



# A Community Response to the Covid-19 Pandemic: Collective Actions by Chinese Residents of a Multiethnic Neighborhood in the Northern Suburbs of Paris

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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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# A Community Response to the Covid-19 Pandemic: Collective Actions by Chinese Residents of a Multiethnic Neighborhood in the Northern Suburbs of Paris

*Yong Li and Simeng Wang*

## Abstract

By focusing on Chinese migrants and their descendants living in the Village Residence, located in a multiethnic neighborhood north of Paris, this chapter 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, authors 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.

## Keywords

community response – collective actions – multiethnic neighborhood – residence – northern suburb – Paris – racialization of the disease – community safekeeping –

borders and bordering – inclusion and exclusion – community health – Chinese diaspora in France – Covid-19 pandemic – migrants – descendants

## 1 Introduction

As they confront the Covid-19 pandemic, migrants and members of ethnic and racial minorities have been vulnerable to its worst effects (Guemar et al., 2022; WHO, 2020). Inequality associated with migration has increased, in the context of financial insecurity, tighter border control, and political exclusion (Crawley, 2021). Although anyone can contract the virus, Covid-19 has affected migrants and ethnic minorities in developed countries disproportionately (Berkowitz et al., 2020; Carrión et al., 2021; Do & Frank, 2021; Lo et al., 2021; Wang, 2021b). In France, in March and April 2020 the deaths of people born outside France, of all causes, increased by 48 percent over the same period in 2019, compared with an increase of 22 percent among people born in France (Papon & Robert-Bobée, 2020).

Migrants are not only the victims of the pandemic or outsiders. All over the world, migrant communities reacted to the pandemic by developing initiatives of solidarity. There is a growing body of research on transnational migrants' responses to the pandemic, their coping strategies during the national lockdown, and their online and offline involvement in delivering public health information in global emergencies (Carstensen et al., 2021; Chan et al., 2021; Fakhruddin et al., 2020; Huang et al., 2021; Yen et al., 2021; Zhang & Zhao, 2020). Based on their faith and national identity, shared emotions, experience, and networks, existing diasporic groups have organized philanthropy, fundraising, and provide financial, medical, and psychological assistance for marginalized community members (Guemar et al., 2022). The forms of solidarity developed by diaspora communities around the world can help to contain the spread of the virus in both their host country and their country of origin (IOM, 2020).

These initiatives are part of a context in which the Covid-19 pandemic has resurrected debates about "community health" as a more agile and locally tailored response to a pandemic (Marshall et al., 2012; Marston et al., 2020). For Marston and her colleagues, "community health" is defined as a co-construction of health professionals and local communities. The literature on "community health" can be divided into two streams. The first focuses on health care offered in the global South and closely related to primary care, one example of which is barefoot doctors in rural China during the Maoist era (Fang, 2012; Zhu et al., 1989). The accent is on a cooperative and trust-based care system established at a local level, usually in a neighborhood. Indeed, the

meaning of “community” is geographic. The second stream of the literature, mainly in English, considers “community” in the ethnic sense. Consistent with the Chicago school, studying “community” with a focus on urban social inequality due to the ethnic and racial power relations, these studies show that health workers look after their own ethnic group living in the same locality and engage in the promotion of health equality and social justice (Nelson, 2011). Without or with an ethnic dimension, both streams emphasize the importance of basic preventive medicine (not necessarily with a biomedical approach), the trust in the care relationship, the shared ethnic background/origin of health workers and the recipients of their services, the method of “doing with” (a supportive and caring, instead of domineering approach) in dealing with health issues.

Following these two streams of literature, our study focuses on the Chinese diaspora in France during the Covid-19 pandemic, extending the debate on “community health” to French society. To date, practices labeled as part of “community health” are marginal in France (Mariette, 2021). Researchers in France use this notion mainly in approaching prevention of HIV (Deschamps, 2008; Jourdan et al., 2012; Lefevre et al., 2014) and taking care of drug users (Autant-Dorier & Lebbal, 2018). Little work in France currently focuses on a community health approach during the pandemic (Fournier et al., 2021; Gaudillière et al., 2021; Mariette & Pitti, 2021), in both the territorial and ethnic sense. Indeed, at a time when national health-care systems throughout the Western world are overburdened, the participation of local populations, including vulnerable and marginalized groups, in various forms of community care is essential in reducing the damage from the Covid-19 pandemic and building collective resilience. In many democratic societies, the pandemic has eroded the relationship between citizens and the state but sparked the emergence of horizontal solidarity among citizens (Bertogg & Koos, 2021; Bor et al., 2021; Carlsen et al., 2021). In this context, acts of volunteerism and civic engagement by migrant communities during Covid-19 may have wider implications. They can contribute to social transformation within diasporic groups and create new social identities, feelings of belonging, and citizenship (Guemar et al., 2022; Sabar et al., 2021).

