

Vietnamese Carescapes in the Making: Looking at Covid-19 Care Responses in Berlin through the Affective Lens of Face Masks

Max Müller,* Anita von Poser,** Edda Willamowski,*** Tà Thị Minh Tâm,† and Eric Hahn††

Face masks were undoubtedly one of the most visible and (at least in some countries of the Global North) most controversial markers of the Covid-19 pandemic. Contrary to the white-German majority society in Berlin, Vietnamese migrants in the city were aware of the essential role of wearing masks in public right from the beginning of this health crisis. In March 2020, when the German government agency for disease control was still advising the general public against donning masks, former Vietnamese contract workers were already producing thousands of fabric masks for donation to ill-prepared hospitals and care facilities. Vietnamese students in Berlin, as well as children of Vietnamese migrants born and/or raised in Germany, also initiated various mask-related campaigns to tackle the health crisis and support

* CRC 1171 Affective Societies, Freie Universität Berlin, Habelschwerdter Allee 45, 14195 Berlin, Germany; Department for Anthropology and Philosophy, Institute for Social and Cultural Anthropology, Martin-Luther-University Halle-Wittenberg, Reichardtstraße 11, 06114 Halle, Germany

Corresponding author's e-mails: maximilian.mueller@fu-berlin.de; maximilian.mueller@ethnologie.uni-halle.de

 <https://orcid.org/0000-0003-2298-2415>

** Department for Anthropology and Philosophy, Institute for Social and Cultural Anthropology, Martin-Luther-University Halle-Wittenberg, Reichardtstraße 11, 06114 Halle, Germany
e-mail: anita.poser@ethnologie.uni-halle.de

 <https://orcid.org/0000-0003-3679-9048>

*** Department for Anthropology and Philosophy, Institute for Social and Cultural Anthropology, Martin-Luther-University Halle-Wittenberg, Reichardtstraße 11, 06114 Halle, Germany
e-mail: edda.willamowski@ethnologie.uni-halle.de

 <https://orcid.org/0000-0002-3149-0773>

† Department of Psychiatry and Neuroscience, Charité Universitätsmedizin, Campus Benjamin Franklin, Hindenburgdamm 30, 12203 Berlin, Germany
e-mail: thi-minh-tam.ta@charite.de

 <https://orcid.org/0000-0002-9252-3161>

†† Department of Psychiatry and Neuroscience, Charité Universitätsmedizin, Campus Benjamin Franklin, Hindenburgdamm 30, 12203 Berlin, Germany
e-mail: eric.hahn@charite.de

 <https://orcid.org/0000-0002-3782-1983>

local Vietnamese communities.

Based on digital ethnography in the spring of 2020, as well as later offline ethnographic exploration, we tracked the emergence of Vietnamese care networks trying to cope with the then-evolving pandemic. Looking through the analytical lens of face masks, we aim to highlight people's emic understandings of care as materialized in self-sewn masks.

Besides showing the processual character of those care responses, we also aim to work out distinct differences between the migrant generation and post-migration actors regarding their motivations for organizing their respective campaigns. While our interlocutors from the latter group were much more vocal about anti-Asian racism and thus focused on community care projects, the Vietnamese migrants we talked to framed their care response in terms of a narrative of giving back to their second home country at a time of need. In addition, we will show how these care responses were differently shaped by media discourses from Vietnam and/or the global Vietnamese diaspora.

Keywords: Covid-19 pandemic, Vietnamese diaspora, face mask controversy, anti-Asian racism, community care, carescape

Introduction

While my understandings of masks are shaped by . . . specific embodied and social experiences, so too are they shaped by living in and through this pandemic, by the endless numbers signalling rising cases and deaths worldwide. By the statistics telling devastating stories about the inequities of our world. Through this, I've come to wonder what else might we do? Surely much needs to be done. Masks cannot protect us all from all of these complexities, *but perhaps as a symbol of care, they are a good place to start.* (Lupton *et al.* 2021a, XIII, italics added)

In March 2020—with the ever-increasing numbers of infections and deaths due to the previously unknown coronavirus SARS-CoV-2—Germany's first lockdown was implemented. The German federal government called for contact restrictions, shops were closed, employees were asked to work from home, and only jobs deemed “systemically relevant” were to be carried out. All eyes were on the country's health-care system. This societal pressure was particularly noticeable at Charité-Berlin—one of Europe's largest university hospitals—where not only did physical and mental health care for patients need to be upheld under the new pandemic conditions but also much-needed research had to be carried out under high pressure. Under these circumstances, strict hygiene measures were the top priority in daily contact with patients. However, this required a great deal of effort because at that time the federal government had not ordered enough face masks and other personal protective equipment (PPE) for the public or, even

worse, for employees of the health-care system. Hence, during the first lockdown caregivers were faced with the challenge of adequately protecting themselves. At that tense time, a large donation of self-sewn masks reached the Charité-based psychiatric-psychotherapeutic outpatient clinic for Vietnamese migrants living in Germany.¹⁾ Tạ Thị Minh Tâm, the head of the outpatient clinic, gratefully accepted this self-initiated donation from an East Berlin tailor shop owned by a Vietnamese migrant. With this gift reaching the clinic, doctors, psychologists, nurses, and other employees of the Charité were provided with potentially life-saving masks—even before the federal government officially decided to mandate mask wearing in all federal states by the end of April 2020.

Working at the intersection of migrant psychosocial care, engaged scholarship, and Vietnamese diaspora experiences in Berlin, our anthropological-psychiatric team aimed at disentangling the above-described encounter and similar mask-related care responses of different Vietnamese communities in Berlin. It is worth noting that the rich and diverse history of global Vietnamese migration is especially recognizable in Germany's capital. There are, for example, Vietnamese communities connected to the Cold War era—former refugees who fled Vietnam after the end of the war in 1975 and the consequent reunification under the socialist government—and, on the other hand, socialist contract workers who migrated from different countries of the former Eastern Bloc to Germany (Bösch and Su 2021; Steinman 2021). In her ethnography *The Border Within*, Phi Hong Su (2022) unpacks the histories of those two distinct Vietnamese communities in Berlin, which devolved independently when Berlin was still divided and came in contact with each other only after the German reunification.

