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Seeking transnational social protection during a global pandemic: The case of Chinese immigrants in the United States

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ABSTRACT

Drawing on in-depth interviews with Chinese immigrants in the U.S. during the COVID-19 pandemic, this article examines the construction of immigrants' transnational social safety net and its gaps as the pandemic struck their home and host societies successively. Building upon the scholarship on transnational migration and transnational social protection, we argue that understanding how immigrants manage moments of crisis requires a cross-border optic. As we show, transnational connections can be translated into valuable material and immaterial resources. However, such protections are contingent upon the reception of their local receiving communities. The perceived hierarchy between the sending and receiving society, coupled with the U.S.' lack of experience with infectious disease outbreaks, limits the extent to which immigrants could put their transnational knowledge and resources to use. Our analyses shed new light upon the circumstances that empower and constrain immigrants as the global pandemic unsettles their daily routines.

1. Introduction

Studies of transnationalism have revealed the diverse ways in which first-generation immigrants weave information, activities, and network connections from their homeland into their daily routines in their destination societies (Carling, 2008; Levitt and Jaworsky, 2007). The ongoing cross-border circulation of material and symbolic resources profoundly shapes immigrants' worldviews, orients their ways of life, and guides their behavior (Levitt and Lamba-Nieves, 2011). Nevertheless, most scholars have yet to examine the role of transnational ties in mediating the response of immigrants to infectious disease. As a result, we know little about how immigrants' transnational connections play in mediating their lives during a global crisis. Nor do we know whether immigrants are able to leverage the resources from their homeland to address disaster-induced risk and precarity they face in the host societies.

Focusing on the experiences of Chinese immigrants in the United States during the early eruption of the pandemic – between December 2019 and April 2020 when many people lived in limbo and tried to figure out how to best protect themselves – we explain how foreign-born

minorities assess, address, and assign meaning to risks and dangers transnationally. In December 2019, the first case of COVID-19 was confirmed in China. The virus poses a great threat to population health and quickly attracted media attention in China starting in January 2020. By mid-March 2020, the pandemic began to impact the United States and many parts of globe, bringing unprecedented changes and challenges to individuals and institutions (Taylor, 2020). The response to the pandemic was often politicized. Some politicians (e.g., then-U.S. President Donald Trump) used the fact that the first reported cases of COVID-19 were in China to blame China for spreading the virus to other parts of the world, and some used China as the scapegoat for Western democracies' failure to contain the virus (Alper et al., 2020). This article moves beyond these political divides and policy debates. Rather, we take a bottom-up approach and explain how immigrants protect themselves and their loved ones as the pandemic impacts their home and host societies.

Combining insights from the scholarship on transnational migration (Levitt and Lamba-Nieves, 2011) and the burgeoning research on transnational social protection (TSP) (Faist, 2018; Levitt et al., 2017; Mingot and Mazzucato, 2019), we argue that leading a cross-border life

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has equipped immigrants with information, knowledge and practices that prepared them for the perils and uncertainties they experienced as COVID-19 swept the U.S. As medical sociologists have argued, the social relations in which we are embedded shape our responses to disaster and disease, having significant implications for our health outcomes (Thoits, 2011). We extend this insight transnationally and underscore the ways leading a cross-border life affects people's risk assessment and coping strategies.

The case of China offers fresh insights into the analysis of TSP, pointing to how the homeland at the center of the storm constitutes a double-edged sword for its emigrants abroad. Our focus on China demonstrates how ties to home societies could generate important knowledge but could also expose its emigrants to perils and precarity. During the outbreak of COVID-19 in China, virtually all of our participants acquired what scholars called "anticipatory information" – knowledge about the events that could be unpleasant, unsettling, or threatening (Shafir and Sheppes, 2020) – regarding what is needed to cope with this pandemic through their transnational communities. Therefore, before the coronavirus pandemic escalated in the U.S., most participants already develop situated knowledge through cross-border ties to prepare for risks and dangers. Furthermore, many participants also drew on transnational resources originating from interpersonal networks, commercial forces, and organizational affiliations to protect themselves and their families socially and emotionally.

