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Beyond National and Ethnic Boundaries: Transnational Solidarity during the Covid-19 Pandemic from the Case of the Chinese Diaspora in France

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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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BRILL

LEIDEN | BOSTON

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Beyond National and Ethnic Boundaries: Transnational Solidarity during the Covid-19 Pandemic from the Case of the Chinese Diaspora in France

Simeng Wang and Yong Li

Abstract

In this chapter, 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; and 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 the field-work 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. 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 living country-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, 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.

Keywords

transnational solidarity – Covid-19 pandemic – Chinese diaspora in France – migrants – descendants – transnationalism – PPE sending – health kit – expert knowledge – country of origin – living country – ethnic boundaries – diaspora organization – national borders – ethnic borders – bordering – global citizenship – digital infrastructure – diasporic elites and leaders – ordinary Chinese overseas

1 Introduction

Since its initial outbreak in Wuhan in December 2019, the Covid-19 pandemic has strained social ties around the world. The pandemic has been a unique global experience, arousing both exclusionary nationalist and inclusionary collective responses to various degrees (Berrocal et al., 2021; Holley, 2020; Délano Alonso & Samway, 2022). It has given rise to measures of self-isolation and mobility restriction in the name of security at the national and subnational level while, at the same time, raising the expectations of solidarity at a large transnational scale (Genschel & Jachtenfuchs, 2021). Simultaneous with cooperation between multinational corporations and states to deal with the risk posed by the health crisis is the emergence of grassroots actions to make connections in trying times, best illustrated by the mobilization of diasporas in different part of the world (IOM, 2020).

The initiatives of the Chinese diaspora during this pandemic represent an exemplary case of solidarity at a transnational scale. Since January 2020, health materials and medical knowledge have been massively distributed between China and other countries where Chinese people have settled. This phenomenon in which the Chinese diaspora comes together in times of crisis (political turmoil, war, natural disasters, etc.) is not new (Callahan, 2003). These movements reflect the attachment of diasporic Chinese to their country of origin, based on family ties, cultural identity, and political affiliation. In the past, however, they have almost always been in China's direction, toward their

disaster-stricken homeland. Thus this episode during the Covid-19 pandemic is an exception in many ways. For the first time since the flu pandemic in 1918, the developed world hosting Chinese diasporas has been struck by a health crisis. The global nature of the outbreak means that the Chinese diasporas must join forces with a multitude of actors and institutions from everywhere to combat a common threat. What is remarkable about the activities initiated by the Chinese diaspora since January 2020 is their tendency to transcend national and ethnic boundaries. First, the movement of materials and ideas was not in just one direction but in two directions: from their living country to China and then from China to their living country. Second, the transfers and sharing are not only within Chinese ethnic networks but also outside them.

During the Covid-19 period, transnational solidarity has been not only an analytical concept but also a moral stance. Calls to develop new forms of internationalism, spaces of solidarity, and exception (regarding the rights of migrants) have multiplied: community and civic responsibility must transcend national borders just as it must exist also within them. Citizenship and national borders should not become defining elements of who is entitled to protection and care and who is not (Triandafyllidou, 2022). This concept of transnational solidarity is consistent with that of Carol Gould (2007), who envisions it as a form of social empathy, with ties that bind people to distant others (individuals, social groups, associations). This solidarity functions as a concept of morality in global ethics and as an important social aspect of transnational democratic relationships among people struggling for the same causes (Rippe, 1998). We can call this new concept “networked solidarity,” or “pluralistic solidarity.” Transnational solidarity in the sense of cross-border social solidarity should be considered “overlapping solidaristic networks” (Gould, 2007). They can include social solidarity developed between individuals, communities, and organization of those with different cultural backgrounds and national identity as well as identity-based relationships among dispersed members of a community or polity—for example, the loyalty and patriotism felt by Chinese migrants toward their region of origin and their volunteering to help in China’s fight against the pandemic (Long, 2022; Rieger, 2022). In both cases, solidarity is characterized by “feeling with” mutual concern and mutual assistance (Gould, 2007; Mason, 2000).

The literature on China or the Chinese at the time of the pandemic highlights national, local, and community solidarity (Kwok et al., 2020; Miao et al., 2021; Tang & Li, 2021), but less so transnational solidarity developed by Chinese migrants. Several recent works examine the relationship between the Chinese state and Chinese populations during Covid-19, focusing on the role of the Chinese state in implementing policies of social control or extraterritorial governance over

its nationals, both at home and abroad (Ceccagno & Thunø, 2022; Liu, 2021). However, little research explores the forms of solidarity developed by grassroots actors and the conditions and the mechanisms of their mobilization.