Among migrant communities, the Chinese diaspora stands out for its proactive response to Covid-19. Because of their multifaceted links to China, where the coronavirus first emerged, Chinese communities in Europe, North America, and around the world responded quickly to the risk of viral spread (Mamuji et al., 2021; Wennerholm, 2021). Sometimes, Chinese migrants mobilized in local contexts that were hostile to them and find themselves at odds with the attitudes and representations of the local populations and authorities.



One well-studied and very telling example is by anthropologists in Prato, Italy, which has the largest concentration of Chinese migrants in Europe (Leonardi & Marchetti, 2021). Krause and Bressan (2020) find that, in the Italian context, Prato was an exception with respect to infection in the Chinese migrant community, in part because of the spontaneous emergence of solidarity efforts, including gifts of masks, protective equipment, and respirators from the Chinese community; and they show that these practices have not only influenced political and bureaucratic activities during the pandemic but also improved them. Consequently, a widespread shift occurred in the dominant attitudes of native Italians toward Chinese migrants, shifting from xenophobia to respect.

This chapter clarifies the role played by ethnic minorities in the construction of a community response to the Covid-19 pandemic. The research focuses on the collective actions by people of Chinese origin at a private condominium development in a northern suburb of Paris. In France, debates are ongoing about the function and future of areas with a large Chinese presence (e.g., La Courneuve and other districts in an area known as the *Petite Couronne*): should they be called *ethnoburbs*, defined as open systems or “locks” for new upward residential mobility (Desponds & Bergel, 2013)? Are we witnessing the emergence of an ethnic bastion or the formation of an *ethnospatial* minority? (Masclet, 2005). In French cities that are increasingly marked by *superdiversity* (Vertovec, 2007), spatial segregation, and difficulties in cohabitation between populations of diverse origins (Bastienier, 2004), what conditions favor the development of a community response to the pandemic? Are collective actions in challenging times based on ethnic and racial or territorial solidarity? How can we understand the strengths and limits of actions developed by community actors? Can local actions, initiated by an ethnic minority, contribute to blurring ethnic and racial boundaries and to opening up the minority community?

In dialogue with studies on community health and migrant communities’ responses to the pandemic, this research contributes to this literature in several ways. First, a “community response” raises the central question of the definition of a community: at what scale is group identity defined? Where do migrants mobilize? We look at both the ethnic and territorial dimension of the collective actions of Chinese migrants, in a neighborhood already filled with ethnic and racial tension. Anthropologists have theorized about the importance of place as fundamental to the human condition. Margaret Rodman (1992) pushed the discipline to consider place not merely as a physical setting taken for granted but as a construct intricately linked to history, politics, and power relations. In this chapter, we explore not only the role of migrants’ transnational connections in their mobilization against the spread of the virus but also the ways in which their place-based knowledge (their local relations, their

homeownership status, etc.) informed how they dealt with the threat of Covid-19. On the one hand, the issues and tensions before Covid-19 may have shaped the forms of collective action developed during the pandemic. On the other hand, collective actions influence social relations in the neighborhood, including power relations between Chinese and non-Chinese residents.

Second, it is important for us to consider the majority-minority dynamics at play in the local setting. Although Chinese residents have structural disadvantages due to their minority status in French society at large, they are becoming a majority in the housing development in which we carried out our study. We ask how, during the health crisis, the Chinese residents' majority status facilitated goal setting, decision-making, and the implementation of collective protective measures. To what extent were non-Chinese residents involved in these processes?

Finally, another important question concerns the social consequences of the community response-building efforts initiated by migrants. If ethnicity is a socially constructed boundary, a line of distinction that guides individuals' actions and values, then relationships between ethnic groups become dependent on "social distance" (Lamont & Molnár, 2002; Safi, 2011). During the pandemic, the creation of safe spaces presupposes the ability to choose with whom to interact physically in daily life, drawing a line between people with whom to socialize and those to avoid. How does this play out in the implementation of protective measures at the neighborhood level? How do social distancing measures affect neighborly relations? Do Chinese residents attempt to include members of the majority group or other racial minorities in their security bubbles? Has this health crisis changed neighborly relations between Chinese and non-Chinese residents?

In the following section, we first present our research method and the social context of Chinese migrants' settlement in this particular residential development. Then, we discuss the vulnerability of Chinese migrants to the pandemic and their recourse to aid in Chinese ethnic networks and in wider French society and analyze how Chinese residents mobilized in order to protect themselves and others. Third, we discuss the dynamics of interaction between Chinese and non-Chinese residents during and after Chinese migrants' collective actions.

## 2 Diasporic Homemaking and the Minority-Majority Dynamic

The empirical material in this chapter comes from a survey carried out in a condominium development in La Courneuve, a northern suburb of Paris.