In the socialist era before 1989, around 300,000 Vietnamese nationals went abroad as part of a socialist migration regime (Schwenkel 2014, 239) to other countries in the international socialist ecumene (Bayly 2009). There they would initially get schooled or receive vocational training under the banner of solidarity and proletarian internationalism. In the later phases of this migration regime they were mostly exploited as a cheap source of labor for the crumbling Eastern Bloc economies. Between 1980 and 1990 around 69,000 Vietnamese contract workers came to East Germany to work or receive vocational training (Spennemann 1997, 10). After the German reunification, many years of political struggles for permanent residency rights as well as financial incentives provided by the German government to return to Vietnam led to only 21,000 of the former contract workers remaining in Germany (Sextro 1996, 58).

On the other side of the Berlin Wall were around 40,000 Vietnamese refugees who had come to the Federal Republic of Germany as part of quota regimes to tackle the

1) For more information about this clinic, see Charité Department of Psychiatry and Neurosciences CBF Berlin (2021).

exodus of hundreds of thousands of Vietnamese fleeing the country after the end of the American War in Vietnam in 1975 and the subsequent reunification of Vietnam under the socialist government. Unlike the political struggles faced by the former contract workers to stay on in Germany, the refugees were welcomed in Germany under favorable circumstances and received governmental support in the form of language training and housing (Bösch and Su 2021).

Today, those historically well-established groups are eclipsed in numbers by a steady influx beginning in the 1990s and picking up speed in the early 2000s of newer Vietnamese migrants who often reach Germany via clandestine routes (Glasseý-Trànguyễn 2016; Mai and Scheidecker 2020). Nowadays Berlin also attracts more and more students from Vietnam and young people starting vocational training. The ethnographic vignettes in this article will provide insights from actors from almost all the above-mentioned migration regimes.

By connecting diverse Vietnamese migration histories in Germany with different care responses of mask making and donating, we will show how the intense affective moment of the emerging coronavirus pandemic led to the formation of distinct yet connected ephemeral communities of care (von Poser and Willamowski 2020). In combining different analytical dimensions (migration history, care, and the affective marker of face masks) we aim to bring the emic perspectives behind different forms of care to the fore.

To analytically capture those ethnographic encounters, we first introduce our theoretical conceptualizations revolving around different notions of affect and care and the challenges of doing fieldwork during a pandemic. Based on this conceptual and methodological foundation, we provide a brief historical context of medical masks in order to shine a light on their highly charged symbolism in times of crisis. In the ethnographic part of our article, we will concentrate on the affective dimensions of care related to several mask initiatives launched by different Vietnamese communities in Berlin. Besides showing the processual character of these care responses, we aim to work out the distinct motivations and approaches of varying migration cohorts and generations regarding their intention to organize face mask campaigns. While our interlocutors from the post-migration generation were much more vocal about anti-Asian racism and structural disadvantages related to the pandemic, the elderly generation of Vietnamese migrants we talked to framed their care response as a narrative of giving back to their second home country. By focusing on face masks as an analytical lens (see also Lupton *et al.* 2021b), we strive to show how different groups of the heterogeneous Vietnamese community in Berlin found their own rationale for their mask projects. To analytically grasp the pandemic-related care responses of different Vietnamese dia-

sporadic networks in Berlin, which are presented in more detail below, we will first define our understanding of care with a particular focus on affect theory.

Care in Times of Crisis

Social and medical anthropologist Elana Buch hinted at the inherent ambiguity of care, which she understood as “a shifting and unstable concept” (Buch 2015, 279) that was used in the last three decades to describe a myriad of social and cultural phenomena. Care as a social practice located in time and space manifests itself (among other things) as professionalized care in hospitals, nursing homes, or the home; psychiatric treatment; psychosocial care; civic engagement; and caring for others as well as oneself. Faced with the challenge of defining the rather broad and fluid concept of “care” for our work, we feel most comfortable with the anthropological definition of care as a “notion that transcends categorical boundaries: moving between different institutions and actors, times and places, care . . . brings together individuals, relatives, working relations, communal services, societies, policies, and nation-states” (Drotbohm and Alber 2015, 14).

Care characteristics such as the spatial and temporal dimensions were first captured under the term “caringscapes” (McKie *et al.* 2002). As Sophie Bowlby (2012, 2110–2111) has explained, this can mean taking into consideration changing “patterns of caring” over the life course of a person (see also von Poser 2017; 2018) or looking at the actual spaces where care takes place. The influence of institutionalized structures and discourses as well as “resource[s] and service context[s] shaping” those caringscapes became the focus of attention under the framework of “carescapes” (Bowlby 2012, 2112). Coming full circle, Sophie Bowlby and Linda McKie reimagined the highly dynamic and interwoven relationships of individual “caringscapes” and their interactions with their surrounding “carescapes” as an ecological framework in “which . . . political demands or shifts in behaviour, will influence resources and services provided and vice versa” (Bowlby and McKie 2019, 536). They also hinted at an often-overlooked dimension of care, which due to the pandemic and the accompanying restrictions became increasingly important in our research: “Moreover, we note that spaces of interaction relevant to care may be material spaces but can also be ‘virtual spaces’” (Bowlby and McKie 2019, 537; see also Baldassar 2014). We will address this point more extensively in the ethnographic description of the emergence of Vietnamese digital carescapes responding to the Covid-19 health crisis.

It is worth noting that we are particularly interested in the affective space which opens up when humans, organizations, and other entities enter care relations. This

interest stems from our ongoing involvement in the well-established Network for Mental Health of Vietnamese Migrants in Berlin (Ta *et al.* 2021), which is closely connected to the specialized outpatient clinic mentioned in the ethnographic vignette at the beginning of this article. Working at the intersection of psychological anthropology, cultural psychiatry, and global mental health, the senior scientists working on this article were actively involved in the founding of this network in 2013 and its further professionalization. For the past ten years social workers, medical doctors, psychologists, migrant self-organizations, and social scientists have come together to develop culture- and language-sensitive care for Vietnamese migrants and their descendants in Berlin. The reasons for Vietnamese migrants to engage with the many organizations and care institutions of this network are manifold; they include, among others, unclear residence status, structural racism, cultural ostracism, trauma related to war and migration experiences, intergenerational conflicts, and pressure to maintain transnational family obligations (von Poser 2023, 146). Despite the efforts of this network, there are still many institutional barriers and affective dissonances that need to be tackled to further improve psychosocial care for Vietnamese communities in Berlin and sensitize the white-majority society to mental health problems related to migration and racism (Stumpfögger *et al.* 2022).