In this chapter, we look closely at the Chinese diaspora in France. Our first objective is to understand the forms of transnational solidarity developed by the Chinese in France during the pandemic. These kinds of solidarity are both vertical, based on nationhood and according to a government plan (Genschel & Jachtenfuchs, 2021), and horizontal, developed by citizens and between citizens. They can express both intragroup (among Chinese people) and intergroup (between Chinese people and other people) relationships. Second, we describe the construction of this networked solidarity through the joint actions of individuals, groups, and associations. Taking a glocal perspective, we focus on the role of local actors, the links they forge, and the initiatives they develop at the transnational level. We show that grassroots actors, associations, volunteers, and health professionals of Chinese origin work alongside or in parallel to state governments and health systems to deal with the challenges of the pandemic. Third, we clarify the effect of the evolution of the pandemic on the meaning and objectives of Chinese diaspora mobilization. When the effects of Covid-19 were limited to China, the actions by the Chinese diaspora focused more on issues and needs related to their home country. When Covid-19 became pandemic, the Chinese people in France became more involved in their living society, speaking out in public and trying to influence political decisions and the attitudes and behavior of the majority group during the health crisis. Their involvement challenges the conventional view of Chinese people as an inward-looking and closed community.

Following the timeline of the pandemic, we analyze the Chinese diaspora's actions in three overlapping stages. We reconstruct the evolution of their activities from January to May 2020, when the epicenter of infection shifted from Asia to Europe and the spirit of solidarity was at its height. We illustrate that a solidarity movement initially oriented toward their home country turned into a transnational solidarity movement to confront a global threat, as the virus spread outside China. We discuss the role of Chinese diaspora solidarity in the fight against Covid-19 at the local and national level (in the living country) as well as the limits of its activity and its vulnerability.

2 Home-Country-Oriented Solidarity in the Context of a Health Emergency (from the End of January to the End of February 2020)

After the outbreak of the Covid-19 pandemic in China in 2020, the Chinese diaspora around the world began to send PPE from their countries of residence to

China. Between the end of January and the end of February 2020, over 2 billion masks were estimated to have been sent to China from other countries (OECD, 2020). From January 2020 to February 2020, international health authorities talked about an epidemic spreading locally in China. In France, as in most European countries, the government claimed that it did not fear spread of the virus and was prepared to deal with it. During this period, although many Chinese people in France feared that the virus would spread to in France, they believed at the time that the crisis was limited to China and that their relatives there and Chinese institutions urgently needed help. In order to help their country of origin, Chinese people in France widely participated in sending medical materials (masks, medicines, etc.) and money to China.

In our study, 120 of the 381 respondents said that they had sent masks and other items to China, a remarkable participation rate (32%). The action taken most by our respondents (74 people) was sending masks, followed by sending money (62), other medical materials (20), and medicine (8).

We distinguish two motivations for these actions. First, at the individual level, as part of a “transnational caregiving” rationale, medical supplies were sent to geographically dispersed family members, friends, and relatives (Baldassar et al., 2007). Most of those who sent masks and other protective materials to China in January and February 2020 said they had sent them to their family, relatives, or friends (55). Above all, the gifts exchanged at the time of the crisis express people’s concern for one another, their feelings, and their desire to be helpful. Most of our respondents mainly obtained masks from pharmacies. In February, France had a general shortage of masks. Some respondents stated that they had gone to several pharmacies in the city where they live to obtain enough of them. In addition, our respondents also bought mask online or through people they know.

Second, if sending is in most cases a personal act, a minority of the respondents sent medical materials and money to China as members of a group. These collective actions fall under the heading of “diasporic humanitarian mobilization” (Ruby-Ling, 2019) and are reminiscent of the solidarity displayed by overseas Chinese after the Wenchuan earthquake in 2008. The respondents sent masks and other protective materials either to hospitals with which they were in contact (23) or to humanitarian organizations and other Chinese associations (14). Sixty-two people donated money to China, and the average amount was 126 euros. In most cases, these donations went to Chinese associations based in France for the purchase of medical materials destined for China. Some respondents also participated in online crowdfunding, in support of humanitarian organizations in China.

Although a minority among our respondents were involved in such group shipments, these efforts were considerable and sent a large quantity of

materials needed in China at the beginning of the pandemic. Chinese associations in France, thanks to their close connections to China, were particularly responsive to the crisis that had emerged on the other side of the world. When Wuhan was shut down on January 23, 2020, the Wuhan University Alumni Association in France began to solicit funds from its members. Thanks to the internet and social networks (a WeChat group), they identified the real needs at hospitals in China. Rather than ordering masks, the association purchased goggles, gloves, disinfectants, and ventilators in Europe. Then, they raised funds from its members for the purchase of PPE and other materials as well as their transportation to about thirty hospitals in Hubei Province.

Yi, an active member of this association, recalled:

At that time, our alumni association decided to do these things, and then suddenly we received a lot of information about domestic hospitals in distress, some of which was directly posted on the internet, and other information spread in various WeChat groups, and finally found us through others. ... We started to do an assessment of materials. We knew that the production of masks [in China] would recover very quickly, and then the price of masks was rising quickly because everyone was focused on buying masks. So, at the beginning of February we basically shifted the focus of our procurement from masks to protective clothing and protective eyewear. Then in late February, we started to look for equipment such as ventilators.

