reacted in multiple ways. On the one hand, some Chinese migrants and French-born Chinese—among them medical experts, journalists, leaders of organizations, and researchers—were actively involved in the organization of care, the supply of medical equipment, and information sharing and the dissemination of expert knowledge beginning in January 2020. On the other hand, some people experienced discrimination and anti-Asian racism related to Covid-19. This project was designed to explore the tensions between these two coexisting realities: first, the local, national, and transnational solidarity dynamics to control the spread of Covid-19 and to protect themselves and others, to which the Chinese living in France contributed; and, second, the discrimination, racism, stigmatization against, and exclusion of Chinese people and their struggle to address these social injustices.

What we observed in France mirrors the results in studies on other Chinese diasporas. In Italy, the mayor of Prato said that because of their anticipated self-quarantine, the Chinese people became “a model for dealing with the pandemic” (Ceccagno & Salvati, 2020). Thanks to ethnic Chinese networks in various countries, masks and other personal protective equipment (PPE) were

9 Three main research themes were designed the process of conceptualizing the project: first, an analysis of professional practices by health practitioners and medical researchers of Chinese origin in France during the pandemic within and outside the French health-care system; second, an analysis of the experiences of discrimination and anti-Asian racism related to the pandemic among Chinese migrants and their children and mobilization against them; third, an analysis of changes in the relationship between China and Chinese migrants or their descendants, on the one hand, and of their transnational civic responsibility in battling the virus, on the other. Some chapters in this book are related to one of these three research themes, and others are linked to several themes at the same time or even go beyond these three main themes.

gathered, donated, and distributed transnationally, beginning in January–March 2020 from other parts of world to China and later from China to Chinese diasporas. Witnessing this unprecedented mobilization of the Chinese diaspora in reaction to the pandemic, some scholars have analyzed the intertwined nature of top-down and bottom-up mobilization of the diaspora by the Chinese Party-state (Ceccagno & Thunø, 2022). They write that, thanks to the extensive use of Chinese social media, mostly WeChat, China's diaspora politics showed a new and strong capacity for extraterritorial governance, aimed at expanding transnational nation-building. Indeed, the inability of millions of Chinese who were outside the country to travel because of the cancellation of international trips during the pandemic enabled local institutional actors (embassies, associations, etc.) in the Chinese diaspora to centralize diasporic resources (material and symbolic) that are usually held at the individual level. During the pandemic, overseas Chinese associations have played an even more central role than usual to link the “two worlds” (Li, 1999): home and host countries.

By using WeChat, Chinese diasporas around the world can be connected to China and form a virtual Chinese community (Sun & Yu, 2022). As shown in the chapters in this book, in France, WeChat plays a crucial role not only in the everyday life of Chinese people but also in the various kinds of mobilization during the health crisis: it has been used for circulating important diasporic politics and news within local communities, coordinating collective activities and encouraging participation in them, and registering personal information to enable people to obtain PPE. The Chinese population in France is navigating between the living society and their imagined motherland through locally embedded digital technologies and ethnic media. Our study also demonstrates the extremely complex interactions between the Chinese population outside China, the living country (authorities as well as ordinary citizens in various professions), and their home country. Based on the Chinese diaspora in France, we show the reconfiguration of multiple power relationships during the pandemic and the socially differentiated ways in which the respondents to our survey, based on their social profiles, formed various kinds of community—with the Chinese state, with Chinese people in China, with other Chinese living in France, with French people in general, with local French institutions, and so on—as they dealt with Covid-19.

Another theme that arose in our research is the social injustice (stigmatization, discrimination, and racism) visited on the Chinese people in France, because of the racialization of the virus (Reny & Barreto, 2020), which consisted of describing the virus as related to a country (China) and to the “Chinese” population. The racialization of the disease was accompanied by the awakening of long-standing stigmas rooted in colonial and postcolonial history, such as viewing the Chinese population as “dirty,” “vicious” (Chan & Montt Strabucchi,

2021; Li & Nicholson, 2021), and eternally alien. Indeed, the racism, discrimination, and racial microaggressions targeted at Chinese and, more broadly, Asian-looking populations increased around world during the pandemic, and they adopted different strategies to deal with racism (França et al., 2022; Jun & Zhang, 2022; Ma & Zhan, 2020; Roberto et al., 2020; Wang et al., 2021). Our study illustrates three characteristics that emerge in French research on anti-Asian racism. First, the Covid-19 pandemic was a catalyst that made this racism more visible and raised major awareness among the Chinese overseas (Wang et al., 2021). Second, the Chinese population holds different positions and had different levels of consciousness about this anti-Asian racism. For example, although many of the descendants were already well aware of it before Covid-19 and previously dealt with it by organizing collective action, such as demonstrations in 2016 and 2017 (Wang, 2022), skilled migrants who arrived in France after 2010s were only first awakened to it during the pandemic and reacted to it with unprecedented mobilization against it (Wang et al., 2022). Third, resistance to anti-Asian racism took the form of individual actions by some, such as by speaking out and defending themselves and denouncing injustice by arguing individually with those making racist statements, but others became involved in collective action, together with fellow Chinese or with broader groups. For example, those who had already engaged in anti-racist activism against Asians (usually descendants) saw the rise in attacks as part of racism and discrimination in general, enlarging their perspective to see the struggles against anti-Asian racism in the larger context of similar struggles that affect other minorities in France (Wang & Madrisotti, 2021a).