Among the 400 units in the development, more than 300 are occupied by owners from mainland China (notably Wenzhou and Fujian), who sometimes rent their apartments to other Chinese migrants (about 50), making it one of the largest concentrations of Chinese households in the Paris region. Here, the development is called the Village Residence. The people are mentioned using pseudonyms.

In 2021, we investigated the Village Residence in two waves. In January 2021, at the end of the second national lockdown in France, we went to this development to interview two founders of the residents' association, Mr. Cheng and Mr. Zhang. Then, in July 2021, in the context of the widespread availability of the Covid-19 vaccine to all residents of France, we conducted a joint interview with Mr. Cheng and five Chinese residents (four men and one woman). The residents interviewed are in their forties and fifties and from Zhejiang or Fujian in southern China. In the typical scenario, the informants went to France in the 1990s and worked in different sectors for about ten years, without legal status. After becoming legal residents, they bought their apartments in the Village Residence in the early 2000s. The similarity of our respondents in terms of social profile reflects our field conditions. As we were introduced to the residents by Mr. Cheng and Mr. Zhang, the leaders of the residents association, we had little opportunity to meet people who did not participate in the public affairs of the development (e.g., descendants, migrant women). Contacting non-Chinese residents was also difficult and inappropriate in the context of conflicts between Chinese and non-Chinese residents over management of the development (see below). In July, we also interviewed the founder of the CFFC, a mutual assistance association for Chinese migrants in Paris (see Chapter 6), who has worked for several years to support Chinese migrants living at the Village Residence. These interviews are complemented by observation and informal discussions held on social media with our respondents. The longitudinal dimension of our survey enables us to grasp the changes in the behavior and attitudes of Chinese migrants during the different stages of the pandemic.

In France, legal Chinese migrants have a strong tendency to become homeowners. Unlike other groups, notably migrants from sub-Saharan Africa and North Africa, who are overrepresented in low-income public housing (*habitation à loyer modéré*, HLM) (Pan Ké Shon & Scodellaro, 2011), Chinese migrants tend to purchase or rent market-rate housing (Du, 2020). The residential clustering of Chinese migrants results from the combined effects of spatial and economic relegation and the ethnic housing market. The ethnic and socio-economic exclusion that Chinese migrants experience in the rental market pushes them to become homeowners and to cluster through ethnic bonding (Du, 2020). Previous work has shown that the housing issue contributes to

the formation of minority communities (Merle, 2020): from this perspective, the clustering of Chinese families in this working-class neighborhood with a strong immigrant tradition is the product of intersectional mechanisms of socioeconomic/ethnic and racial inequality and spatial relegation. Built in 1974, the Village Residence, which consists of three buildings and was initially inhabited by French public servants and migrants from southern Europe, was intended by the municipality to promote social diversity. In the 1970s, migrants from Southeast Asia moved in, and some became homeowners. In the 2000s, the development began to attract Chinese economic migrants working in Paris who were priced out of the real estate market there. These “pioneer” Chinese buyers were quickly joined by their relatives and countrymen. Homeownership represents social ascent for migrants who work mostly in ethnic economic niches (catering, clothing, wholesale trade, etc.). However, after they arrived, Chinese residents became targets of repeated robberies and racist attacks by neighborhood youths, described by our respondents as delinquents of North African and sub-Saharan origin who live in the large low-income housing projects across the street.

A turning point in the collective actions of Chinese residents was reached on the evening of July 13, 2016, when Chinese inhabitants of the Village Residence reacted to a robbery targeting a Chinese person by chasing the offenders. The alleged perpetrators later returned with reinforcements and threatened the Chinese residents with a gun, leading to an escalation in violence and the intervention of the French police. Three Chinese residents were injured, driving the Chinese community (especially those from Wenzhou), out of an acute sense of insecurity, to mobilize around the issue of safety by rallying together with bureaucratic and government actors (police, city hall, prefectural representatives, etc.).

These common struggles inspired a feeling of solidarity and vigilance as well as series of security measures. The Chinese residents created a neighborhood association, a non-profit association as per the 1901 law. Its members often meet in an office located on the ground floor of one of the buildings. Surveillance cameras were installed throughout the development, at the front door of every apartment occupied by a Chinese household. Chinese residents regularly exchange messages in various WeChat groups to share news or warnings and ask for help in real time. Most importantly, under the impetus of Chinese residents, the syndicate of co-ownership of the condominium (a legal entity consisting of all the co-owners) voted to build a fence to secure the residential complex. This fence represents the border between the safe living space of the development and the risky world outside, represented by the low-income housing outside its gates.