In our ongoing research of those processes, we understand affect as a felt intensity of indefinite size. Instead of being a hidden quality in the inner lifeworlds of the involved actors, it is a result of what is produced in between those entities. Hence, affecting and being affected is a highly relational intensity occurring in “encounters between bodies that involve a change—either enhancement or diminishment—in their respective bodily capacities or micro-powers” (Slaby and Mühlhoff 2019, 27; see also Slaby and von Scheve 2019). This relational character of affect (and care) can work as a social force to create, maintain, and in some cases even dissolve “significant relations” (Thelen 2015; for affect and care in Vietnamese contexts, see Tran 2015; 2023; Shoheit 2021). With attention to this relational-affective perspective on care (as seen through the lens of face masks), we aim to illuminate how the disruptions caused by the pandemic motivated the mask-related care responses. We further explore the felt intensities of actors in their care effort, i.e., we ask what motivated people to help in times of crisis and how they felt while doing so.

Conceptually, we would like to take off from those preliminary considerations and extend them by including the affective dimension of care. This combination of care and affect can be achieved by focusing on what Anita von Poser and Edda Willamowski (2020) have described as an “ephemeral community of care.” We think that in order to understand the intention of the involved care actors, it is highly relevant to take into account their “affective lives” and explore their “emotional experiences . . . as the dynamic and

open outcome of complex, and sometimes, arduous, processes of dealing with felt differences and of doing and undoing belonging over the entire course of life” (von Poser and Willamowski 2020, 612). Thus, sharing affectively grounded memories and experiences can help to create ephemeral communities of care. The ephemeral nature of those communities is intimately linked to affect: When the affective intensity fades away, communities can also dissolve—or, as in the case of Veronika Zink’s description of affective communities, “[They] are *momentary connections of social immediacy* that are driven by the ‘impulse of sociability’ . . . that is, of a playful form of practicing convivial connectivity” (Zink 2019, 289–290, italics added). In the following section we will show how we methodologically captured the affective entanglements of care and face masks.

Doing Fieldwork during a Pandemic

While we started our research project in late 2019 with the goal of studying the institutionalization of psychosocial care services for Vietnamese migrants in Berlin, after a couple of months we were forced to come up with new ways of doing the research we had originally planned. Due to health considerations and legal constraints on freedom of movement, our research was restricted in the first quarter of 2020. The ethnographic encounters described here offer a lively snapshot of our attempt to come to terms with the challenging research context of this period. As will be shown, various initiatives and projects from diverse Vietnamese lifeworlds in Berlin were started to tackle the health crisis. While those emerging communities of care were connected to a specific period (March to late summer 2020) and eventually disintegrated, they nevertheless helped us to sharpen our original research question concerning the dynamic relationship between affect and emotions in the process of caring for others and the self.

As a result of the uniqueness of the developing pandemic situation, we had to adapt our initial research design, which was based on face-to-face fieldwork and direct contact with patients, and adjust it to the given context. Especially helpful in our attempt to redesign our research agenda and methods was the crowdsourced online document “Doing Fieldwork in a Pandemic” (Lupton 2021). Inspired by the creativity of the international research community, we slowly came to terms with the digital nature of our research. Hence, we ended up following two lines of methodological inquiry.

On the one hand, we concentrated mainly on observing the online behavior of Vietnamese communities in Berlin on social networking services like Facebook and

Instagram. Public Facebook groups, such as Cộng đồng Việt tại Berlin Germany (Vietnamese community in Berlin and Germany) (2020)—with around 30,000 members, this is one of the biggest of its kind—and public posts on social media were used to observe the first wave of corona care responses by members of different Vietnamese communities in Germany. There are, of course, ethical considerations when it comes to online data collection, with consent issues and problems relating to anonymity being the most obvious ones (see Boellstorff *et al.* 2012, 129–149; Coughlan and Perryman 2015; Franzke *et al.* 2020).

A second important Internet source for following up on the wide variety of care responses was the Vietnamese-language online newspaper *Việt Báo*. Run by Phạm Quỳnh Nga, *Việt Báo* has been reporting since 2014 on topics related to the Vietnamese diaspora communities in Germany and neighboring countries. Several interviews were put online by Phạm about groups of Vietnamese migrants sewing masks and Vietnamese charity organizations donating self-sewn masks to German care facilities, which helped us map the Vietnamese care responses related to Covid-19 (Phạm 2020a; 2020b).

Beginning in late April 2020, our online encounters were extended to face-to-face interactions. Keeping in mind hygiene and physical distancing rules as well as corona legislations, Max Müller, the first author of this article, ventured out to conduct interviews. As much as the medical community and the general public were learning about the virus and how to live with it every day, we certainly also made mistakes and were taught valuable lessons. In hindsight, doubts remain about whether we should have engaged in this kind of face-to-face research. However, Deborah Lupton, the editor of the crowdsourced document mentioned earlier, reminds us that there was a real urgency to capture anthropological snapshots during the early stage of the health crisis:

Social research is again urgently needed to document people’s experiences of living in this moment, how different countries and governments are addressing the pandemic and what social changes are occurring now or will be happening in the post-Covid world. Social researchers need to be contributing to understandings [*sic*] how people have been affected by living in the pandemic, both physically and mentally, and what measures and policies have been most effective and helpful. (Lupton 2020)

The lion’s share of our investigation was, nevertheless, conducted online. By scanning care responses of diverse Vietnamese communities in Berlin and organizing interview partners online, we kept our physical interactions to a minimum. Because of the digital nature of our research, we have included several videos, online articles, and links throughout the article for readers who might wish to delve into digital Vietnamese carescapes relating to the Covid-19 pandemic and its mask-related responses.