The final major theme in this research project comprises the everyday experiences and narratives of Chinese people in France. Many entrepreneurs and journalists of Chinese origin in France have published articles in Chinese, recounting their own experiences during the pandemic.¹⁰ These publications (Qian, 2020; Wu, 2020) supported measures by ordinary people, showing that they felt a need to express themselves to their fellow Chinese during the crisis, describing how they got news related to the pandemic, how they got food, how their lives had changed during the lockdowns, the preventive measures they were taking, their own mental health issues, their engagement in mutual assistance, and how they maintain a social life (online and offline) through social networks. All these aspects are addressed in the following chapters (in particular, in Section 1). We also found a lot of resonance with the work of other

¹⁰ See, e.g., Wu (2020) and Qian (2020). See also the description by a Chinese graduate student living in France of the early stages of the pandemic in Wuhan during a trip home (Chen & Thomas, 2020).

scholars, such as Hu and Umeda (2021), whose study explores the stress, anxiety, and depression among Chinese residents in Japan during the Covid-19 pandemic.

3.2 *Methodology, Data, and Profiles of the Respondents*

This research is based on a mixed approach that integrates qualitative and quantitative methods. First, we conducted semistructured interviews and observed participants, collecting online and offline ethnographies and monitoring various media (from 2020 to 2022, in three languages: Chinese, French, and English); and, second, we analyzed quantitative data collected from an online questionnaire available in two languages (French and Chinese). By crossing and linking quantitative and qualitative data, we made the study deeper and more precise, enabling us to bridge the gaps between the quantitative and qualitative data and to clarify their blind spots. Analysis of the quantitative data enabled us to identify general patterns in the Chinese population in France, patterns that we then tested, confirmed (or not), and explained (at least partially) with qualitative data. At the same time, the qualitative data clarify the reasoning and mechanisms that lead to certain discourses, practices, and actions—in other words, how the Chinese people make sense of and articulate their lived experience.

The qualitative empirical dataset consists of interviews, observations of participants, and online and offline ethnographies that we conducted from June 2020 to March 2022, mainly in the Paris region (Île-de-France) but also in Lyon and Marseille, which are home to the second- and third-largest Chinese communities in France. We carried out a total of 83 individual interviews and 10 group interviews with a total of 106 participants. The interview subjects are all people of Chinese origin living in France, of which sixty are women and forty-six are men, ninety are first-generation migrants, and sixteen are descendants. They are between twenty and eighty-four years old (average age is 38.7). The majority of them are students, managers (*cadres*), and unskilled workers (employees or merchants). They demonstrate the diversity of the Chinese population in France, not only in terms of the duration of their residence and whether they are first- or second-generation migrants, but also in terms of their professional level and economic status as well as their regional origin. Most came from Zhejiang, Fujian, and Guangdong Provinces, Northeast China (Dongbei) or were from Chinese populations in Southeast Asia and French overseas territories. The majority of the interviews were conducted in Chinese (70), with twenty-two in French and one in Cantonese. Throughout the book, we maintain the anonymity of the respondents, except for those who hold public positions and spoke on behalf of their organization or office.

The quantitative empirical dataset comprises 387 responses to a self-administered online questionnaire carried out with snowballing sampling. The questionnaire was available online in both Chinese and French from June to December 2020. Some respondents participated in both interviews and online questionnaires. For our data analysis, we divided the questionnaire respondents into three groups according to their migratory status: nonnaturalized migrants, French naturalized migrants, and descendants of migrants. This grouping enabled us to address the social differentiation within the Chinese diaspora in France in terms of social representation, perceptions, and experience during the Covid-19 pandemic. These three groups are representative of the different migratory paths as well as the heterogeneity of the Chinese diaspora in France. Table 1.1 provides a general description of our sample.

Overall, our sample for the online self-administered questionnaire is mostly female (280 women and 104 men), young (the average age is 30.9 years old), and well educated (54% of the respondents have a master's degree or more). The composition of our sample is strongly related to the way in which our questionnaire was disseminated and administered. The three groups, as defined by their migratory status, have some important differences. In particular, the largest group (209 respondents) is made up of nonnaturalized migrants, followed by the descendants (137 respondents) and naturalized migrants. Moreover, the descendants are the youngest group, with a median age of twenty-three, followed by nonnaturalized migrants, with a median age of thirty. The oldest group consists of the French naturalized migrants (who are in their forties). This is consistent with

TABLE 1.1 Sample description

	Descendants (N = 137)	Nonnaturalized migrants (N = 209)	Naturalized migrants (N = 35)	Overall (N = 381)
Sex				
Females	109 (79.6%)	143 (68.4%)	25 (71.4%)	277 (72.7%)
Males	28 (20.4%)	66 (31.6%)	10 (28.6%)	104 (27.3%)
Age, median (IQR)	23 (20, 27)	30 (25, 39)	42 (37, 48)	27 (23, 37)
Education				
High school or less	51 (37.2%)	34 (16.3%)	8 (22.9%)	93 (24.4%)
Bachelor's degree	30 (21.9%)	48 (23.0%)	5 (14.3%)	83 (21.8%)
Master's degree or higher	56 (40.9%)	127 (60.8%)	22 (62.9%)	205 (53.8)

their migratory path, because obtaining French nationality requires migrants to demonstrate long-term residence and strong roots in France, through marriage to a French citizen, birth of a child in France, and so on.