In her study, Merle (2020) used the concept of an ethno-spatial minority to analyze the structural factors in the residential clustering of Chinese migrants in the Parisian suburbs. They chose not to quietly suffer the effects of exclusion and discrimination but, rather, to settle there and make that housing development their own. This is a well-known phenomenon: in real estate purchasing decisions, it is less about choosing one's property than one's neighbors (Bacqué et al., 2007). Thus, most of our respondents purchased an apartment in this development because it enables them to meet up with friends, family members, or fellow Chinese from the same village or town. In our interviews, the respondents say that they enjoy living with people who speak the same language and share the same customs. According to some respondents, when there are more Chinese residents, they can defend themselves against aggression and racist violence more effectively, through mobilization of human and financial resources in their community and strength in numbers in a public space. In addition, some migrants expressed a desire to "flood the zone," acquiring as many apartments as possible and making them into places where they can relax, socialize, and let their children study. Thus, when a Chinese owner of an apartment is ready to sell it, he seeks Chinese buyers almost exclusively; and when an apartment owned by a non-Chinese comes onto the market, the Chinese residents circulate the information within their social networks, to ensure that the property is bought by one of their own.

This minority-majority dynamic deserves some attention. Although these migrant residents suffer from being in a racial minority in the living society, they nonetheless form an absolute majority where they live. Because of this majority, the Chinese residents were able to make their security demands heard by the condominium union council and obtain funding to build the fence around the development. The outcome of any vote concerning the housing development depends on the will of a close-knit Chinese majority: the balance of power is in the hands of Chinese residents. However, this numerically dominant Chinese majority met with some resistance from non-Chinese residents in normal times as well as during the health-care crisis. Our investigation analyzes the mechanisms of mobilization by Chinese residents during the Covid-19 pandemic, as well as the impacts of this mobilization on neighborhood relationships.

### 3 Migrants' Vulnerability during the Pandemic

The Chinese migrants we interviewed have several disadvantages that make them vulnerable to disease. In normal times, the Chinese residents of the

Village Residence have difficulty accessing local health care because of their geographic location. For several decades, the Parisian suburbs have faced a phenomenon of medical desertification. La Courneuve, in which the Village Residence is located, suffers from a shortage of medical equipment and health professionals. Although located only a few kilometers from Paris, La Courneuve has only 5.3 general practitioners and 2.4 specialists per 10,000 inhabitants, while the 6th arrondissement of Paris has 20.3 general practitioners and 68.5 specialists per 10,000 inhabitants. More generally, the Île-de-France region offers a ratio of 8.9 general practitioners per 10,000 inhabitants (L'Humanité, 2012). In addition to spatial inequality, social distance separates Chinese migrants from the French health-care system. Although almost all Chinese residents have a French social security number—even Chinese who lack a legal residence card can benefit from universal medical coverage in France—access to medical care remains difficult because of the language barrier. The intervention of a French-speaking third party (a child who goes to school in France, a volunteer from a migrant aid association, etc.) is necessary for Chinese migrants to obtain medical care: make an appointment, see the doctor, follow-up, and so forth.

Numerous studies have explored health inequality in terms of race and migration status. Compared to the native population, foreign migrants are in poorer health and have lower socioeconomic conditions, which constitute risk factors and explain their higher death rate in a public health crisis, such as the Covid-19 pandemic (Brown, 2018; Marcello et al., 2022; Sze et al., 2020). As exemplified by the Chinese migrants in France, immigrant conditions leave them open not only to psychological or physical diseases but also inequality in access to care (Wang, 2021a). The high mortality rate of foreign migrants in the Seine-Saint-Denis, where La Courneuve is located, can be explained in part by exposure factors, such as the use of public transportation and crowded housing (Brun & Simon, 2020). We do not have statistical data on Chinese morbidity and mortality in this regional department during the pandemic. In their interviews, Chinese migrants perceived themselves as vulnerable to Covid-19. They spoke of the population density and the contact with other ethnic groups in their development. They were also concerned about the risk of infection due to their daily use of public transportation (Carrión et al., 2021). The Village Residence is not an ethnic enclave in that Chinese residents do not pursue their professional activities where they live; rather, they do so in Paris or in other Paris suburbs (particularly in Aubervilliers). After the outbreak of Covid-19 in France, most Chinese residents still needed to commute to work by public transportation. Some chose to take the least crowded bus or metro train. Others preferred to be driven to work by their employer.

When Covid-19 broke out in China, Chinese residents became aware of its dangers early on because of their close ties with China. In late January 2020, Mr. Cheng wanted to return to China for the Chinese New Year. But as soon as he learned about the coronavirus outbreak in China, he canceled his trip. When the Covid-19 virus began to spread in France, and the number of infections reached several hundred, Mr. Cheng, who is a chef at a Chinese restaurant, asked his employer for a leave of absence. He also alerted his WeChat groups to the danger of the virus.