Yet, the transnational safety net that participants develop is concomitantly constrained by the response of their U.S. communities. The knowledge that our participants develop in a binational context and the resources they secure from China could be dismissed or despised by their families and friends in the U.S. This constituted a new source of stress and anxiety for our participants. These complex ways of knowing, corresponding strategies of action, and conflicting emotions point to the multi-dimensionality of living a transnational life as the infectious disease brings new risk and uncertainty to an increasingly globalized world. In attending to these experiences, this research not only advances the scholarship on transnational migration but also sheds new light upon the circumstances that empower and constrain immigrants as the global pandemic unsettles their daily routines.

1.1. Background

Cross-border communities in which immigrants are or imagine being embedded not only sustain their sense of membership in the homeland but also facilitate the flow of material (e.g., money) and symbolic resources (e.g., information) across borders (Cohen, 2011; Levitt and Lamba-Nieves, 2011). The development of information and communication technologies (ICTs) further makes it possible for immigrants to acquire immediate knowledge of homeland affairs and to communicate with family and friends back home. Such transnational connections – which can be economic, familial, social, cultural, and emotional – are central to understanding the ways in which first-generation immigrants orient themselves and organize their day-to-day lives (Levitt and Jaworsky, 2007).

The transnational social field in which immigrants reside plays a significant role in how they and other community members cope with risk and danger. Working abroad allows immigrants to contribute important resources to their homeland. Some immigrants send money back home to help their loved ones secure access to food, housing, education, medical, and personal care (Cohen, 2011). Some utilize economic remittances to deliver collective goods such as the improvement of basic infrastructure (e.g., water system) and a more sanitary environment back home (Guarnizo, 2003; Levitt and Lamba-Nieves, 2011). In addition to money, some immigrants facilitate the cross-border transfer of knowledge, expertise, and social networks to help their community members back home formulate policy solutions to structural problems (Holdaway et al., 2015).

Individuals and institutions in the home societies could also protect

immigrants under specific circumstances. Families at home can take over caregiving responsibilities for children and aging parents that immigrants left behind (Yarris, 2017), while grandparents could fly to the countries where their adult children have settled and help care for grandchildren. Some immigrants travel back to their homeland and seek healthcare services (Connell, 2016; Horton and Cole, 2011). Emigrants might move back home to pursue affordable health and personal care after retiring from work abroad (Dossa and Coe, 2017). To be sure, such resources are not available in every immigrant's homeland; depending on the development of their home societies, immigrants are presented with different possibilities and opportunities (Hunter, 2018). Yet, it is also important to remember that for many immigrants, the resources available in transnational contexts *could be* an important part of the safety net that protects them from perils and precarity.

Despite these insights, few studies have carefully examined the role that cross-border ties play in the context of infectious disease. We thus have a limited understanding of the extent to which immigrants could use their transnational ties to negotiate individual and family vulnerability in highly risky and even life-threatening situations. In 2020, COVID-19 struck different parts of the world, constituting a critical case through which we can explore the interplay between crisis, human agency, and the cross-border contexts in which immigrants are ensconced. Using mainland Chinese immigrants as an example, this article examines how cross-border ties affect immigrants' responses to the COVID-19 outbreaks in China and the United States successively.

We argue that the transnational connections that immigrants sustain with individuals and institutions can be translated into critical resources during moments of crisis. However, how effectively they can do so is contingent upon the reaction of their local communities. Our analysis builds upon the burgeoning TSP scholarship, shedding new light upon how immigrants strategize to negotiate their personal and familial well-being across borders (Bilecen and Barglowski, 2015; Paul, 2017). To operationalize the study of TSP, Peggy Levitt and her colleagues (2017, p. 6) offer the concept of "resource environment" to examine how immigrants combine possible protections from four potential sources: the state, market forces, the third sector, and social networks that operate transnationally. The varying constellations of resources that immigrants could secure are intimately tied to their visa or citizenship status, the organizational ecology (i.e., the number, types, and capacities of organizations) they face, the commercial services that they can access or afford, and the social ties they could mobilize (Faist, 2018).