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Along the same lines, the members of the Association of Shandong Merchants in France (*Association des Commerçants du Shandong en France*, ACSF) mobilized starting at the end of January 2020. According to Mr. Xu, a Chinese restaurant owner who is a member of the ACSF and the Shandong Hometown Association, the ACSF mobilized its members to make donations at the beginning of the pandemic in China. Mr Xu donated 1,000 euros, and the ACSF as a whole donated nearly 20,000 euros and 600 sets of protective clothing to China and, later, to several social and welfare services in France (Ministry of Social Affairs and Health, retirement homes, etc.). He sees China as his primary homeland and France as his secondary home.

In the context of a health emergency, in view of supply shortages, soaring prices for protective materials, and restrictions in international transportation, Chinese diaspora associations devoted a great deal of energy and developed some ingenious strategies for overcoming these obstacles. For example, the members of the Association of Former Legionnaires of Chinese Origin in France

(AALOCF) used their contacts in Eastern European countries to purchase PPE. The interviewees who were members of various associations also mentioned support that they received from Chinese authorities. The Chinese embassy in France and China's General Administration of Customs (GAC) greatly supported them with the preparation and shipment of medical supplies.

3 New Forms of Ethnic Solidarity beyond National Borders (End of January–End of March 2020): Medical Knowledge Being Disseminated and the Reversal of Transnational Solidarity Direction (from China to France)

3.1 *The Key Role of Health-Care Workers and Scientists in Biology and Medicine of Chinese Origin: Medical Knowledge in Transnational Circulation*

When the first Covid-19 infection was detected in France (on January 24, 2021), the Chinese diaspora in France, particularly those working in medical professions, were very quickly warned. Dr. Na, a doctor of emergency medicine at a public hospital in Paris (see her detailed biography in Chapter 11), said:

We [doctors] knew that the virus would spread beyond the Chinese borders. Before its arrival in France, I was extremely careful about sanitation, whereas, at that time, most French people, including some medical colleagues, thought that it would remain in China, far from Europe.

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At this moment, the epidemic in China was spreading into a worldwide pandemic, and Dr. Na, as one of the few Chinese migrants with a background as a medical doctor who obtained permission to practice medicine in France and works at public hospitals, was aware of that and the deterioration in the health conditions there. For these reasons, thanks to her language skills and her medical background, she started to translate into French some of the earliest scientific findings and clinical data by Chinese scientists and doctors and to send these translations to French policy makers. By doing this, she skipped the intermediate stage of publication first in English, the most common path in the transnational dissemination of scientific knowledge. She explained:

This was about the time that Covid-19 emerged in Wuhan. So, the earliest literature and data all came from Wuhan—it was all Chinese data. So, at that time, outside China, we did not know anything. Because I was

originally a member of the medical faculty at Wuhan University, I have many former classmates in medicine who worked on the front lines of clinical work in Wuhan. They gave me a lot of valuable data. If you want to translate this Chinese data into English for publication in English-language journals, it normally takes at least two to three weeks. But I quickly translated the firsthand data I got at that time into French and sent it to the French Ministry of Health. [This was] at a very early stage, probably between the end of December and February, [and the data] included infected people who were asymptomatic, those with digestive symptoms, computed tomography results. ... Actually, at that time this data had not yet been published. By the time this information appeared in an article, I had already transmitted it to the health ministry as well as to the two big hospitals in Paris and research centers on infectious disease, Pitié-Salpêtrière [University Hospital] and Bichat [Bichat–Claude Bernard Hospital], which were the first places in France to offer treatment for Covid-19. ... We had a lot of arguments about the effectiveness of surgical masks, of the FFP2 masks, and on whether people should use them.

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In addition to disseminating scientific knowledge to scientific and government offices, as a doctor with a Chinese medical background working in the French health-care system, Dr. Na also gave some news conferences and interviews on French news media (France Inter radio and the TV channels France 5 and France 2), talking about the health conditions and commenting on the crisis management in China. Despite her translations of Chinese data into French and sharing related information about Covid-19, she found that the Chinese scientific findings do not seem to have been “taken into account, or at least not to have had any impact at the decision-making level,” particularly in the medical environment, among her professional peers, or by the government.

In addition to actions by health workers of Chinese origin, scientists in biology and medicine also helped to disseminate medical knowledge—for example, Yi, a public health researcher at the Georges Pompidou European Hospital in Paris.

In early March 2020, health workers at the Wuhan Zhongnan Hospital attended a virtual meeting with counterparts at the Georges Pompidou European Hospital in Paris, initiated by Yi and facilitated by the Alumni of Wuhan University in France, an organization in which Yi is an active member.