Like Mr. Cheng, many Chinese residents understood the seriousness of the health crisis early on and responded proactively to the onset of the pandemic. But they saw a large discrepancy between what they thought was an adequate response to the pandemic and the reactions of the French government and French public to the coming health crisis. Thus, in January and February 2020, Chinese residents, like the French population in general, experienced a shortage of masks and personal protective equipment. Some of them were still able to buy masks in pharmacies or receive donations from Chinese organizations. Ironically, they did not dare to wear them in public out of fear of racist attacks, especially by young people of other ethnic minorities, as mentioned earlier. Our respondents also understood the importance of social distancing to protect themselves and to contain the spread of Covid-19. But many continued to work out of economic necessity. For example, four days after he stopped working, Mr. Cheng was called back to work by his employer, to serve in the restaurant. He did not stop working until March 17, when the first national lockdown was declared in France.

In March 2020, Covid-19 infections were spreading in France, and the first case of Covid-19 was found at the Village Residence. At the time, because a request for Emergency Medical Aid Service (*Service d'Aide Médicale Urgente*, SAMU) had to be made with a special phone number, Chinese migrants had difficulty getting through because of their poor command of French. They also lacked understanding of the French management of the crisis, as Chinese who fell ill did not understand why they were asked to stay home when they developed severe symptoms, whereas in China, those who are infected with Covid-19 are systematically confined and treated at public hospitals (and field hospitals). Many Chinese who caught the virus felt abandoned by the French health-care system. Above all, they did not want to bring the Covid-19 virus home and infect their families and other loved ones. The comments by our respondents show the fear, stress, and desperation among Chinese migrants at the beginning of the pandemic:

Mr. Zhang: Among the Chinese here, if one of us is infected with Covid-19, it's really hard for him to ask for help. ... The first difficulty



is the language. The second is that he is frightened. Because when someone who does not speak French very well seeks help from the SAMU, even if it is serious, it does not come immediately.

Mr. Cheng: I tell you, in fact, there are many French patients. The doctor feels that the medical resources are not enough. If you are a foreigner, he does not care about you at all. [He will say] there are no beds, or something. He will find all kinds of reasons to put you off. If you're not seriously ill, he tells you to stay at home for a few days, that's it.

INTERVIEW CONDUCTED IN CHINESE, JANUARY 2021

Mr. Cheng told us what happened to a friend of his from Qingtian. This friend contracted Covid-19 in March 2020 and developed breathing difficulties. When he called the SAMU, he was diagnosed as having a mild case and told to go home and quarantine himself. The man was afraid to go home because he had elderly parents, his wife, and his children at home. It was very cold, and he sat alone in a park and called Mr. Cheng for help. He began to cry because he was so nervous. Mr. Cheng comforted him and asked the director of a Chinese organization to call his friend, reassure him, and tell him what to do. Later, the man called his family and told them all to leave the apartment, then went home, and isolated himself in one room. During his quarantine, he took acetaminophen and herbs sent to him by Mr. Cheng. He commented: "I feel that the SAMU doctors didn't pay much attention to him. It doesn't matter if it's a mild case or a serious case. You must tell him what to do. You can't say go home and you will be fine."

In the context of the overloaded French health-care system at the beginning of the pandemic, Chinese migrants shared an acute awareness of the danger of Covid-19 and a bitter realization of the inaccessibility of institutional medical care. Therefore, they felt justified in using informational, economic, and medical resources through Chinese social networks and self-run systems of care within the development.

#### 4 Medical Care, Social Support: a Community Response to Covid-19

The Chinese residents of the Village residence quickly set up a series of individual and collective protective measures. Collective actions were based on social ties between Chinese co-ethnics, especially between homeowners of Wenzhou origin who share a common dialect, a regional identity, and social proximity in terms of social and professional status.



Even before the French authorities implemented public health policies to stem the spread of the virus, Chinese residents began to mobilize their own community resources. In our interviews, our respondents often referred to episodes of urban violence when describing their actions during Covid-19. For them, Covid-19 was just one of many crises that they have had to deal with. The monitoring and mutual support mechanisms inherited from previous collective actions were an undeniable asset in containing the spread of coronavirus. WeChat groups, for example, enabled residents to circulate information about Covid-19, share best practices, and monitor the situation at the development. This enhanced social control among Chinese residents was instrumental in enforcing the French government's containment measures. For example, during the first national lockdown in France, almost all Chinese residents were confined to their homes. They went out only when it was strictly necessary. Even children stayed at home, and, if they went out, they wore masks. Apart from the great pressure on individuals for conformity exerted by the community, Chinese residents internalized a feeling of personal responsibility for the collective: Covid-19 is perceived as a vital danger to oneself, one's relatives, and the entire development.

Given this, people infected with Covid-19 might find themselves victims of social stigma by their compatriots. Out of discretion, or fear of ostracism, Chinese migrants who are infected rarely announce their illness in public on WeChat groups. They prefer to isolate at home. But it is difficult to hide an illness in a development characterized by a village spirit, with residents who know a lot about one another and have strong interdependent ties. Someone who does not show up for ten days or so quickly becomes the subject of attention and questioning. Moreover, in the event of serious symptoms that required the intervention of the SAMU, the entire development was informed. Thus, Mr. Cheng knows practically all the Chinese residents and was informed of whenever one of them was infected. According to him, between March 2020 and July 2021, about ten Chinese people there were infected with Covid-19.