Figures 1.1 and 1.2 show where the respondents to the online questionnaire live in France. Although they live all over the country, and most of the

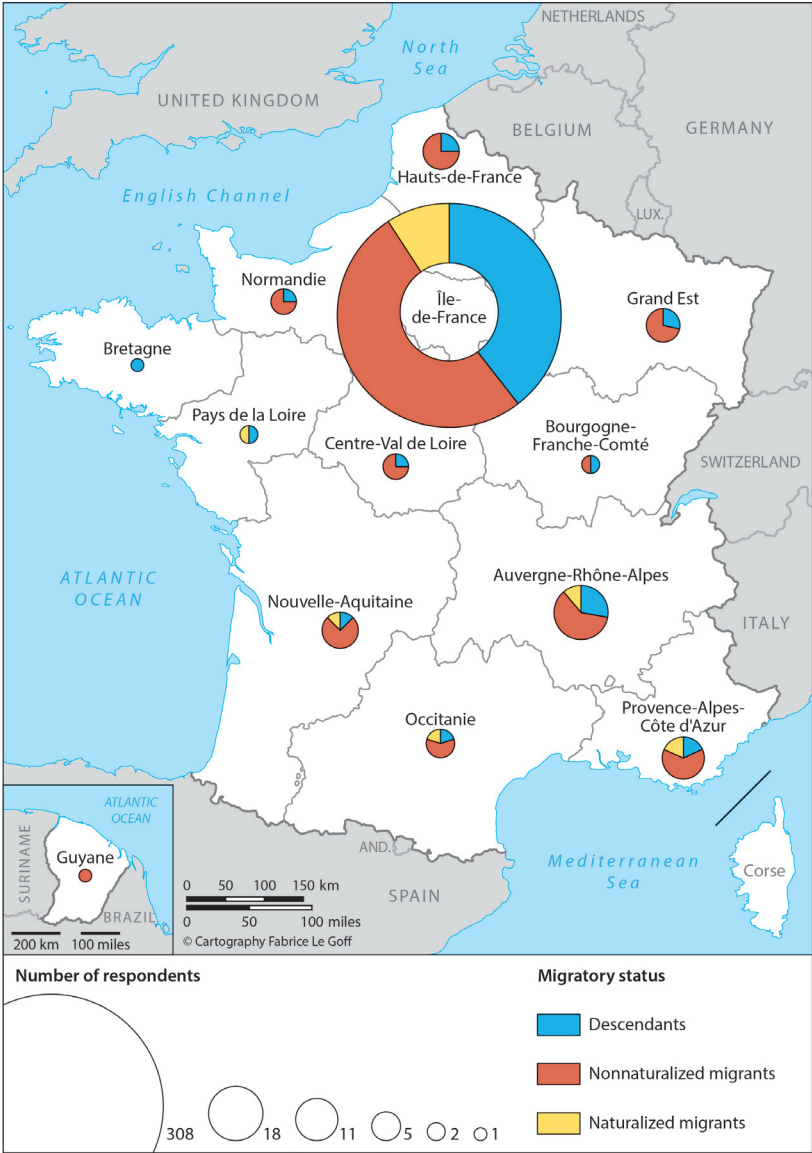


FIGURE 1.1 Map showing residence locations of the respondents to the online questionnaire: France as a whole