At the beginning of March, my colleagues at the hospital started to treat Covid-19 patients, and, in a casual conversation, they said that they had encountered some clinical challenges, in particular extremely rapid deterioration, about two hours, of certain patients, who needed immediate intensive care. The doctors here lacked relevant experience in dealing with such a new disease and were confused because they did not know why the patients deteriorated so quickly. Afterward, I contacted some Chinese doctors working on the front lines in Wuhan, who mentioned that they had some relevant experience. Based on some of these preliminary contacts and exchanges, I thought that it might be meaningful and useful to organize an e-meeting between doctors and experts in both places for some face-to-face communication about clinical experience with Covid. I brought up the idea to Shen, the president of our alumni association of graduate students in France from Wuhan University. He supported the proposal and contacted Mr. Zhao, the vice president of Wuhan Zhongnan Hospital, who was very interested and enthusiastic. He had obtained his medical degree and a PhD in medicine in France, so his French is very fluent. For my part, I contacted over twenty French doctors at the European Pompidou Hospital who specialized in respiratory, cardiovascular, and digestive systems and in kidney disease. They all attended this e-meeting. Those attending online from Wuhan Zhongnan Hospital included two vice presidents of the hospital, a director of the emergency department, and a director of respiratory intensive care. Many exacting and detailed questions were raised during this meeting: epidemiology, how many patients need to be in intensive care, how many patients need to be intubated, and statistical data. ... After the meeting, French experts compiled detailed minutes and shared them not only at the European Pompidou Hospital but across Facebook groups of health-care workers. They thought at the time that because China had obtained important firsthand experience, it was important to share information with French practitioners.

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This situation recalls the social conditions that enable the transnational dissemination of scientific knowledge. First, Yi and her fellow alumni already have established formal and informal networks with the scientific and medical community in Wuhan, the epicenter of the Covid-19 pandemic. This enabled them to play a role as initiators, facilitators, and mediators to set up this meeting. Second, Dr. Zhao's profile and social trajectory, as the current vice

president of Wuhan Zhongnan Hospital, is also a key element in the mobilization of scientific experts. Dr. Zhao trained in France and now held a position high in the professional hierarchy at Wuhan hospital, with more than twenty years of experience in international student exchange programs between China and France in medicine. His background and experience were useful in quickly setting up this online meeting on the treatment of Covid-19 at an early stage of the pandemic.

3.2 *The Direction of Transnational Circulation Changes, Now from China to France*

Europe became the epicenter of the pandemic starting in late February 2020, when the direction of the dissemination of scientific knowledge changed. China was no longer a country that only received transnational aid and medical equipment, especially masks, as discussed in the previous section; it had now become a country exporting information and its first findings about the pandemic. In addition, the direction in which masks and medical equipment were sent also reversed. By mid-March, China seemed to have gotten the pandemic under control and increased its production of masks and other PPE in sufficient quantities to begin to distribute them elsewhere, whereas France, like other European countries, had a shortage of masks and other protective gear.

Hence, the flow of assistance also changed direction. About two-thirds (231 people, or 61%) of the respondents said they had received medical supplies from China since mid-March 2020. The balance is in favor of the living country, because one-third of the respondents had sent medical supplies out, and two-thirds had received them.

Specifically, 218 respondents said they had received masks (57% of all respondents), 67 said they had received medicine (17%), and 61 said they had received other protective materials (16%). In most cases, these materials had been sent by their family (127) or friends (66); otherwise, they were distributed by the Chinese embassy (75) or by a Chinese association in France (25).

The Wuhan University alumni shipped the last batch of medical supplies from France to China at the end of February 2020. At that point, the alumni association decided to support French hospitals and institutions. This is how Yi and Mr. Shen described that process:

Q: So that means basically you and your association did not end your transnational solidarity in the spring of 2020?

Shen: Yes, basically. If we take the metaphor of a sports match, we could say that we played the first half to help China, and then there was

no break, and in the second half we went straight to supplying France.

- Yi: Beginning in March, we provided a lot of medical material to French services, including provincial hospitals, the SAMU emergency center in Paris, and so on. We worked with several organizations (governmental and nongovernmental) to help transport medical supplies from China to France. In addition to medical materials, we also made a [financial] donation to the Pasteur Institute, for basic research in virology [on Covid-19]. Because we all live and work in France, after the beginning of the pandemic in France, we all agreed it was very important to support the French.

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Indeed, starting in March 2020, the Chinese diaspora in France focused mainly on supporting France. The transnational solidarity mentioned can be understood at two levels: the first relates to the change in direction for supplies, in which France became a receiving country in terms of scientific knowledge and medical supplies; and the second refers to the fact that the assistance from China benefited not only Chinese people in France but also the general French population. In other words, transnational solidarity between China and France, supported by the Chinese diaspora in France, goes beyond ethnic boundaries.

4 **New Forms of Solidarity in the Living Country (End March–May 2020): Helping Chinese Compatriots Living in France and the General French Population**

The spread of the pandemic to France changed the direction of the flow of aid and led to new forms of solidarity both among the Chinese in France and across ethnic boundaries. Faced with the threat posed by Covid-19 and socio-economic problems in their living country, the Chinese in France overcame their fear of the virus to rebuild social ties. Amid the restrictions on travel and gatherings, as well as mandates to maintain physical distance, the Chinese in France developed methods of sharing and obtaining supplies that exemplify the notion of “being apart together.”