This relatively low rate of infection is largely due to the collective actions of the Chinese residents. Early on, they adopted protective and preventive measures that proved effective in the Chinese context. Within the development, people who are suspected of having been exposed to Covid-19, are immediately tested and placed under quarantine. In the event of a confirmed infection, the infected person is advised to spend about ten days in a hotel room before returning to their families. In other instances, people who developed symptoms confined themselves to their homes. Volunteers from the residents' association delivered food to them during the quarantine. They might have also brought them *lianhua qingwen*, so it has been used to treat mild Covid-19

symptoms. In return, those affected had to provide their Covid-19 test results, as it was in short supply and had to be reserved those most seriously affected.

Among the collective preventive measures taken by the Chinese residents of the Village, maintaining social distancing was considered essential. At the beginning of the pandemic, Chinese residents stopped all festive activities and severely reduced their socializing. According to their accounts, they ceased outings to tobacco vendors, cafes, weddings, and children's events. Even on Chinese New Year in 2021, Chinese residents avoided gatherings. This is in sharp contrast to the time before the pandemic, which was characterized by significant socializing between neighbors. Families and households tried to create bubbles or groups in which they only saw one another. During the first lockdown, parents generally stopped working outside the home. After the first national lockdown, Chinese children who had to go to school wore masks throughout the day to protect themselves and their families. Mr. Zhang and Mr. Cheng told us that when their daughters went home, they followed preventive measures such as washing their hands, leaving their shoes and clothes in a dressing room, and keeping potentially contaminated and uncontaminated areas of the house separate. Disinfection concerned not only one's personal belongings but also the common areas in the development. In every building of the Village development, Chinese volunteers took charge of cleaning and disinfecting the common facilities, including the elevator.

The strength of the migrant community, compared to other local communities, comes from its many ties to its country of origin. For example, at the early stages of the pandemic, Chinese migrants at the Village development used their diasporic networks to obtain PPE and to seek help from outside France. In February 2020, during mask shortages in France, our respondents reached out to their families in China, and they sent about 3,000 masks, which were distributed to the Chinese residents. Then, during the first lockdown, the residents received masks from the Chinese embassy through the volunteers of the Committee of Chinese Associations in Seine-Saint-Denis (CAC93), an organization that aims to promote friendship and cooperation between Chinese community and other social groups and to assist the local authorities in improving the safety of the inhabitants of Seine-Saint-Denis region. When masks were available again in France, our respondents brought some masks to the office of the residents' association, for the benefit of Chinese and non-Chinese residents.

At the same time, our respondents bought traditional Chinese medicines from China. In February 2020, through a WeChat group whose members included many medical experts in China, they learned about the effectiveness of some traditional Chinese medicines in treating Covid-19. They asked

their families in China to buy these drugs in large quantities and send them to France, to meet the needs of the residents. During the first two waves of the pandemic, the residents' association became a hub for obtaining masks, medicines, and other products. The resident's association occasionally prepared and distributed a special Chinese medicinal beverage to protect the residents against Covid-19 and strengthen their immunity. The distributions started at seven o'clock in the morning. Two electric hotplates were set up in the office of the residents' association, and a few elderly Chinese residents prepared the medicinal brew. More than two hundred Chinese residents—men, women, and children—lined up in front of the office to get a cup of it, including those from other neighborhoods. The organizers distributed up to one thousand cups per day.

Most of the Chinese residents at the Village development are small entrepreneurs and traders in ethnic markets and live with their families. In normal times, most residents are active, and the women are heavily involved in economic activities. Chinese residents are proud of their ability to make a living from their activities. However, in May and June 2020, when the health crisis continued, many residents were forced to close their businesses and found themselves in financial difficulty. According to our respondents, they had very little mutual financial support for two main reasons. First, asking for financial help from their Wenzhou compatriots involved a loss of face. Second, legal migrants were eligible for assistance to workers and businesses during Covid-19 from the French government. However, we noted that there were occasional gestures of mutual aid among the residents. For example, neighbors did not hesitate to distribute food to those who fell ill and were confined to their homes.

## 5 The Limits of the Community Response

The protective measures put in place by Chinese residents were not limited to people of Chinese origin and were extended to non-Chinese residents as well. It was obvious to our interlocutors that fighting Covid-19 would require the entire population of the development to be mobilized and protected. That is why masks were freely available at the office of the residents' association. Mr. Zhang always tried to encourage non-Chinese residents to come and get masks. When he encountered non-Chinese residents in the building who were not wearing masks, he asks them to put one on. In this way, the "bubble" that the Chinese residents wanted to create also included non-Chinese residents. Therefore, to prevent residents from going shopping, at the request of

the Chinese residents, in March 2020 a Wenzhou merchant began to visit the development on Sunday afternoons in his van to distribute vegetables from their greengrocer.