Affective Histories of Face Masks

Medical face masks are certainly one of the most visible and—at least at the beginning of the Covid-19 pandemic—controversial markers of the health crisis. While many Asian societies and their citizens instantly responded to the crisis by wearing masks without complaining, there were endless civil debates in numerous European countries, the United States, and other regions of the world about the effectiveness of this practice.²⁾ Looking at diverse Vietnamese communities in Berlin, one of our aims was to understand what underlying care concepts and narratives could be conceptualized through the highly charged symbol of the mask. To begin to grasp why the Vietnamese community in Berlin was so quick to act in a time of crisis and convey what masks as symbols of intense affective periods can teach us, it is helpful to briefly look into the history of medical face masks.

In our endeavor to understand the connection between masks and the Covid-19 health crisis, it is crucial to bear in mind that medical face masks have supported humanity for well over a hundred years in our constant fight against germs and diseases. Medical cloth masks were first developed in Europe and North America at the turn of the twentieth century, when germ theory was relatively new and virology was still in its infancy. Hence, the efficacy of those new biomedical devices was highly debated (Matuschek *et al.* 2020, 4). When the use of medical masks was still being contested in most parts of the world, Dr. Wu Lien-teh transformed them into highly effective medical devices. Born in 1879 in Penang—then part of the British Empire in Southeast Asia—as a child of Chinese immigrants, he studied at Cambridge University before working for the Empirical Chinese administration. While stationed in East-Chinese Manchuria during the 1910 outbreak of the pneumonic plague, he added layers of gauze and cotton to the already existing crude face masks of the time to fight the airborne disease. Based on his meticulous field research, he created an efficient anti-plague device. This invention is widely regarded as the birth of our now commonplace medical face masks (Lynteris 2018).

When the Spanish influenza had the world in its grip only a few years later, Dr. Wu's face masks were used worldwide. Their usage is especially well documented in the US, where some local governments—not unlike today—made mask wearing mandatory in pandemic times (Luckingham 1984). After the Spanish influenza disappeared, the practice of donning masks by the general public stopped in most countries around the

2) In this article, we explicitly avoid engaging with the often shifting (medical) discourses about the effectiveness of mask wearing. Instead, we try to show how different groups organized specific forms of care around the affective highly charged symbol of face masks.

world as quickly as it had started; but it has persisted most notably since then in Japan.³⁾

As Lupton and her colleagues remind us in their anthology on the socio-material aspects of medical face masks, in pre-Covid-19 times most people from Europe and North America did not have any contact with this social practice. In fact, “[t]hey have had to learn how to make sense of face masking as a protective practice and how to incorporate face masks into their everyday practices and routines” (Lupton *et al.* 2021b, 10–11). Having researched the history of face masks for many years, the medical anthropologist Christos Lynteris (Friedman 2020) notes that this unfamiliarity—due to the absence of large-scale outbreaks of disease in the recent history of Europe and North America—was responsible for why an automatic “mask-response” did not occur in those regions. On the contrary, as it became shockingly clear from the very beginning of the pandemic, the sole act of wearing a mask as an Asian person (or people read as Asian) was seen as suspicious and triggered racially motivated hate crimes (Ren and Feagin 2020).

Therefore, we consider mask wearing (or sewing for later donation) as a highly relational act of care that created “disturbing and disruptive affective forces” as well as “affective and relational tensions” (Lupton *et al.* 2021c, 73) at the beginning of the global health crisis. In the following ethnographic descriptions, we introduce four distinct yet connected communities of care that revolved around face masks: two care networks initiated by Vietnamese migrants (each group linked to different migration regimes) and two related projects developed by actors from the post-migration generation of German-born and/or -raised children of Vietnamese parents.

ChungTay: Joining Hands against Coronavirus

After we first heard about the mask donation to the specialized outpatient clinic mentioned earlier, we went online to look for possible interlocutors who had participated in this or related mask-sewing projects. Still confined to our homes, we scanned the Internet and found a Facebook livestream by Ms. Hà⁴⁾ on March 21, 2020, one of the first

3) Japan is not the only Asian society where mask wearing is widespread (see Burgess and Horii 2012; Horii 2014), but besides some biomedical studies there are virtually no academic reports about the cultural practice of mask wearing in other countries of the region (for an exception about mask wearing in China, see Rochot 2020). For two fascinating compilations of street interviews about the attitude of everyday people in East Asia toward mask wearing as well as their perception of the aversion to masks in Europe and North America, see Asian Boss (2017) (for pre-Covid-19 interviews in Tokyo) and Asian Boss (2020) (for interviews in Seoul during Covid-19).

4) We use original names that are to be found in openly available resources, such as newspapers and social networking services, while the names of the interlocutors we met in our research are anonymized.

highly visible responses to the Covid crisis in our field. A chemist by profession but then running a wholesale business for nail shop supplies (Mai 2020), Ms. Hà was one of many successful businesswomen from the Đồng Xuân Center in East Berlin who had amassed several thousand followers on her personal Facebook page. Only a couple of days after the first lockdown had been implemented in Berlin, she addressed her followers and fellow nail shop owners in tears, urging them to follow suit and donate their supplies of hygiene products to first responders and caregivers. It is important to note once again that at the time many care facilities in Germany were not prepared for the upcoming pandemic upheaval. Due to a dangerous mix of the public downplaying the pandemic situation and mismanagement by the German government, there was a severe shortage of medical masks and other PPE. Hence, the video caption of Ms. Hà's emotionally charged video reads:

Join hands with HA NAIL to donate masks, gloves, and disinfectants to hospitals, nursing homes, Super Markets, firefighters, police stations and clinics and pharmacies to support those on the frontlines who are working for our peaceful lives. This is a way for us to thank Germany for caring about Vietnamese people far from home, many of us with stable and rich lives. Please share [this video] and support the Germans of your second home country [*quê hương thứ hai*]!!!!!! (Nguyễn Thị Hà 2020)

Following Ms. Hà's emotional plea for support, we were redirected to the Facebook page of Ms. Thành's corona network, ChungTay. Ms. Thành went to Germany to study business administration almost 15 years ago. There she met her future husband, moved to Berlin, and opened a successful beauty salon in the Đồng Xuân Center. Instead of just donating supplies, she got together with four friends working in the beauty and nail industry to launch the corona support network ChungTay (Vietnamese for "joining hands" or "helping together"). Apart from resonating with the general sentiment of support for the "second home country" of Ms. Hà's video, ChungTay's founding statement on Facebook also called for a certain amount of patriotic pride and the keeping of feelings of belonging to Vietnam: "With the message 'Vietnam together with CHUNGTAY is here to help the second homeland' [*giúp đỡ quê hương thứ hai*] we want you always to be proud to tell Germans 'We are Vietnamese'" (Nguyễn Thanh 2020).