4.1 *Solidarity among Chinese People in France*

At the beginning of the pandemic, the Chinese embassy in France began to target Chinese living in France, particularly students, for extending several

health-care measures and announced them in various channels. These measures covered several industries and evolved over time. During the first lockdown in France, which lasted for about seven weeks (March 17–May 11, 2020), the distribution of the large amount of PPE from China to Chinese people in France faced a major challenge because of travel restrictions. In March 2020, the Chinese embassy in France also started to distribute Covid-19 health kits to Chinese nationals in France, specifically focusing on students (see also Chapter 7). These kits typically contained Chinese medicine, masks, and protective gloves. The Union of Chinese Students and Researchers in France (*Union des Chercheurs et des Étudiants Chinois en France*, UCECF) played an important role in the distribution of medical supplies through its network throughout France. Instead of asking the beneficiaries to obtain them at a distribution point, UCECF members distributed the PPE in their neighborhood, within the one-kilometer zone designated by the government for local travel.

The UCECF was formed in Paris in 1986. Its purpose is to promote sharing of studies, information, experience, and ideas among Chinese students in France, with each branch working independently. It has local offices in various cities (Paris, Marseille, Lyon, etc.) as well as at some large universities in France. Legally, this organization is solely French (created in France in accordance with French law). However, it was created by Chinese students with funding by the Chinese government, thus their relationship with the Chinese embassy in France is very close, and it is considered an executive organization within the Education Department of the embassy.

In March 2020, the Chinese embassy addressed a letter to the parents of Chinese students in France, inviting them to get in contact about any difficulties. Following is the letter published on the embassy's official website on March 14, 2020.¹

Dear students and parents,

The current conditions in the global Covid-19 pandemic are on the minds of all students studying in France and their parents in China. Over the past few days, we have received many calls from students and parents concerned about the development of the pandemic in France, the measures taken by the French government to prevent and control the pandemic, and the academic and living arrangements of students in France. We are very concerned about this and understand the anxiety of the students and their parents due to the pandemic.

¹ Translated from the original Chinese into French at: <http://france.lxgz.org.cn/france/lxels/palx/2021072709524996943/index.html>.

... At this stage, we ask you to remain objective, rational, and calm, to take into account your studies and personal health, and to do the following.

First, pay attention to personal hygiene and minimize travel.

Second, comply with the teaching schedule at French schools and try not to overlook your studies.

Third, believe in the power of science and study hard to serve your country.

Fourth, you should actively exercise and improve your immunity with balanced nutrition.

Fifth, pay attention to your personal health conditions and seek medical attention when necessary.

Dear students, the motherland is always concerned about your health and safety. We hope that you will work together, unite with each other, and overcome the difficulties together, so that we can get through the pandemic period safely!

4.2 *The Distribution of Covid-19 Health Kits by the Chinese Embassy in France and the UCECF*

With the help of the UCECF, the Chinese embassy in France not only offered assistance but began to distribute Covid-19 health kits, from March 17, when the first lockdown was imposed in France, until September 2020.

The first batch of 1,029 boxes of health kits, including masks, disinfectant wipes, and pandemic prevention manuals, arrived at the Education Department of the embassy on March 31, 2020. After four days of organization, the Education Department staff and their families assembled nearly 12,000 health kits in overtime. On April 2, 2020, the embassy held a ceremony to launch the distribution of these kits for Chinese students in France. Ambassador Lu Shaye attended the ceremony and gave them to Chinese student representatives of various universities.

The Education Department sent a notice to all the students registered at the embassy regarding the kits, in addition to Chinese language teachers and volunteers. The embassy asked all people who were interested in obtaining the health kit to fill in a form on the embassy's website (see Figure 12.1), which asked for information on the name, school, address, the year of arrival in France, and so forth, and then designed a distribution plan based on geographic location. Chinese students and teachers who filled in this form were also asked for a copy of their passport or student identification card.

Because of the travel restrictions to local neighborhoods, the kits were distributed in three ways: by mail, by car, and by pickup. In the first wave of distribution, the embassy delivered a total of nearly 12,000 kits to students.

01 是否缺少防疫物资 *

是

否

02 姓名(中文): *

例: 张三

please enter

03 姓名(拼音) *

例: ZHANG San

please enter

04 邮寄地址(请确认填写可以收取包裹的完整地址) *

例: 123 rue de abc, 75001 paris

please enter

05 身份类别 *

选择当前情况

在校学生

港澳台生

预科班学生 (包括语言生)

2018年5月后毕业生 (含APS)

2020留法新生

06 留学单位名称 (学校或所在单位) : *

请用法文填写

please enter

07 联系电话: *

请填写手机号码 (06XXXXXXXX)

please enter

08 证件号码 (护照号): *

护照号

please enter

09 完整的留学生注册登记表截图 *

复制链接进行注册: <http://194.177.47.190/EDUCHINE/>

Click add file or drag the file to here
File size limit: 20MB

Submit

FIGURE 12.1 Online form to register for receiving a Covid-19 health kit

According to information filled in online form, the UCECF divided the city into several zones according to the geographical division (see Figure 12.2) and then asked for volunteers to help with handing out the kits. Volunteers, twenty people who lived nearby and who would be interested in getting Covid-19 kits, could become contact people. After the kits were distributed, the UCECF called all the students who had requested the kits to confirm that they had received them.