However, the resources made available to all residents seemed to benefit Chinese residents most. Based on our interviews and observations, few non-Chinese residents went to the association office to pick up masks or traditional Chinese medicines. Other than the lack of knowledge of Chinese medicine, the language barrier and the closed nature of Chinese social networks seems to be the reason for this phenomenon.

In fact, information about the public health measures put in place by Chinese residents were disseminated mostly through WeChat groups, a social network used almost exclusively by Chinese residents. This resulted in mutual ignorance. Non-Chinese residents were not necessarily aware of what had been set up by their Chinese neighbors, and Chinese residents were not aware of the health conditions of the residents of other backgrounds. Mr. Zhang and Mr. Cheng told us that they knew about Covid-19 infections among non-Chinese residents only when the SAMU arrived. Recall that the Chinese do not comprise a homogeneous group. The main actors in the collective actions of the development were landlords with origins in Wenzhou. The tenants, often those from North China, were not members of the owners' WeChat group and rarely took part in the decision-making process.

In France, the outbreak of Covid-19 was accompanied by racialization of the disease (Ali, 2008; see Chapter 10). The spread of the virus was associated with people perceived as Asians and then with racial minorities in the Parisian suburbs who supposedly failed to comply with government health guidelines (Geisser, 2020). We found that the racialization of Covid-19 and the social stigma linked to the disease went in both directions. At the beginning of the pandemic, Chinese residents were often perceived by others as carriers of the coronavirus. However, after Covid-19 seemed to be under control in China and in the Chinese community in France, the accusations changed direction. In our interviews, respondents often valued Chinese vigilance, including by children, and criticized the carelessness and comparatively lax attitude by other groups, particularly sub-Saharan Africans and North Africans, who did not wear masks or wore them incorrectly.

In this context, the collective actions of Chinese residents tended to strengthen their ingroup ties while accentuating their distrust of members of outgroups. Chinese residents' efforts to secure their living space sometimes led to the exclusion and distancing of people suspected of carrying the virus into the development. Thus, in the second half of July 2021, with the rapid spread of the Delta variant (also known as the Indian variant) in France, the

leaders of the residents' association warned Chinese residents in the WeChat group about the presence of Indian and Bengali tenants there, advising that they be avoided in common areas. Mr. Cheng described how he dealt with this population:

When I see Indians, I don't greet them. I am afraid of the Delta variant. The Indians are becoming more and more numerous in our development. Indian owners house about ten people. I see them come and go. When I meet Indians who are not wearing masks, I call out to them, "Sir, please put your mask on!" I know all the owners. In general, the Chinese rent to the Chinese, to those from northeastern China, for example. But some Chinese rent to Bengalis. I try to persuade them not to rent to Bengalis and Indians.

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However, Mr. Cheng ultimately regrets saying that, as he had no control over the presence of the Indians and Bengalis because some Chinese owners did not live in the residence and entrusted the management of their homes to real estate agencies. Therefore, the owners cannot choose their tenants. In our interview, Mr. Cheng denied that he was discriminating against people of South Asian origin: "We don't discriminate against them. We avoid them."

One thing is clear: the experiences during the pandemic reinforced the respondents' willingness to live among Chinese people who shared the same beliefs and practices about Covid-19.

Mr. Zhang: Really. We just want to be with other Chinese. Because the Chinese are more protected. We like to live together. We say, "Oh, let's live together; let's not let foreigners live [in our midst]." It's not racist. It's not. Because I've seen how they eat and how they wear their masks beneath their nose [rather than covering it]. This is true, right? We have all seen it, and we are afraid to say it.

Mr. Cheng: Foreigners like to be free. They are used to freedom and laziness. For example, when the government restricts their freedom, they feel a great mental blow. But we Chinese listen to the call of the government. When the government says stay at home, we stay at home. They [foreigners] ... don't listen to [the government]. They go out in the street without wearing a mask. There are a lot of such things ... so why does this virus spread so fast? It's because of them.

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The reinforcement of group cohesion, coupled with distancing from other groups (other minorities, but also the French), may have led to an increase in social distance between the Chinese and non-Chinese residents. Some neighborhood conflicts intensified during the pandemic, and the lack of in-person meetings made conflict resolution more difficult—for example, with respect to the conflicts within the condominium union council. These conflicts date back to the period before the pandemic and reflect the deep divide between Chinese and non-Chinese owners regarding the management of the development, including conflicts over common expenses. Chinese owners consider security and hygiene a priority and systematically oppose expenses for building renovation and landscaping, which they consider pointless. Non-Chinese owners, especially retired French people, tend to consider security problems specific to the Chinese population, and are more concerned with the appearance of their development. Because of their rudimentary command of French, the Chinese owners tried to hire a Chinese-speaking property management company and fire the current French property management company, which had the trust of the president of the council. During the pandemic, the union council meetings were suspended. The Chinese owners' representatives were excluded from the union council meeting held during the last lockdown. At the time of our second interview in July 2021, the Chinese owners had filed a lawsuit against the current president of the board, a French man of Spanish origin who is a retired firefighter. The Chinese plaintiffs are being represented by a young lawyer who is the child of Chinese migrants and went to law school in France.