In addition to donating their stock of medical masks, disinfectants, and gloves, the group also called online for donations to buy fabrics. Those textiles were intended to be turned into simple cloth face coverings, which in turn could be donated to health-care workers. The group's spontaneous idea suddenly grew so large that well over 4,000 euros was raised in just three days. After one week of calling for support on Facebook

and other social media networks, organizing fabrics, finding people who could sew masks, as well as collecting hygiene products from several small Vietnamese-run businesses, the group were able to donate over 10,000 medical masks, 5,000 self-sewn masks, and dozens of liters of disinfectant to more than ten care facilities in Berlin. Most of the time, Vietnamese care providers working in hospitals and nursing homes initiated connections to those facilities. Vietnamese restaurant owners later joined the cause by donating over 1,000 servings of food for medical staff and caregivers. Through the personal network of one of ChungTay's founders, the group were able to get in touch with VTV4—the Vietnamese state media channel addressing the overseas Vietnamese population—to organize a film crew for their first round of donations. Hence, their patriotic sentiment could be broadcast to the global Vietnamese diaspora.⁵⁾

After the first author of this article became aware of the group's activities on Facebook, he was able to establish a rapport with Ms. Thành to talk about the development of the ChungTay group. They met in her beauty salon to discuss the group's formation, the intention behind establishing this community of care, and the underlying rationale for helping others during the coronavirus outbreak. When Ms. Thành was asked at the beginning of the conversation why she thought the Vietnamese in Germany were so active in the fight against the coronavirus, she pointed out that “while some Europeans were still downplaying the outbreak, the Vietnamese community was very much aware of what was happening in Asia.” She said that by consuming internationally broadcast Vietnamese media channels—for instance, VTV4—they received “the latest news about the virus when German news stations only scarcely reported about it.”

Later in the conversation, Ms. Thành picked up that thought again and went on to say that the urge to help was strengthened by the group's feeling of belonging to Germany as well as their overall perception of well-organized crisis management by the German government:

And you know, in this pandemic, I have a really good feeling that we are all well taken care of here [in Germany]. You can feel safe in Germany. The state takes care of you, no matter where you come from—no matter what nationality you have. You live in Germany, and you can feel just like in your homeland. And that is what many of us feel, that we are really happy we can live here. Well, I was born in Vietnam, but the second half of my life was spent in Germany. So I feel that I'm already half German. Me and other people like me always feel that Germany is our second home. And of course, we can't do much, but what we can do, we will do.⁶⁾

5) See the VTV4 (2020) clip starting around 0:56. An online article about the corona-related activities of Vietnamese in Germany on VNExpress (Lý 2020) shows a picture of a banner from the ChungTay group reading “*Gemeinsam Helfen* [Helping together] Vietnam for Germany.”

6) All interviews were conducted in German and translated by the authors.

Continuing the conversation after the recorded interview, Ms. Thành further opened up about her perception of being well taken care of by the German government. She explained that many Vietnamese migrants felt incredibly grateful for the 5,000 euros they received from the German government as part of a stimulus package for self-employed workers and freelancers. Since Vietnamese migrants in Germany in general, and especially the former socialist contract workers, were overproportionately self-employed (around 29 percent compared to approximately 12 percent of the total German population [Schmiz 2011, 83]), this was a sentiment shared by many people of the Vietnamese diaspora in Berlin.

The highly intense moment at the beginning of the pandemic in Germany, especially in the face of mismanagement by the German authorities and the subsequent lack of masks for people working in the German health-care sector, affectively spurred people like Ms. Hà and Ms. Thành to step forward and organize care responses. At this point, it is worth noting that both of these women working in the transnationally connected Vietnamese ethnic niche of the nail and beauty industry (Eckstein and Nguyen 2011) are part of the often-overlooked migration cohort of newer Vietnamese migrants in Germany. Vietnamese migrants in Germany are still perceived and described as being made up mostly of former refugees and socialist contract workers. While this description might fit the situation in the first decade after the reunification of Germany, Mai Thi Thanh Nga and Gabriel Scheidecker (2020, 121) have estimated that roughly 105,000 of the 176,000 Vietnamese and Germans with Vietnamese family ties living in Germany are connected to newer migration cohorts. Many of those newer migrants work in the beauty and nail design industry and were therefore in a position to donate possibly life-saving supplies like medical masks and disinfectants.

From the description of these first ethnographic examples, it becomes clear how the sentiment of belonging to Germany and the narrative of gratitude heavily influenced the formation of the ChungTay network. People either stated online or told us directly that they felt they were taken good care of by the government, that they could live a stable and fulfilling life in Germany, and hence that they wanted to help out in times of crisis. Thus, the formation of the ChungTay network as an ephemeral community of care was heavily motivated by the shared sentiment of wanting to give back.

Who Sewed the Masks?

Before the first author left Ms. Thành's beauty salon, he asked her whether she could connect him with some of the sewists who were producing masks from donated fabrics.

Ms. Thành told him that her group had been contacted in the early days of its formation by a Mr. Hoàng, who was mainly responsible for finding sewists and organizing the distribution of donated fabrics.

A couple of weeks later, the first author met Mr. Hoàng in his apartment in an East Berlin socialist housing block. Sitting in his living room, Mr. Hoàng talked about his previous life in Vietnam and how his contributions to the army had made him eligible to work in a socialist foreign country. Upon arriving in East Germany in 1982 to work in a glass factory, he got a firm grip on the German language. After his contractually fixed period of five years in the German Democratic Republic (GDR), he was asked to act as a group leader for newly arriving Vietnamese contract workers. His job was to mediate and translate between the Vietnamese workers, the management of the textile-processing factory he was assigned to, and the Vietnamese embassy. Most of his present-day contacts with Vietnamese sewists making masks for the ChungTay group stemmed from his time working at VEB Berliner Damenmoden, a people-owned textile-processing factory in Berlin. He explained to the first author:

I have many friends in Germany, contacts with Vietnamese friends, so that's why I called them. They immediately wanted me to bring fabrics so they could sew and everything. And that's why we [the network] can do it. If they [the sewists] don't want to do it voluntarily, we can't do it that way. Everything is voluntary. Then I called several people, but I couldn't do too much alone. And that's why I only have three groups. It's like a network. I called them, brought stuff, asked what they needed, how I could help. And then they sewed, and then we look at how much there is. I wrote it all down, wrote it down every day. Look at this.