Fei, who had volunteered to act as a contact person, described the organization of handing out the health kits near her home:

I am a member of the UCECF at Sorbonne University. I live in the second arrondissement in Paris (75002) and was given responsibility for distribution in this vicinity. Later, I received thirty to fifty health kits (in three boxes) delivered in person by officials at the Chinese embassy in France. Students in the neighborhood, within 1 kilometer, came to my place to pick them up downstairs in the entryway.

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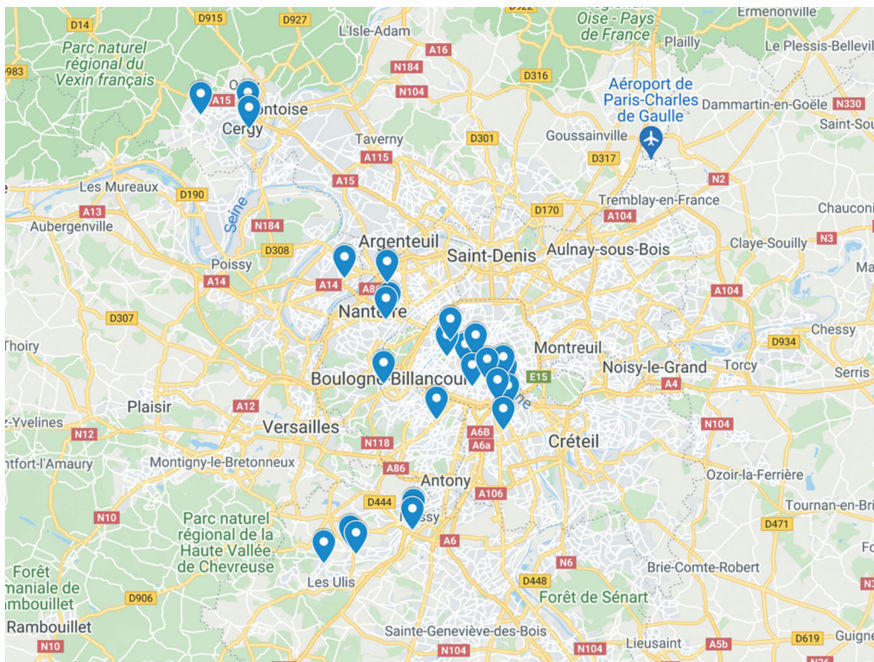


FIGURE 12.2 Mapping of the distribution of Covid-19 health kits in the Paris region
 PRODUCED BY MIGRACHICOVID TEAM

4.3 *Other Help Offered by the Chinese Embassy through the Activities of the UCECF*

Other embassy activities also focused on students, by providing health care and Chinese medicine to those who had been infected with Covid-19, creating WeChat groups to communicate about the evolution of the pandemic, and sharing information.

First, as part of providing health care and Chinese medicine to infected students, the embassy invited students needing help to call the embassy in France by cellphone and request the Chinese drug *lianhua qingwen*.

As Yujia, a twenty-nine-year-old graduate student at SKEMA Business School, said:

When I got Covid-19, I was alone in my studio [apartment]. I was fortunate that the education service of the embassy and the UCECF knew about my infection. They had some *lianhua qingwen* delivered to me at my home.

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Second, the volunteers of the UCECF created WeChat groups so that students could help one another and to facilitate access to health care. In March 2020, the UCECF set up several WeChat groups so that it could better understand the needs of Chinese students in France. These groups were in two main types. The first type was set up to enable Chinese students in France to engage in mutual assistance. After March 5, 2020, it had formed sixteen groups called the Group for Exchanging Mutual Assistance among Students Abroad, each of which had more than 450 members. In these groups, the UCECF regularly posted important information related to Covid-19 (new policies, the number of infections, etc.).

The second type had more specific goals and mainly focused on exchanging information related to health and mental health issues (Covid-19 testing, e-health monitoring, vaccination information). Since March 2020, the UCECF had formed at least three groups (Sino-French Medical Consultation; French-Guangdong Youth Volunteer Consultation Group; Mental Health Counseling Group). The membership in each group consisted of more than 300 students, posed questions asking for medical advice and searched for mental health help.

At the same time, the Chinese embassy in France and the UCECF also held several webinars with Chinese medical experts for students on the prevention and treatment of Covid-19 (see Chapter 11). For example, on March 5, 2020, the first secretary of the Education Department of the Chinese embassy in

France hosted a webinar on “Knowledge on the Prevention and Control of Coronavirus,” targeting Chinese students in France and also attended by relevant embassy staff. Dr. Na, emergency doctor working at a hospital introduced *supra*, and Dan Fan, the general manager of Asia Pacific Region at the Fangzheng Pharmaceutical Group in France, were invited to share their knowledge and experience as experts and to explain the philosophy and measures by the French government and medical system to prevent and control the pandemic. Jin Yang, the educational counsellor at the Chinese embassy to France, also participated in the webinar and conveyed the concern of the Chinese Ministry of Education and the embassy to the students in France. He encouraged them to remain confident, persevere in their studies, and pay attention to their health. Afterward, a Q&A session was held to answer questions by the students. The webinar was streamed live on YouTube and available for replaying later as well. The webinar was viewed by more than 8,100 that day, and by May 2022, it had received 20,246 views on YouTube.²

In sum, all the actions targeting students initiated by the embassy (mostly carried out by the UCECF) are to showcase the Chinese state caring for students, to contact students’ families in case of an emergency, as well as to collect digital information on students on the move in order to better manage the data on them.