## 6 Conclusion

As a crisis that is experienced both locally and globally, Covid-19 has given rise to different forms of solidarity between social actors. The government, NGOs, medical professionals and grass-root activists have been brought together by the threat of the virus (Holley, 2020). By focusing on Chinese migrants and their descendants who living at the Village Residence, located in a multiethnic neighborhood north of Paris, our research shows that collective actions have been used to fight the pandemic based on the example of a condominium complex. In a social world marked by multiple inequalities in terms of access to health care and acutely aware of their own vulnerability to Covid-19, Chinese residents reacted proactively to the pandemic by enforcing social distancing, establishing quarantines for infected residents, and organizing the distribution of masks, medicine, and mutual aid, among others. These collective actions

were based on ethnic ties but also on neighborhood solidarity and security mechanisms inherited from previous efforts to combat urban violence. They tended to strengthen ingroup cohesion among people of Chinese origin.

This strengthening of ingroup cohesion goes hand in hand with increased distance from members of outgroups. Through the history of this condominium development, we see how Chinese migrant residents reacted to every major challenge by strengthening security and the boundaries for community protection. Before Covid-19, the danger of racist attacks on Chinese residents seemed to come from outside the development. The protective boundaries were spatially defined and represented by a physical barrier. During the health crisis, as the virus spread throughout the French population, the danger of infection encompassed the development, through daily contact with neighbors. New security borders emerged around the Chinese population and against non-Chinese populations. The protective border has become ethnically defined and protects the Chinese among themselves. We show that, in this community, Covid-19 is widely perceived as a disease of the “others.” Chinese residents are both subject to this racialization of the disease and participants in the dynamic, for example, by associating the Delta variant with people from South Asia and avoiding all contact with that population. This example demonstrates the two consequences of the community-building process: on the one hand, in a health emergency, the community provides vital medical and paramedical resources and support networks to its members; on the other hand, the community spirit leads to the exclusion of those who are perceived as foreign and potentially threatening to its own existence.

Certainly, by protecting themselves, Chinese residents contribute to the containment of the virus. However, some of the collective actions by the Chinese residents also aim to protect the community as a whole (e.g., mask distribution and cleaning common areas). However, contrary to what Krause and Bresson (2020) described in the Chinese population in Prato, the collective actions of the Chinese in the Village Residence have not led to fraternization among people of different origins, even when these actions contribute to the common good. They have not created greater acceptance and recognition of Chinese residents in their neighborhood. Rather, the health crisis exacerbated existing tensions and conflicts between Chinese and non-Chinese residents over the management of their living space. The dominance of Chinese owners in the public affairs of the condo development led to disapproval and resistance by non-Chinese owners. The need to maintain social distancing during the pandemic made meetings, democratic processes, and conflict resolution more difficult.

During the pandemic, in France as well as in other Western countries, racial minorities have often been described through the prism of their deviation



from the norm in terms of risk awareness and self-protective behavior, such as social distancing (Gibbons, 2021). Our research offers a counterexample, indicating that racial minorities can also be characterized by strict compliance with government health measures and the proactive development of responses to Covid-19. Early in the pandemic, when biomedical solutions to coronavirus were absent, through testing, tracing, and isolation, the residents of the Village Residence developed a community response to the pandemic. Community activists, building on relationships of trust and solidarity and on their own charismatic authority, in some ways have substituted for physicians and social workers in providing care for those affected by Covid-19. The collective actions of Chinese residents demonstrate the effectiveness of the public health approach (which is based on an analysis of health needs, the measurement of health risks and the capacity to prevent, detect and manage health problems), compared to the biomedical approach in addressing health issues. However, those in the field do not believe that they are engaged in the search for a clear distinction between the biomedical approach and a public health (especially nonmedical) approach. In other words, they are not opposed to these two approaches in the fighting Covid-19. In the survey, on several occasions, our respondents asked us if we could find a trusted physician to provide health care at their development. They also placed great hope in vaccines to protect themselves against Covid-19, whether Chinese or Western (see Chapter 2). Thus, in our fieldwork, community actions, as contemporary responses to a health emergency, are seen by the respondents as a useful complement to medical institutions and state actions. Although Chinese medicines provided valuable support to Chinese residents during the first phases of the pandemic, widespread vaccination of the French population, including Chinese migrants, who could participate in the French vaccination program free of charge, gave our respondents the confidence to return to a quasi-normal life and to participate in our group interviews.

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