Mr. Hoàng showed the first author his private records of the last six weeks. He had meticulously noted every detail of the group's activities: how many masks had been sewn, the date of donation, which care facility got how many masks. Later, he pulled out his cell phone to show some pictures of his work and his network of sewists. While swiping through dozens of images, he estimated that around fifty Vietnamese families in Berlin were sewing masks for donation.⁷⁾ Zooming in on some of the images, Mr. Hoàng went on to explain that it was usually the women who sat at the sewing machines while their husbands prepared the patterns or cut the fabrics.

Before the first author left, Mr. Hoàng took him to another room and proudly showed him the sewing machine he and his wife had bought in the GDR and used the last couple of weeks. Smilingly he said, "but that's only a small machine which can only do so much. I'll give you the address of a group of people who are sewing more professionally in a tailor's shop. You should visit them."

7) See also ChungTay (2020).

When he arrived the next day at the address Mr. Hoàng had given him, the first author, unfortunately, interrupted the sewing group who were on their well-earned lunch break. They were, nevertheless, able to sit down and talk with him about their arduous work and why they were doing it in the first place. The main group consisted of the married couple who owned the tailor's shop and three of their friends. All of them—well into their fifties or early sixties—had arrived in the 1980s in the former GDR to work as sewists. Besides their migration history and their profession in East Germany, they also shared their Buddhist faith. They were active members of the Phở Đà pagoda in Berlin-Lichtenberg and decided to help by sewing masks because they “wanted to do something which comes from the heart.”⁸⁾ Since March 19—just a few days after the general lockdown started in Berlin—they had been sewing behind the closed curtains of the small tailor's shop nine hours a day, often late into the night, even on weekends. When the first author visited them, already six weeks into their work, they told him that they estimated they had sewn around 6,000 masks. The fabrics had been donated by several individuals as well as Vietnamese community networks—ChungTay being one of them. When the first author asked them about their motivation for this work, Mr. Hào—the owner of the tailor's shop—explained:

Yes, that's just to say thank you. We just want to give back. After the reunification of Germany, we [contract workers] were allowed to stay on in Germany. We got a lot of support from the Bundestag [i.e., the German government] and much support from Germany. And now we live here, and our children are born here. They are all grown up now, at school. And everything is good for our people. Our children were born here, and we are all fine. That's why we want to give something back to Germany to help with the corona crisis.

After a short initial conversation (in German), the first author was about to pack up his things and leave when it suddenly started to rain heavily. With a heartfelt smile on his face, Mr. Hào invited him to sit down with the group and stay a bit longer. His wife offered the author coffee and cookies, and they continued their conversation off the record. Using this affective change of atmosphere, the first author introduced himself once again in Vietnamese. When the author asked the group in their mother tongue why

8) This sentiment of “giving from the heart” resonates with the findings of Le Hoang Anh Thu about charity work done by Buddhist laypeople in Ho Chi Minh City. In a special issue of the *Journal of Vietnamese Studies* dealing with the *Affective Turn in the Ethnographies of Buddhism* (Schwenkel and Keith 2020), she writes: “Studies by Vietnamese scholars on charitable work also emphasize this cultural tradition of giving and highlight the Buddhist concept of compassion that pervades Vietnamese people's everyday practice of giving” (Le 2020, 7). Buddhist nuns from the Linh Thử pagoda in Berlin as well as the migrant organization Danke Deutschland (Thank you Germany)—both connected to the migration history of former Vietnamese refugees—also sewed hundreds of masks for later donation (Danke Deutschland 2020).

their first response to the corona crisis was sewing masks, the sewists reminded him of two crucial things. First, masks are simply a ubiquitous sight in the streets of Vietnam. Many women wear them on their motorbikes to protect their skin from tanning or to battle sexual harassment (Nguyen 2017), while younger people use more sophisticated versions to fight air pollution. Second, by consuming Vietnamese national media and global media programs specially designed for the overseas Vietnamese population (for the media politics of the Vietnamese Communist Party, see Carruthers 2007), they were sensitized to mask wearing very early on in the pandemic.⁹ Their heightened sensitivity to the crisis was due to a massive corona-related information campaign carried out by the Vietnamese government. Recalling sentiments of patriotism and heroism from the time of struggle for national independence, the campaign had included propaganda posters showing masked health-care workers, agitation from omnipresent street corner loudspeakers—themselves remnants of the war—and even a stamp series showing a police officer helping a civilian don his mask to remind Vietnamese citizens (at home and abroad) about the importance of masks. Combined with slogans like “chung tay phòng chống dịch COVID-19” (Join hands to fight COVID-19) or “ở nhà là yêu nước” (To stay at home is to love the country/be patriotic) (Humphrey 2020), this campaign achieved considerable success, with no reported corona-related deaths in Vietnam until June 2020.¹⁰

As shown by the formation of the ChungTay group by newer Vietnamese migrants and the sewing groups of the former socialist contract workers and their subsequent care responses, actors from the migration generation of Vietnamese in Berlin were quick to step in and support first responders and care workers. Looking at the affective lives of the actors of these two migration cohorts, we can see how in both cases the migration history of the cohort indirectly shaped their efforts to tackle the health crisis. While newer migrants working in the ethnic niche of the nail and beauty industry donated their supply of masks and other PPE when there was a need for those items in Germany, post-socialist networks of former contract workers stepped forward to use the skills they had learned in the GDR to sew thousands of simple cloth face coverings. After decades

9) In late February 2020 the Vietnamese Ministry of Health even sponsored a corona-themed reinterpretation of a 2017 hit single, which ironically went viral around the world (Min Official 2020).