Undeniably, the support activities by Chinese people not only employed a top-down approach (e.g., from the embassy to students) but also horizontally, among ordinary Chinese citizens in the everyday life. These efforts involved not just medical materials and caregiving but also daily necessities. For example, Chinese entrepreneurs played a role in social solidarity among the Chinese ethnic communities by serving residential areas in the northern suburbs of Paris (see Chapter 5), where they are concentrated. These Chinese residents mainly come from Wenzhou and Fujian, and many of them are engaged in various commercial activities in France, such as catering, imports and exports, and retail (as entrepreneurs or employees). During the first lockdown period, most restaurants and shops were closed. Many Chinese, especially those who are working class and whose living conditions are the most precarious, encountered financial difficulties in their daily lives because of recent or prior unemployment. In order to ensure that these people had adequate medical supplies (e.g., masks and hand sanitizer) and food (fruits and vegetables), some entrepreneurs worked with Chinese neighborhood mutual assistance groups to coordinate and order daily necessities from merchants and deliver

² <https://www.youtube.com/watch?v=E3SraqkyWCI&t=631s/>.

them to their homes at a specific time. This enabled people to obtain necessary supplies without having to go out shopping. Chinese entrepreneurs also help by distributing food to Chinese people whose living conditions are precarious (see Chapter 8). Chinese entrepreneurs, together with Chinese voluntary associative actors, played a central role in building social solidarity among Chinese communities during the Covid-19 pandemic.

4.4 *Solidarity beyond Ethnic Boundaries*

The donation of medical supplies was not limited to the Chinese community but, rather, extended to the wider French population. In interviews, our respondents said that when they received protective materials, they shared them with their French friends, teachers, neighbors, etc. The Chinese diaspora associations, for their part, distributed many protective materials to French institutions and groups (medical practitioners, nurses, police officers, etc.).

For example, Ms. Yu, a migrant who is forty-one years old, worked at a travel agency before the Covid-19 pandemic. She is a member of a Chinese church in Paris, which became very involved in the transnational shipment of masks after the pandemic began.

Since April and May 2020, our church has focused on the collection of masks and protective medical supplies in China and then on shipping and distributing them in France. We wanted to make donations to French hospitals, but we did not know how or which offices to contact. So my roommate and I decided to distribute masks to our neighbors: we put two masks into envelopes and put them into their mailboxes. We did this for approximately eighty families, not only those who are Chinese but also those who are Arabs, Black, and Italian. The residence is very ethnically mixed. ... Another member of the church, who works as a cashier in a supermarket, distributed masks at the cashier to people in need.

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As she said, at this phase of the pandemic, the destination of transnational aid was mainly France. Members of the Chinese diaspora showed their willingness to help the French population, in particular, at hospitals. However, as they are not always familiar with the French health-care system, they do not always know how to make a donation. As such, health professionals of Chinese origin in France have played a significant role in the coordination of donations and the distribution of resources (an issue to which we return in the next section).

Another example is Mr. Zhang, the owner of a hotel chain (consisting of a dozen hotels) in Paris, who offered assistance during the first lockdown (March–May 2020) to French people. He encouraged people to continue working during the pandemic as long as they complied with anti-Covid protocols. He always emphasized the ethnic diversity of the employees (numbering about 180, they comprise not only Chinese workers but also those of other ethnic minorities and non-immigrants). This low self-employment rate strategy (meaning that the proportion of employees of Chinese origin remains relatively low in the company of Mr. Zhang) enabled him to keep the hotels open during the first lockdown in the spring of 2020 because the Chinese employees are more affected by what happened in China and all of them chose to stay at home to protect themselves and their loved ones. They were reluctant to keep working in March, April and even July 2020 according to Mr. Zhang (Wang and Chen, 2021) and to offer shelter to police officers, health-care workers, and social workers, as well as also homeless people and victims of domestic violence. Through these activities, he earned a stable clientele and a good reputation. He was interviewed in the French media and published a diary, documenting his thoughts and work during the first lockdown. He presents a typical example of combining business considerations with social responsibility, which enabled his company to remain profitable despite huge obstacles and enabled him to burnish his business reputation, which will benefit his future business activities.

In the same spirit, Chinese entrepreneurs in France set up additional production lines to meet the urgent needs of the general public. At the beginning of the pandemic, one vice president of a chamber of commerce started to produce masks in France and another started to produce the hand sanitizer; their products soon gained a considerable share of the French market. Thanks to these efforts at the right time, gaps in the local market were filled with local supplies at a critical moment, preventing price increases in important medical supplies due to scarcity.