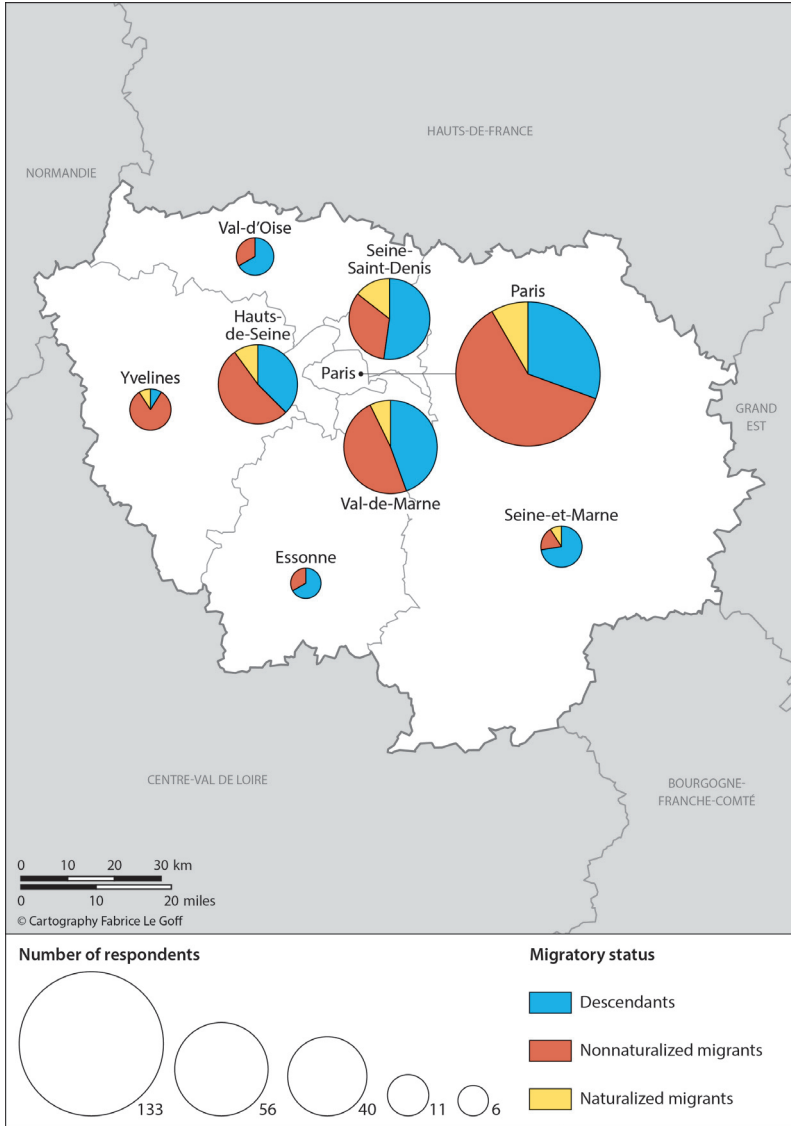


FIGURE 1.2 Map showing residence locations of the respondents to the online questionnaire: Île-de-France region

respondents live in the Île-de-France region: in particular, in Paris and in the surrounding areas, in the departments Seine-Saint-Denis (northeast of Paris), Val-de-Marne (southeast of Paris), and Hauts-de-Seine (west of Paris).

4 Organization of the Book

This book is divided into three main sections. Through the twelve chapters grouped in these three sections, we draw the full landscape of experiences by the Chinese in France during Covid-19, with a multiscalar (local, national, and transnational) analysis based not only on the migratory context (home country and living country) but also the duration of the pandemic.

Section 1, “Everyday Practices and Daily Lives during the Pandemic,” deals with various aspects of living conditions for Chinese people in France during the Covid-19 crisis: media consumption, preventive measures, stress and anxiety, food, and keeping the community safe. We show the extent to which they live simultaneously in France and in China and analyze the social differentiation in risk perception among them and the reshaping of everyday activities during the pandemic. We explore several research questions: resocialization through migration and acculturation, transnational dissemination of knowledge and practices, migrants’ in-between position and discrepancy with the living society, risk perception and protection motivation theory, diasporic settlement and the minority-majority dynamic, and so on.

In general, Section 2, “Focus on Specific Chinese Populations in France during the Covid-19 Pandemic,” analyzes how different subgroups cope with Covid-19: elderly Chinese, Chinese students, migrants living in precarity, and entrepreneurs. Based on these four groups of Chinese in France, we probe research questions related to care and aging, international student (im)mobility, vulnerability in migration and social support within ethnic networks and beyond, and transition in the ethnic business model in the pandemic context.

Then, Section 3, “Citizenship, Mobilization, and Relationship to the Home and Living Countries during the Covid-19 Pandemic,” investigates how the crisis reshapes the state, citizenship, national belonging, and transnational civic responsibilities. We examine the links that the Chinese overseas maintain and renew with both the country of origin and the living country: racial struggles and mobilization, staying healthy, and transnational solidarity.

4.1 *Section 1: Everyday Practices and Daily Lives during the Pandemic*

This section consists of five chapters. Chapter 1, “Multilingual Media Consumption by the Chinese Diaspora in France during the Covid-19 Pandemic,” examines the differences within the Chinese diaspora in France, in terms of access to and consumption of different media sources (French and Chinese television, French and Chinese press, Western and Chinese social networks, etc.) in the Covid-19 era. In particular, we focus on two main aspects of media consumption: media exposure in terms of the variety of media sources to

which individuals have access and the polarization of media consumption between French and Chinese information sources. Subsequently, we examine the effect of polarization of media consumption on media exposure. Because the Chinese population in France is very heterogeneous, we study the divergence in media consumption across different groups defined by their migration trajectory (descendants, nonnaturalized migrants, and naturalized migrants), and the differential impacts of the pandemic on media consumption practices by these three groups in terms of the time spent on obtaining information and satisfaction with information on the pandemic. The descendants tend to have a preference for consuming French sources of information, and first-generation migrants, in particular those with a bachelor's degree or higher, tend to consume a larger variety of media, constantly comparing French and Chinese sources. During the pandemic, they have greatly increased their media consumption and are more satisfied than the descendants with information on Covid-19. We also show the link between media consumption and risk perception: migrants whose media consumption tends toward French information are less likely to use protective measures, because the social representations of Covid-19 in France portray it as not very dangerous. By contrast, the descendants, who also consume information from Chinese sources in addition to many different French sources, have a stronger tendency to use protective measures. Furthermore, they feel the need to put the information from French media sources into perspective with news from Chinese media sources.