Building upon the TSP scholarship, we analyze the ways Chinese immigrants cobble together resources available across sectors, scales, and borders to cope with the outbreaks of COVID-19. Our analysis shifts the focus from nation-states to the roles that non-state actors play in composing immigrants' resource environments. We highlight how immigrants gather what scholars called informal as well as formal assemblages of social protection (Bilecen and Barglowski, 2015) to construct cross-border safety nets for them and their families. As this article underscores, knowledge, information, and ways of knowing are important components of transnational resource environments, which guide immigrants' decision-making during a global pandemic.

We concentrate on the time between December 2019 and April 2020, a liminal stage where people around the world were figuring out how to cope with the novel virus. According to Victor Turner (1987), the defining feature of a liminal period of time is ambiguity, confusion, and unpredictability. We underscore how immigrants, by living transnational lives, are able to gain anticipatory information that guides their feelings and emotions, such as stress and anxiety about what could happen in the future. Through the circulation of information, ideas, and advice between their home and host society, immigrants foresee the changes and challenges that COVID-19 could bring to their life. Viewing the pandemic as a potential stressor not merely guides their strategies to cope with COVID-19, but also propelled them to make preparations much earlier than policymakers and other laypeople in the U.S. Oriented by their transnational ways of knowing, Chinese immigrants sought to

assemble much-needed support from not only their countries of residence but also their homeland. Using their ties to communities, markets, and non-profit organizations enables them to construct a stronger safety net during a global pandemic. They did so long before their peers born and raised in the U.S. took any action. Through this analysis, we center immigrants' resource environment in the study of the mediation of large-scale crises, further highlighting the transnational circulation of protective resources through the networks of support that immigrants and their community members co-construct.

Concurrently, we analyze the difficulties that immigrants encounter when strategizing transnational social protection. As Levitt and her colleagues emphasize, the study of TSP seeks "to identify new or widening 'holes' in existing systems of social protection, who is most likely to fall through them, and how individuals piece together their own transnational strategies to fill these gaps" (Levitt et al., 2017, p. 3). To further this analysis, we emphasize that the stratified nature of a resource environment – in our case, the assumed, symbolic hierarchy between China and the U.S. – prevents immigrants from fully drawing upon the protective resources from their home society. The homeland could certainly provide helpful resources for immigrants from China and other national contexts, but these resources might be met with suspicion and contempt in their receiving contexts, where local people may express feelings of cultural superiority in comparison to "third world" societies.

China plays a unique role in shaping the cross-border environment that its emigrants can access. Chinese immigrants might be particularly well-positioned to address the global pandemic because China was the first country that witnessed the widespread, disastrous effects of COVID-19. This, however, also contributes to the stigmatization of China in the news and the otherization of Chinese immigrants in the U.S. (Chung et al., 2021). It is probably under such circumstances that our participants' non-migrant peers were indifferent to the knowledge they gleaned from their transnational communities. At the same time when China is a special case in the context of COVID-19 pandemic, the homeland is essential to understanding the strategies that immigrants devise to protect themselves transnationally (cf. Faist, 2018). Immigrants from other places or regions could also benefit from knowledge, information, and resources they could access from their own cross-border environments, especially if their home societies were impacted by the pandemic earlier than their host societies.

2. Methodology

The article presented here draws on qualitative interviews with 46 immigrants from mainland China to examine how immigrants protect themselves during a global pandemic. This study derives from a larger project on transnational Chinese families in the United States. As the pandemic hit the U.S. in 2020, we conducted follow-up interviews with 12 participants whom we had interviewed as part of the larger family project and recruited 34 new participants across the U.S. to further study Chinese immigrants' transnational caregiving experiences during the global crisis (N = 46). As approved by IRB (institutional review board) protocol, we obtained informed consent from research participants prior to the interview.