10) As shown in an April 2020 survey with around 29,000 adult respondents from 15 countries, the percentage of people wearing face masks in Vietnam due to the Covid-19 pandemic was at that time around 91. Compared to the reported numbers from China (81 percent), Japan (77 percent), and a staggering low of just 20 percent in Germany, Vietnam ranked highest in this poll. While around 34 percent of German respondents did not see any benefit from wearing a mask if they were not sick, this sentiment was lowest in Vietnam (7 percent), where, appropriately, 55 percent of respondents expected others to wear masks so as to not pass on their illness (compared to only around 20 percent in Germany) (IPSOS 2020).

of living in Germany, becoming oftentimes successful business owners, and raising their children in their new home country, they were intimately affected by the possible life-threatening lack of masks and decided to help their “second home country.” The formations of these two ephemeral communities of care, which are loosely connected through individuals from different migration cohorts and regimes, show how highly intense affective moments make way for possibilities of connection, change, and care.

By conceptualizing such formations as “carescapes in the making,” we want to draw attention to the underlying affective immediacies and emotional forces that led to the establishment of specific care-related networks. We used the two interrelated projects of actors from the migration generation to show that such forces often have long histories relating to the particularities of different migration regimes. In the next section we will look at two independent yet connected mask campaigns from the post-migration generation, to further show how affective lives with reference to past experiences shape present-day care responses.

Hãy ở Nhà: Stay at Home, Stay Safe

After the rain stopped, the first author got ready to leave the sewing group so they could finally enjoy their lunch break on their own. Before leaving, he asked the group about their children and whether they ever helped with sewing masks. Mr. Hào explained that while their children tried to support their parents as much as they could, he knew that their lives were busy and they usually did not have time to help. He added, “But there is this young German-Vietnamese journalist named Vanessa Vu who visited us for her podcast last week. Maybe you could talk to her.”

Vanessa Vu and her colleague Minh Thu Tran are public figures in the post-migration generation of German-born children of Vietnamese parents. Together they host a successful podcast called *Rice and Shine*, simultaneously acting as a community project for Viet-Germans and as a platform to inform the majority of German society about different Vietnamese experiences. On their Instagram account (@riceandshine.podcast) they were reporting about the coronavirus and anti-Asian racism related to it since early January 2020. In their effort to bridge the generational gap Mr. Hào was talking about, they shared information and vocabulary about Covid-19 for the post-migration generation in Vietnamese. In cooperation with the Hãy ở Nhà (Stay at home) online campaign, they further connected the relentlessly working sewists and their masks with the German-majority society.

The Hãy ở Nhà campaign came to light in mid-March 2020, when Tạ Thị Minh

Tâm—the head of the specialized clinic for Vietnamese migrants in Berlin—sat down in a Facebook livestream organized by the bilingual (Vietnamese-German) children’s book publisher Horami (2020). As an engaged psychiatrist working for years to improve the psychosocial care system for Vietnamese migrants in Berlin, Dr. Tà came together with Dr. Mai Thy Phan-Nguyen (a medical doctor in Berlin) and Nguyen-Schwanke Hanh (founder of the publishing house) to give basic information about Covid-19 to a Vietnamese audience. Ms. Nguyen-Schwanke and the project’s co-founder Thai Bao-Tram later launched the *Hãy ở Nhà* website (Nguyen-Schwanke and Thai 2020).

In line with the campaign’s motto, Ms. Nguyen-Schwanke and the first author stayed at home and sat down for an online interview about the project. As Ms. Nguyen-Schwanke told the author, their goal was to pool high-quality information in Vietnamese because

there were those daily updates in the German media, and even I noticed for myself, as someone who knows this language intimately, how difficult it is to get a clear answer. How are my fellow Vietnamese who can’t speak German then handling this situation?¹¹⁾

Asked about the affective dimension of the face masks and the initiative they had started, *Nähen gegen die Pandemie* (Sewing against the pandemic), she answered:

We just loved this narrative of going back to the sewing machines. Many former contract workers worked as sewists in the GDR. This year [2020], it was initially planned to celebrate the fortieth anniversary of the [Vietnamese] contract workers [in Germany], and now it is somehow like a new part of this story, a sequel. I suddenly realized how we’re going to be part of it now. Then we noticed that those sewists, who are either still working in the tailoring business or have other jobs, can do their work for now, but they can’t keep it that way for long if they just donate the masks. We then created this online platform for them to reach a bigger group of people and actually sell their products.

Later in the conversation, Ms. Nguyen-Schwanke told the first author that she hoped this mode of transgenerational cooperation could be a model for the times to come. A possible recession and economic hardships related to the crisis were thought to most likely hit the migrant generation of Vietnamese in Germany harder than their German-born children working in white-collar jobs. She hoped that lending the post-migration generation a hand could help to ease this development and make this generation step forward to care for their parents’ generation.

This transgenerational cooperation brings us to our last ethnographic example. The above-mentioned *Rice and Shine* podcast got in contact through the *Hãy ở Nhà*

11) The first official documents about Covid-19 translated into Vietnamese appeared mere months after the first lockdown, making this kind of community care essential for Vietnamese migrants in Berlin.

campaign with the sewing group visited by the first author. The May edition of the podcast was therefore dedicated to Vietnamese migrants in Germany sewing masks. In this episode, we also hear Mr. Hào explaining in his mother tongue his core motivation to help out:

I really enjoy making masks. When the first people came to us and asked for masks, we were really happy. We were so happy that people wanted something from us and that we could do something good for the Germans. For Germany, our second home. We are really happy. (Rice and Shine Podcast 2020)

While the migration generation of Vietnamese in Germany felt the urge to give back to their host country because they had been allowed to stay on after reunification, the two hosts of the podcast voiced diverging post-migration points of view concerning this narrative of thankfulness. In the May episode of their podcast they pointed out that many younger people of Vietnamese descent in Germany, having been born and raised in this country, nowadays speak loudly and proudly about their place in society as equals. Therefore, their focus was more on their needs and their constant fight to have the same rights as people from the white-German majority society. So, the motivation of the two women was to pool resources and take care of their peer community instead. Out of the felt need to support Vietnamese migrants sewing masks as well as to take care of the post-migration generation, Vanessa Vu and Minh Thu Tran began a “community masks” project. In collaboration with the French-Vietnamese designer Babeth Lafon and the sewing group around Mr. Hào, they produced a small batch of hand-sewn masks. On her personal Instagram page Lafon explained the rationale behind the chosen design and the motivation for this mask project quite beautifully:

We went with a floral pattern to celebrate the podcasters['] Asian heritage and I picked Daisies for their simplicity and understated elegance. In Feng Shui they symbolize purity and positive energy, and because of the increased Racism that we, the Asian community, had to face since the beginning of the pandemic, it felt like the perfect sentiment to infuse these masks with. I wanted to create something joyful and warm, a bit like a perfect summer day spent laying on the grass full of daisies, feeling held, supported, and safe. I wanted to recreate that feeling of grounding and comfort. (Lafon 2020)

Coming back to the affective lives approach, we can see in the mask project of the post-migration generation how their emotional experiences while growing up in Germany—an upbringing that the hosts of the Rice and Shine podcast often point out was filled with experiences of institutional racism, everyday microaggressions, and sometimes even physical attacks—led them to care for their peers. So, besides just care-related

responses toward German society at large, there clearly was an intra-group aim. The *Hãy ở Nhà* campaign also concentrated its efforts on the launching of its website for the Vietnamese community in Germany, providing the community with high-quality information related to the health crisis as well as assistance with legal and bureaucratic matters. German-born and/or -raised children of Vietnamese migrants also filled this institutional gap in the German state-run health-care system by translating important information during the first months of the pandemic. Instead of putting their efforts solely into helping the white-German majority society, they aimed for a form of community care by empowering their peers in times of heightened anti-Asian racism and violence against Asian (or Asian-read) people. Furthermore, through their shared work with a designer from the French-Vietnamese diaspora community, this sentiment of community care later materialized in a transgenerational “flower mask” project.

Conclusion: Solidarity in Times of Need

This article aims to show how emerging communities of care situated in different Vietnamese lifeworlds of Berlin reacted to the ever-increasing health risks related to the global threat of Covid-19. Due to limitations on our fieldwork during the pandemic, this article portrays only a snapshot of the felt intensities of “carescapes in the making.” We have used this catchphrase to hint at the different affective dimensions that came together in building and maintaining care communities. Revisiting those communities of care almost two years after they started their work, it is important to point out that they either dissolved or returned, as in the case of the sewing group of Buddhist laypeople, to the group’s former activities. When the German authorities finally met the demand for masks for health-care professionals as well as the general public—and hence the affective intensity faded away—these ephemeral communities of care also slowly disintegrated or transformed, thus showing that carescapes are constantly made, unmade, and remade in view of changing societal challenges.¹²⁾

The intersection of the affective dimension of face masks and care is apparent not only on the micro and meso levels of German society but ever more so on the macro

12) While this article was being written in spring 2022, the East Berlin Buddhist congregation (like many other Vietnamese communities of care) reacted to a new affective intensity by refocusing their care efforts at Vietnamese nationals and their children fleeing the war in Ukraine and arriving in Berlin. Engaging in community care for their peers, they cooked several hundred servings of vegetarian Vietnamese meals and collected money, clothes, and household items like rice cookers for donation.

level of international politics in pandemic preparedness and prevention (see also WHO 2021). While millions of Vietnam-produced masks were purchased by Germany in early 2020, tens of thousands more were donated by Vietnamese networks to Germany. For example, members of the Vietnam-Germany Friendship Association (Hội hữu nghị Việt Đức) donated over 80,000 masks for distribution in Germany. As the German ambassador in Vietnam, Guido Hildner, pointed out, hinting at the affective dimension of the masks, “they convey the deep affection of the Vietnamese people, as well as the solidarity of the peoples of the two countries in this fight” (VNF 2020). In a strange turn of events, the Vietnam-Germany Friendship Association’s former socialist students and workers, who had arrived in East Germany under the banner of *Internationale Solidarität* (International solidarity), were now reciprocating this sentiment of solidarity with Germany. Through various mask-related projects in Berlin, we can see how particular histories of different migration cohorts and regimes influenced individual as well as collective care efforts.

We conclude our paper by emphasizing that we work and pursue our research with various Vietnamese communities in Berlin as engaged scientists. It is therefore essential for us to point out that from the beginning of the Covid-19 pandemic, there were other dangerous collateral effects following in its path—namely, hate and racism, effects that impacted us practically and ethically. While all of us bore the responsibility to wear masks to protect ourselves and others, Asian migrants and the post-migration generation seem to have borne the brunt of the crisis. In the last couple of decades, Asian migrants and their descendants—often perceived as model minorities in their countries of settlement—have been at risk of being seen, once again, as the “Yellow Peril.” Therefore, it is not surprising that harassment, physical attacks, and acts like the terror attack in Atlanta in early 2021—fueled by anti-Asian racism—have become an almost weekly occurrence in the news. Unfortunately, the combination of a global pandemic and anti-Asian racism is not a new phenomenon. In a curious historical coincidence, the origin story of our modern-day medical masks is also intimately linked to a health crisis and blatant racism.

Over a hundred years ago, when Dr. Wu transformed surgical masks into sophisticated biomedical devices, he tried to convince a French doctor working in Manchuria of the merits of his new invention. As the story goes, the colleague racially ridiculed the Cambridge-educated Dr. Wu for suggesting wearing one of the new masks to protect against the plague: “he faced Dr. Wu, raised both his arms in a threatening manner, and with bulging eyes cried out ‘You, you Chinaman, how dare you laugh at me and contradict your superior?’” (Wu 1959, 19, cited in Lynteris 2018, 444). Refusing to acknowledge the effectiveness of Dr. Wu’s invention against the airborne disease, the French doctor

contracted the pathogen and died a few days later.

Thus, mask wearing to reduce the spread of Covid-19 is of utmost importance, just like solidarity with people who are read as Asian and are discriminated against because of the racial connection of the virus with Asia is of utmost importance. As Lupton and her colleagues pointed out in the opening quote of this article, masks as a symbolic, highly charged marker remind us that we are living through an intense affective period. We have addressed some of the ephemeral care responses of Vietnamese communities in Berlin and the related affective immediacies at a particular critical time to show that masks can and should be perceived as a visually strong marker of “altruism and solidarity” (Cheng *et al.* 2020), a symbol of care.

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