Chapter 2, "Out of Step: Preventive Measures among People of Chinese Origin in France during the Covid-19 Pandemic," analyzes how people of Chinese origin have used protective measures during the pandemic and, unlike the general French population, anticipated the need for them. In particular, the first-generation migrants began to anticipate this need in January 2020, wearing masks on public transportation and in public places well before the French-born Chinese. The vast majority of our respondents had overwhelmingly adopted preventive measures by the beginning of March 2020, just before the general lockdown imposed by the French government. The French government started to recommend protective and social distancing measures on in mid-March 2020. People of Chinese origin said that they felt a large gap with the French population in the adoption of preventive measures. First-generation migrants quickly became deeply concerned about the emergence of the pandemic in China. They began to protect themselves early on, following the instructions and advice of Chinese authorities disseminated on official media and social media, particularly WeChat. Descendants became aware of conditions in China from their parents and relatives living in China.

However, they maintained a certain distance, and, in line with the announcements by French authorities, did not believe that the virus posed a major danger in France. Finally, descendants adopted protective practices in a relatively flexible manner, particularly with the goal of protecting and pacifying their parents. Descendants saw themselves as in between and caught in a contradictory position. As Covid-19 conditions in France deteriorated, the attitudes of descendants about the virus began to resemble those of their parents and differ from those of their French relatives, friends, and colleagues. The last section of this chapter focuses on vaccination practices and respondents' perceptions of vaccines as one way to protect themselves.

Chapter 3, "Stress and Anxiety among the Chinese Population in France during the Covid-19 Pandemic: a Study Examining Societal and Individual Factors," investigates the effect of a set of factors triggered by Covid-19 in different time frames on the stress and anxiety felt by the Chinese population in France during the pandemic. In the very first phase of the pandemic, between January and the end of February 2020, migrants had a higher level of stress and anxiety than descendants. All the groups studied from the end of February until mid-March 2020 experienced an increase in anxiety and stress, with a more significant increase among the descendants. A wide gap between the groups is linked to the factors that triggered the stress and anxiety. Among the migrants, the feeling of anxiety is mainly related to the fear of Covid-19 and infection and, to a lesser extent, to experiences with anti-Asian racism. However, among descendants, the feeling of anxiety seems to be mainly related to racist experiences. This gap is largely linked to the different social representations of Covid-19 and the ways in which it was presented by Chinese authorities and media, on the one hand, and French authorities and media, on the other. During the second phase, which we call "normalization of the Covid-19 pandemic" (beginning in June 2020), the effects of fear of the virus and of racist experiences on stress and anxiety seemed to diminish. But new drivers of anxiety emerged and affected the most precarious populations. Isolation, educational difficulty, difficulty in accessing the job market, and economic uncertainty are some personal factors that contributed the most to the decline in our respondents' mental health. These difficulties are reinforced by the fact that the outcome of the pandemic remains uncertain. Anxiety is amplified by the barriers that Chinese authorities erected to prevent people from returning to China, and a few interviewees mentioned stress and anxiety related to collective, political, and social life and more broadly to the future.

Chapter 4, "Between Safety and Health: How the Pandemic Reshaped Food Behaviors among Chinese People in France," studies the impact of the Covid-19 pandemic on a range of food practices (home cooking and eating out) among

Chinese people in France since 2020. The food behaviors of the Chinese population were reconfigured based on two different but overlapping rationales: avoiding infection with the virus and staying healthy in general. The desire to avoid infection led to changes in the food practices of Chinese people, such as bulk purchases and shopping for food online. Using food as a part of staying healthy is consistent with the principles of Chinese medicine, so among interviewees who were already users of Chinese medicine, this behavior thus represented some continuity. A clear difference emerged between first-generation Chinese migrants and descendants born in France with respect to home cooking and eating out. In general, Chinese migrants were more vigilant about their potential risk of infection at different stages of food preparation and were more capable of following dietary advice from China to support their health. During the pandemic, their ordinary food practices demonstrate the close links between the perception of risk, the representations of health and illness, and media consumption behaviors. This chapter shows that food norms are constantly appropriated and reappropriated by individuals with different social backgrounds. The respondents found various ways to adapt their diet during the pandemic, between continuity and change with their original eating habits. In this sense, this chapter illustrates how two interlaced rationales (preventing infection and staying healthy) are shaped and operate at the individual level. Moreover, the changes in their routines are strongly driven by digital tools, which play an increasing role in the democratization of new knowledge about food during the pandemic and easily connect customers and food providers. From the perspective of the providers, the pandemic led to a profound change in food markets, other than catering and restaurants. This trend was marked by accelerated digitization. Even before the pandemic, takeout meals were already popular in Asia, and some Chinese entrepreneurs in France had started to create online food ordering platforms. In this sense, in France, Chinese restaurateurs might have been more prepared than others in the digital transition of their business.