Between March and June 2020, the first author conducted all interviews in Mandarin Chinese by phone, Zoom, or WeChat calls. The interviews lasted from 30 to 125 min. All interviews were recorded and later transcribed. We recruited participants through social media posts on various WeChat groups, personal networks, and diverse ethnic community connections made from previous fieldwork in Massachusetts and New York, such as ethnic churches and cultural clubs. All participants were born in mainland China. We started by recruiting participants who have U.S. citizenship or permanent residency (N = 39). To better understand the differences among immigrants of varying legal status, we subsequently included student and labor migrants (N = 7). To better understand how immigrants seek transnational protections in a

high-risk context, we recruited most of our participants from metropolitan areas in California, New York, and Massachusetts, which saw the fastest surge of confirmed cases at the beginning of the outbreak (Katz et al., 2020). These places, as the top three destination states for Chinese immigrants, also have a more established ethnic community that allowed us to capture how participants draw on organizational support in their transnational resource environment.

Most of our participants are U.S. citizens or permanent residents, female, and married. Although we didn't intentionally recruit female participants, they were much more likely to reach out to us to participate. It is possible that women's kin-keeper role makes them more involved in caregiving practices in their transnational networks, which prompted them to participate in this study. The age of participants ranged between 23 and 74, and the median age is 39. The length of time that our participants have lived in the U.S. ranged between 4 and 40 years. Most of the participants have at least a college degree (39 of 46) and are of middle-class or professional backgrounds.

Following the general principles of grounded theory to guide the data collection and analysis (Charmaz, 2006), we used NVivo 12 to code all interview transcripts about how participants assess and manage the novel virus. The analytical themes about transnational social protection emerged from the interview data as concerns about the pandemic dominated participants' everyday lives. We use pseudonyms when quoting interviewees to protect confidentiality.

2.1. Sequence of COVID-19 and anticipatory information before its outbreak in the U.S

In December 2019, a pneumonia of unknown cause captured the attention of clinicians and politicians in China (Huang et al., 2020). The cause was later identified as SARS-CoV-2 (severe acute respiratory syndrome-related coronavirus 2), and the disease it causes was named COVID-19. Soon, information about this virus caused public panic and hit China's news headlines. The general public in China was made aware of the epidemic in mid-January, and there were a number of policy decisions – such as social distancing, mask mandates, and lockdowns – announced to curb the spread of coronavirus (Chen et al., 2020). The outbreak of COVID-19 reached its peak in China and attracted global attention as the epicenter of Wuhan city was closed off on January 23rd, 2020 (Wang, 2020). By the first week of February, major media platforms in China were full of information on the nature, transmission, and prevention of the virus, as more and more evidence emerged from related clinical and scientific studies (Bradsher, 2020).

While the first cases of COVID-19 were detected in the U.S. in January, it only became clear that there was widespread community transmission once the Centers for Disease Control and Prevention (CDC) approved widespread testing on March 3rd, 2020 (Taylor, 2020). During March 2020, the CDC in the U.S. did not recommend a mask mandate. On April 3rd, 2020, the CDC updated its guidance from recommending mask wearing only for people who are sick and the caregivers in healthcare settings, to advising the general population to cover their faces in public (Oaklander, 2020). Although preventative measures such as mask wearing, social distancing, and quarantining became increasingly common as the pandemic continued to strike the U.S., today they continue to be controversial and politicized (Mandavilli, 2020). As we write this article in early 2021, the U.S. is still in the middle of the pandemic and has seen an average of 216,705 new infections per day in a one-week period – a record high number (The New York Times, 2020).

For many U.S. residents, transitioning into late February and early March of 2020 was similar to entering a liminal stage. As the pandemic initially struck the U.S., few people knew how to cope with this new infectious disease. Many people in the U.S. were learning what they could do to better protect themselves and the people they cared about. They also tried to grapple with how far-reaching this global pandemic could be and how long it would last. During this liminal time period, many people in the U.S. were learning about how to adapt to this "new

normal.”