4.5 *The Significant Role of Health Workers of Chinese Origin in the Coordination of Donations of Protective Medical Supplies in France*

Dr. Lei, arrived in France in 2000 and graduated from a medical school in Paris, is now a general practitioner at a medical office in Bussy-St-Georges (30 kilometers from Paris), in Seine et Marne. On March 27, 2020, with her mediation, the Anti-Covid Center in Seine et Marne (located in Lagny sur Marne) received 1,700 protective gowns, donated by three Chinese churches in France: the

Chinese Evangelical Church in Paris (EECP), the Chinese Evangelical Church of France, and the Chinese Protestant Church of Paris.

Dr. Na also illustrates the role of mediator played by medical experts and health workers of Chinese origin. In March 2020, she launched a mask collection initiative in China to help French hospitals, retirement homes, and kindergartens. Three WeChat groups were quickly created in support of this initiative and attracted over 300 volunteers. She commented:

I feel that the Chinese and overseas Chinese are very united. When I launched this idea, I did not think that so many people would respond and that so many people would actively join us, despite their risk of infection. ... Even now, I still wear a mask donated by Chinese volunteers [laughs] whom I've never met, but we talk every day on WeChat. I developed really good friendships with a lot of people—we've become very good friends. They wanted to protect me by giving me masks, and in turn I wanted to do something practical for them: the Chinese and everyone in France. ... When I was organizing the mask donations and a Chinese hotline, ... for three months [from March to May 2020], I slept six hours a day, and at other times I began work just after waking up. It was tiring but worth it. I really hope that after this pandemic is over, I can personally thank all the people who protected me and helped me, with whom I have worked.

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This third phase of solidarity in the living country highlights the extension of assistance within Chinese networks and beyond by multiple actors: representatives of the Chinese embassy and government in France, associative leaders and members, community workers, ordinary Chinese, and so on. All their activities demonstrate multiscalar and multidirectional solidarity: from the bottom up, from the top down, and horizontal mutual assistance, at the neighborhood, national, and supranational levels, not just among Chinese networks but between them and the majority French society.

5 Conclusion

The pandemic forces us to reconsider the notions of belonging, citizenship, borders, community, and solidarity in global and transnational settings. Our study of the Chinese diaspora in France illustrates the importance of looking at the Covid-19 pandemic from a diasporic perspective. In France, the Chinese diaspora was more proactive in responding to the pandemic than the local

population and the French government. Their transnational solidarity shown in sending and donating PPE was accompanied by the dissemination of ideas and expert knowledge. Their actions helped the Chinese population in France, institutions and relatives in China, and France to combat Covid-19 and to mitigate its effects.

This case study sheds light on how transnational solidarity enables us to understand the Chinese diaspora on the move in times of crisis: the Chinese diaspora is able to meet the major challenges by activating its networks, thanks to its geographic dispersion, its autonomy in relation to nation-states, its multiple anchoring, and so on. In the first phase of the pandemic, the transnational solidarity observed in our fieldwork recalls the classical definition of transnationalism in migration, which is mostly oriented toward the home country. In the second phase, analyzed in this chapter, the direction of solidarity shifted toward the living society, mostly enacted by diasporic elites and leaders. Finally, in the third phase, that of normalization of the pandemic in French society, this transnational solidarity leaped its ethnic borders and extended to the broader population. Thus, the meaning of transnationalism gradually expanded, from 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. By exploring this dynamic, our study traces the contribution of solidarity to the revitalization of diaspora organizations, to strengthening the sense of belonging by the diaspora and of its capacity for action.

From a theoretical perspective, the Covid-19 pandemic seems to have had the effect of renewing transnational solidarity. Because of this unprecedented global health crisis, cross-border, ethnic, and professional collaboration and solidarity have actively accelerated and changed. Our study shows the multiscalar and multidirectional of the solidarity actions. Only the synergies between various actors, state and non-state, Chinese and non-Chinese, without forgetting the digital infrastructure, allowed a solidarity mobilization of such magnitude. Analysis of these transnational actions by the Chinese diaspora in France should employ neither an exclusively homeland-oriented perspective (nationalism/patriotism) nor a solely living country-oriented perspective (integration of the Chinese migrants into French society). Rather, it should take the perspective of global citizenship and examine its meaning and its responsibility at a time of worldwide crisis (Ramsari, 2020), in order to offer a counterpoint to health nationalism.

However, the strength of the diaspora should not obscure the limits of its actions and vulnerability. The transnational circulation of medical knowledge had insignificant impact on the political decisions of French government. The transnational circulation of medical supplies revealed dilemmas and controversies as well as the strength and limits of diasporic solidarity in the face of

the health crisis in the context of political tensions between China and some countries in the West. For example, when Europe became the epicenter of the pandemic, some people in France accused the Chinese there of having exacerbated the shortage of medical supplies in the country by sending their massive amounts of PPE to China. The increase in transnational solidarity activity among the Chinese diaspora does not mean the advent of a cosmopolitan era or fraternization among peoples (see Chapter 5). It might also resurrect the suspicion of disloyalty by Chinese people and the fantasy of a fifth column among a portion of the population in Western countries. In a world governed by the system of nation-states, the tension between transnationalism and nationalism will be long-lasting.

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