Finally, Chapter 5, "A Community Response to the Covid-19 Pandemic: Collective Actions by Chinese Residents of a Multiethnic Neighborhood in a Northern Suburb of Paris," by focusing on Chinese migrants and their descendants in the Village Residence, located in a multiethnic neighborhood north of Paris, examines collective actions (distribution of masks and Chinese medicines, food delivery for people who are infected) by the Chinese residents to respond to the pandemic, marked by many kinds of inequality in terms of access to health care. Previous tensions between Chinese and non-Chinese residents that predated the pandemic (related to the danger of racist attacks on Chinese people and previous struggles against urban violence)

were resurrected and exacerbated by the health crisis. During the pandemic, new security borders were erected around the Chinese population and against non-Chinese populations. The border of protection became ethnically defined and protected the Chinese among themselves. At this housing development, Covid-19 was widely perceived as a disease of the “others.” Chinese residents are both subject to this racialization of the disease and participants in the dynamic by redefining distances and borders with neighbors of non-Chinese origin, in the name of safety and protection from Covid-19. Through this example, we show the two consequences of community safekeeping: on the one hand, in a health emergency, especially early in the pandemic, before medical solutions to the coronavirus were developed, by practicing testing, tracing, and isolation, the community provided its members with vital medical and paramedical resources and support networks; on the other hand, the community spirit led to the exclusion of those who were perceived as foreign and potentially threatening to that community.

4.2 *Section 2: Focus on Specific Chinese Populations in France during the Covid-19 Pandemic*

This section contains four chapters and analyzes how different groups, defined by their social characteristics, have experienced the Covid-19 pandemic. Chapter 6, “Social Ties of Elderly Migrants in Paris during Covid-19: The Chinese in Paris,” focuses on the ways in which elderly Chinese migrants maintain social ties—with their family members, peer groups, the living society, and the country of origin—from January to October 2020 during the pandemic. This chapter is based not only on the empirical data collected as part of the MigraChiCovid project but also the data gathered on the daily activities by a Franco-Chinese association, the Chinese of France, French of China (CFFC) located in the neighborhood of Paris called Belleville. The study highlights the reconfiguration of different types of social ties and interactions between them. Family ties are marked by intergenerational solidarity: mutual assistance and reverse transmission, and, at the same time, they are characterized by a gap between respondents and their descendants in how they understand the disease and perceive risk. Despite the reduction in physical contact and face-to-face social activities, elderly Chinese developed and maintained peer ties through the use of WeChat. Online exchanges with other seniors and volunteers at CFFC helped them to combat isolation and loneliness and to mitigate everyday stress and fear of the disease. As the pandemic progressed, this population, which was already marginalized, distanced itself further from their living society. Indeed, starting in January/February 2020, by engaging in self-lockdown as a protective measure against infection, elderly

Chinese became almost invisible in public during the first French national lockdown from March to May 2020. Meanwhile, those who had come from mainland China, despite the great physical distance and restrictions on international travel, maintained strong ties with their country of origin, in particular through the consumption of official Chinese media and social media. This chapter also provides some reflections on the role of social workers in supporting elderly immigrants in the digital and pandemic era: the use of the smartphone truly supported their capacity to act. Covid-19 has led to the emergence of new channels for delivering care to elderly Chinese, particularly with digital tools.

Chapter 7, “Disruption in Study Abroad during the Pandemic: Chinese Students in France,” examines the disruptive effect of Covid-19 on different aspects of the lives of Chinese students studying in France: their studies, daily life, employment, and migratory trajectories. First, the transition to distance learning during the first phases of the pandemic had contrasting effects on the learning processes of our respondents: negative for some and beneficial for others, depending on the student’s field of study, level of study, and living conditions. The clearest negative effects, however, are seen with respect to their student experience, which was harmed by their inability to explore their geography and to develop social relationships with other students. Second, at a pivotal moment, recent graduates found their careers derailed by the arrival of Covid-19. The duration of this derailment depended on their training and their personal conditions, reflecting the effect of existing inequality. They developed strategies for adapting to the new conditions, which included making some concessions. Third, looking back over time enables us to better understand the ways in which these students constructed migratory paths based on the evolution of the pandemic, by evaluating the risks and prioritizing their objectives. The health considerations that seemed overwhelming at the beginning of the pandemic gradually gave way to other, more general concerns, such as economic security, professional success, and personal independence.