By contrast, we found that the transnational life of the first-generation Chinese immigrants – i.e., those who migrated to the receiving society as adults – provided them anticipatory information (Shafir and Sheppes, 2020) that better equipped them to address the initial outbreaks of a global pandemic than their non-migrant peers. While many or most U.S. residents were largely unaware of the changes and challenges that COVID-19 could bring to the U.S., our participants were prepared to handle its catastrophic consequences weeks or months earlier. We demonstrate that our participants became acutely aware of the global development of COVID-19 prior to its outbreak in the U.S. This awareness, as we underscore, oriented them to be hypervigilant about how to prevent this infectious disease. Yet, their efforts were often discredited by colleagues and peers because of their status as racialized outsiders, U.S. residents’ lack of familiarity with managing infectious disease, and the perceived lower ranking of China in the global order.

2.2. Developing early awareness and hyper-vigilance in transnational resource environments

Cross-border connections are central components of immigrants’ resource environments where, in this case, they learned about the implications of COVID-19 for health. After relocating to the U.S., many Chinese immigrants still live a transnational life because they have social or organizational ties that transcend borders (Zhou and Lee, 2013). In contexts where communication technologies make real-time communication possible, it is easier for immigrants to sustain cross-border communication (Faist, 2018). This explains why most of our participants learned about the outbreak of COVID-19 through communication with family and friends on social media platforms (e.g., WeChat). Alice, a medical doctor, for example, first learned about the virus from her former colleagues in China when they chatted about it through social media. Leah, an international student in New York City, heard from a family friend in China about a new virus that could pose a threat to population health. Eleanor, a self-described foodie with a love for Chinese delicacies, learned about COVID-19 from an online gourmet group. For virtually all of our participants, cross-border ties prepared them for the risks and dangers that a pandemic could bring to their lives before it actually erupted in the U.S.

Closely monitoring the development of COVID-19 in China, our participants quickly learned about the basic characteristics of the novel virus including how fast it could spread, and they became highly vigilant to take precautions. This contrasts sharply with how their American-born families and friends initially sought to protect themselves in the contexts of COVID-19. Admittedly, not all U.S. residents were inattentive to the potential impacts of the virus, and certain areas and regions of the U.S. (e.g., San Francisco) took early preventive actions, but from the perspectives of our research participants, the majority of people around them underestimated the profound impact of COVID-19 and were hesitant or reluctant to take precautions. For instance, Layla had been paying close attention to news about COVID-19 during its initial outbreak in China. She was astonished that most people with whom she interacted had been indifferent to the pandemic’s deleterious consequences. This sentiment was particularly salient back in March 2020, when her white, U.S.-born husband tried to convince her that the U.S. was different from China and would be all right. Reflecting on why she and her husband formed such different responses to COVID-19, Layla pointed to her transnational community. As she vividly described, “A family close to me got infected and had only one person remaining alive; most of them died within a week! Because these are real examples near me, I was mortified. These examples feel personal because I know someone who had suffered from that [COVID-19].”

Interacting with transnational family or community members also prompted or pushed our study participants to take precautions against COVID-19 earlier than most people in the U.S. The importance of wearing a mask is one example. Evelyn, a Chinese restaurant owner,

described how her “family and friends in China were all buying masks like crazy” and “when they couldn’t get any masks at home, we even bought some in the U.S. and mailed them back to them.” Because our participants have their feet in multiple social worlds across locales, they developed transnational knowledge that enabled them to step outside of the U.S. perspective on public health practices. Their experiences also point to ways in which medicine and science could be viewed as cultural practices that vary across context. For Chinese immigrants like Evelyn, cross-border connections generate intimate knowledge of COVID-19, which further orients the ways they prepare and protect themselves from the virus.

Watching news about COVID-19’s initial outbreak in China further enabled participants to develop knowledge of how to prevent possible infection before many of their families, friends, and acquaintances in the U.S. For instance, before their non-migrant peers started to talk about the concept of “asymptomatic patients,” many of our participants asserted that they were already aware of this phenomenon. To be fair, between early February and early April 2020, mainstream U.S. media such as *The New York Times* reported the possibility of patients who were symptom-free but were still able to spread virus to other people (Rabin, 2020). Therefore, it is unfair to say that U.S. media or policymakers did not provide information on asymptomatic transmission between January 2020 and April 2020. However, our participants learned the information regarding asymptomatic transmission from media in mainland China rather than from English media in the U.S., perceiving that people in China took such a risk more seriously than people in the U.S.

Hypervigilant about the fact that everyone could be a potential virus spreader, Jacob – one of our study participants – tried his best to keep a social distance from people who were not part of his immediate family and wore masks when he was outside of his household. Importantly, he did so *before* the U.S. government—at any level—required citizens to take such action, or U.S.-based scientists even acknowledged the need for such actions. As he asserted, before the CDC in the U.S. urged everyone to wear a mask in April 2020, he had already done so to prevent asymptomatic transmission. According to Jacob, he read some English news, but he learned most of his knowledge about the virus from China’s news media.

It is also important to note that infectious disease is not foreign or distant to many of our participants. Some went through a large-scale disease outbreak (the Severe Acute Respiratory Syndrome, SARS in 2003) themselves, and some heard stories from family members (e.g., parents or grandparents) who experienced epidemics (e.g., malaria, TB, schistosoma, diphtheria, polio) in China. These prior experiences alerted many participants to the potential global spread of COVID-19. Therefore, for our participants, a life-threatening pandemic is not just possible but also likely. They reported hearing stories about how a contagious disease could be transmitted and prevented in the family setting *prior* to their relocation to the U.S. To illustrate, Jessica strongly believed in the usefulness of masks because of her father’s memory of combating meningitis:

He told me that when he was younger, there was a severe outbreak of meningitis which was also transmitted through the respiratory system. In those days there were no disposable masks and doctors had to wear cotton masks, but even so, they still defeated the disease ultimately. So, he told me that even if I only have a piece of cloth, it’s better to cover my face than nothing. Definitely, I based this decision (to wear a mask) on my dad’s experiences.

The immediate responses of Chinese immigrants to COVID-19 were also reinforced at the organizational and community level. Acutely aware of the profound consequences that the pandemic had on China, many Chinese immigrant organizations cautioned their members about the dangers of the virus before the U.S. government at different levels (local, state, and federal) took any action to contain it. For example, one

participant, Megan, talked about how the Chinese language school and daycare center that her children attended cancelled classes and alerted her and her family to avoid large crowds in January 2020, months before the pandemic erupted in the U.S. The Asian community health center where Jessica worked required all employees and visitors to wear masks before entering in early February 2020. Some Chinese supermarkets and restaurants that our participants frequented also distributed masks to employees and required mask wearing upon entry before the local governments issued mask mandates. To be sure, back then, the strict preventative practices were not implemented without controversy within the community; some people in the community questioned whether it was necessary to do so. However, the ways in which ethnic organizations handled COVID-19 not only point to their knowledge of the mechanisms through which COVID-19 spread, but also served the purpose of educating their participants about how to take precautions. The responses of institutions of which they were members strengthened their determination to adopt similar strategies to manage risk and protect their family members.