Chapter 8, “Survival during the Pandemic and Coping with Risk: an Ethnography of Vulnerable Chinese Migrants Receiving Food Assistance,” examines how Chinese migrants in precarious conditions living in France cope with multiple physical, mental, social, and economic risks caused by the Covid-19 pandemic. This chapter is based on an ethnographic study of an ethnically based food assistance system between March and May 2021 set up by entrepreneurs of Chinese origin to help vulnerable Chinese people, mainly undocumented migrants. The chapter shows that migrants living in great precarity have to choose between the risk of potential infection and the need to find the resources for survival. This trade-off was particularly stark,

as they perceive the virus as extremely dangerous but, at the same time, have few resources with which to protect themselves, avoid infection, and seek treatment. We highlight the multiple strategies employed by these migrants to find the resources for daily survival. In this context, the ethnic food assistance system was a key tool in helping them deal with the multiple sources of precarity driven by the pandemic. The entrepreneurs who organized the food distribution and most of the volunteers had originally come from Wenzhou (in Zhejiang) and were wealthy, whereas the beneficiaries were almost all from Northeast China. In the literature, the relationships and the interactions between these two groups in France (wealthy Chinese entrepreneurs versus vulnerable Chinese workers, or migrants from Wenzhou versus those from Northeast China) are often viewed through the lens of labor tensions and exploitation at work. However, our study sheds new light on the relationship between tension and emerging solidarity of these two groups in a crisis. The pandemic may well have had a silver lining for the Chinese communities in France by creating conditions in which these regional and class-oriented boundaries were crossed and reconfigured.

Chapter 9, “Capitalizing on Opportunities during the Covid-19 Pandemic: Business Transitions among Chinese Immigrant Entrepreneurs in France,” explores business transitions among Chinese immigrant entrepreneurs in France (in five different commercial sectors: imports and exports, retail, catering, hotels, and tobacco) during the Covid-19 pandemic. After giving a historical overview of the development of ethnic Chinese businesses over the past century, the chapter examines the challenges that these entrepreneurs have faced during the pandemic, the strategies that they adopted in response to these challenges, and what enabled them to shift business patterns and commercial practices under these unprecedented circumstances. Before the pandemic, some Chinese entrepreneurs had already made the transition, in full or in part, to “integrating online and offline businesses,” “hiring beyond Chinese ethnic networks,” and “paying attention to the local policy directions,” which helped them greatly limit the negative impacts of the pandemic. The major findings in this chapter show that the Covid-19 pandemic accelerated the transition in Chinese immigrant entrepreneurship in France, from offline operations to digital business. However, the pandemic might not be the direct cause of this business transition; rather, it created unique conditions that facilitated the transition. During the pandemic, two unprecedented business opportunities opened up that some Chinese entrepreneurs have proactively pursued since April–May 2020: “fostering local production” and “seeking low-risk sectors.” These might be new trends for Chinese entrepreneurs in France in the future. This chapter suggests that, from a theoretical perspective, business

transitions among Chinese entrepreneurs in France need to be examined beyond the framework of pure economic rationality, taking into consideration the intersection of new dynamics in Chinese migration to a living country and the cross-cultural, cross-institutional and cross-border social engagement of the entrepreneurs before, during, and after the pandemic.

4.3 *Section 3: Citizenship, Mobilization, and Relationship to the Home and Living Countries during the Covid-19 Pandemic*

This section consists of three chapters. Chapter 10, “Anti-Asian Racism in France during the Covid-19 Pandemic: Experiences, Narratives, and Reactions” studies the anti-Asian racism experienced by people of Chinese origin in France during the Covid-19 pandemic. In this chapter, using quantitative and qualitative data, we first analyze the various types of justifications and expressions of anti-Asian racism—in other words, the experience with and reporting of attacks, discrimination, and stigmatization by different groups in the Chinese population in France. These heterogeneous reports reveal different degrees of awareness of racism and different understandings of “race.” They are organized into various narratives, ranging from the description of personal experiences to the inscription of these personal experiences in the evolution of French society and to the use of social science concepts and political rhetoric. Second, we examine the forms of reaction, at the individual and group levels, by people of Chinese origin in France. The reactions range from distancing and avoidance to immediate personal responses to political engagement. Authors argue that the pandemic plays a role in the awareness raising and the fight against racism among the Chinese population in France. Through a case study, using the natural language processing (NLP) technique, we examine the discursive evolution by the Association of Young Chinese in France (*Association des Jeunes Chinois de France*, AJCF), whose membership mainly consists of descendants of Chinese and Southeast Asian migrants. By analyzing the content of Facebook posts by the AJCF over an eleven-year period (2010–2021), we show how the AJCF’s messaging about anti-Asian racism was designed and spread as well as the changes in how Chinese people in France think and speak about anti-Asian racism.

In confronting social inequality that was exacerbated by the pandemic, Chapter 11, “Caring for Compatriots during the Covid-19 Pandemic: Professional Practices by Health-Care Workers of Chinese Origin in France,” reflects on supporting the health of migrants in the French context, in order to move from an approach focused on a “cure” to one prioritizing “care.” In studying the professional practices of Chinese health workers in France during the health crisis, we distinguish two types of treatment available. The first is what

is observed in the French health-care system. Thanks to the medical professionals of Chinese origin who work in the French health-care system (hospital practitioners, office-based physicians and therapists, etc.), more medical care has been adapted to the needs of the population of Chinese origin. The responses by these medical professionals during an unprecedented health-care crisis revealed the limits of the French health-care system, which does not sufficiently take into account the specific needs of foreign patients, particularly those who are vulnerable based on their language, culture, and socioeconomic status. Second, we examine the Chinese ethnic care networks, which developed on the margins of the French health-care system. For example, e-health monitoring (in Western medicine or Chinese medicine) in Chinese on WeChat was created by the Chinese health professionals living in France and Chinese language webinars were held with the goal of spreading knowledge about Covid-19 among Chinese overseas. The two kinds of treatment were complementary for keeping migrants healthy during Covid-19. At this unprecedented moment in a health crisis, the response to Covid-19 opened up the possibilities for co-constructing intersectoral systems of action (particularly between medical professionals and social welfare actors) and of collaborating between the clinical Western medicine approach and the complementary and alternative medicine (CAM) approach, with regard to creating more equal access to health care, while questioning the long-term feasibility of these changes.

The pandemic forced us to rethink notions such as belonging, citizenship, borders, community, and solidarity, in global and transnational settings. In Chapter 12, “Beyond National and Ethnic Boundaries: Transnational Solidarity during the Covid-19 Pandemic from the case of the Chinese Diaspora in France,” authors show that the Chinese diaspora in France was proactive in responding to the pandemic. Their demonstrations of transnational solidarity by sending and donating PPE were accompanied by the spread of ideas and expert knowledge. These actions helped the Chinese population in France, institutions and relatives in China, and the living country to fight against Covid-19 and to mitigate its effects. The demonstrations at the beginning of the pandemic observed in our fieldwork recall the classical definition of transnationalism in migration, which is much more oriented toward the home country. But in the second phase analyzed in this chapter, the solidarity was shown with the living society and was mostly carried out by diasporic elites and leaders. Finally, during the normalization of the pandemic in French society, the demonstrations of transnational solidarity by the Chinese diaspora exceeded ethnic boundaries. Hence the meaning of transnationalism gradual widened to include solidarity and transnational circulation not only between Chinese in China and Chinese in France but also between Chinese in France

and non-Chinese in France. In this way, this study illustrates that demonstrations of solidarity contribute to the renewal of diaspora organizations and strengthening the sense of belonging and the capacity for action by the diaspora (Kuah-Pearce & Davidson, 2008; Ma & Cartier, 2002). From a theoretical perspective, transnational solidarity seems to have been renewed during the Covid-19 pandemic. Because of this unprecedented global health crisis, the collaboration and community across national borders, ethnicities, and professions accelerated and evolved. These transnational practices performed by the Chinese diaspora in France should not be analyzed exclusively from the perspective of the homeland-oriented approach (nationalism/patriotism) or solely through the lens of the livingcountry-oriented approach (the integration of Chinese people into French society). Rather, it should be studied from the perspective of the responsibility of global citizenship at a time of a worldwide crisis (Ramsari, 2020), which goes beyond health nationalism. Finally, the many actors in Chinese networks and beyond who participated in offering assistance should be acknowledged: Chinese embassy and government representatives abroad, organization leaders and members, community workers, and ordinary Chinese in other countries. All the actions they took show the multiple scales and multiple directions of the activity. The synergy among all these different actors, not to mention the digital infrastructure, enabled the amassing of solidarity at an unprecedented magnitude.

In addition to publishing this book, the MigraChiCovid project includes making its research results widely available to the general public. We put out a call for the contribution of photographs in the spring of 2020, and photographic exhibitions taken between January 2020 and September 2021 by ordinary people as well as researchers were held in October 2020 and February–April 2022 in Île-de-France. The photographs and related narratives demonstrate the variety of experiences among people of Chinese origin in France during the pandemic, bringing together people with different socioeconomic and migratory backgrounds. The photos also cover different phases of the pandemic (from January 2020 to the autumn of 2021) and represent urban areas with the largest concentrations of Chinese communities in France, especially around Paris (Wang & Madrisotti, 2021b).¹¹

In addition, with a dual goal of giving people of Chinese origin a voice and offering various views on the Chinese diaspora in France, from both within and without, the MigraChiCovid team also produced “Between Two

11 See the second exhibition, “(Beyond) Borders in the Time of the Coronavirus: Crossed Views on the Chinese Population in France,” available at <https://www.migrations-asiatiques-en-france.cnrs.fr/actualites/285-expo/>.

Worlds: The Chinese Diaspora in France in the Time of Covid-19,” a documentary lasting eighty-four minutes that portrays the lives of people of Chinese origin in France during the Covid-19 pandemic through a series of ethnographic interviews with people of different migratory profiles, ages, genders, professions, and socioeconomic levels. These interviews reveal their experiences with anti-Asian racism, activism, and transnational solidarity, as well as the perspectives of medical and paramedical personnel and Covid-19 patients’ experiences. Released in January 2022, this documentary is freely available in two versions: one with French and Chinese subtitles,¹² and the other in English and Chinese.¹³

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