2.3. Seeking transnational social protection through foresight and early preparation

The sharp contrast between the governmental response to the initial outbreaks of COVID-19 in China and in the U.S. further oriented our participants to foresee and prepare themselves for further outbreaks as the pandemic started to hit their local communities. For many of them, witnessing how the U.S. government handled the pandemic was a traumatic experience. For example, Lydia, a computer engineer living in California, claimed that she knew in early February 2020 that a disastrous outbreak of COVID-19 would end up happening in the U.S.: “At that point, we saw the situation in China was very severe ... We saw how difficult it was for China and how much effort the Chinese government made to contain the virus, so we knew this virus is highly infectious and it causes high mortality rate.” By way of contrast, in Lydia’s view, the U.S. government operated under the assumption of “American exceptionalism,” acting as though what happened in China would not be repeated in the U.S. Since, in her view, the U.S. government did not take COVID-19 seriously and did little to prevent or curb the outbreaks of COVID-19, she predicted that “there would continue to be outbreaks here.” In fact, for Lydia, witnessing how the 2020 pandemic evolved in the U.S. was similar to “watching a movie remade based on China’s original story.” Yet, this sequel was much more horrifying than the original one since she lived in the U.S. rather than China. Believing that the U.S. government made many mistakes about how to contain the pandemic, she and many other participants believed that they had to depend on themselves to protect their families rather than relying on state actors.

Our participants’ observation of how the U.S. government handled the pandemic also made them anticipate large-scale lockdowns. For example, software engineer Dave already predicted that, as in many Chinese cities, there would be partial or full-scale lockdowns in Boston, MA. He was thus the first in his company to apply for permission to work from home once he learned about the infected cases in the downtown area. At that time, another participant, Ella – a mother of two young children living in Massachusetts – was aware of the shortages of necessities and shipping delays as the pandemic struck China, and thus stocked up on food, groceries, and even toys for her children in case there were large-scale lockdowns in the U.S.

Likewise, Ruby had visited her father in Wuhan – the center of the COVID-19 outbreak in China – for Chinese New Year and was evacuated shortly after the city was locked down. She had complex feelings and emotions about family separation under the circumstances of an unprecedented global pandemic: anxiety, depression, frustration, despair, and anger. Yet, her experiences in China prepared her socially and emotionally after she returned to New York City, the hotbed for COVID-19 between April and May 2020. According to her, “probably because of

what I’ve experienced in Wuhan, when I came back to New York City, I actually adjusted pretty well. I knew I would live through the same scenario one more time, so I got everything prepared.”

2.4. Securing resources transnationally

To protect themselves and their loved ones, Chinese immigrants constructed resource environments that transcended national boundaries. They pieced together resources not just in the U.S. but also from China to address the social and emotional insecurity they experienced in the successive waves of a global pandemic. During the initial outbreaks of COVID-19 in the United States (in March and early April 2020), our participants resembled many other U.S. residents and had trouble getting protective gear such as surgical masks (Knoll, 2020). To cope with the shortage of resources in the U.S., most of our participants relied on transnational resources to strengthen their safety net. Many of our participants acquired protective resources from their cross-border familial and social networks. Some relied upon the market back home and purchased protective gear directly from factories in China. Some relied on families and friends sending protective gear to them. Finally, some used their organizational ties to acquire such resources.

For example, Ella received 100 masks and two pairs of medical safety goggles from China; she purchased some from online stores in China, but most of this protective gear came from her parents and relatives who remained in China. Likewise, another participant named Ava appreciated her friends who mailed protective gear to her from China. As she explained: “My family in China said they wanted to mail me masks and medication, but I didn’t want to bother them because they are older and it’s too complicated for them to figure out international shipping, but I have friends in China who are my age and I feel they can easily help me get masks and ship them to me.” Molly, who gave birth to a baby in February 2020, decided to use overseas online shopping as a way to protect her physical and emotional health. Shipping protective gear from China to the U.S. was expensive, but doing so calmed her emotionally, reassuring her that she and her family would have the resources they needed.

The ethnic organizations to which our participants belonged also play a significant role in facilitating the cross-border circulation of protective resources. During the initial outbreaks of COVID-19 in China, many of these organizations collected and shipped resources such as masks from the U.S. to China. Later, as the pandemic began to strike the United States, the people and communities that Chinese immigrant organizations had supported before were committed to reciprocating by sending similar protective resources to the U.S. In other words, the exchange of support between Chinese immigrant organizations and their communities in China created a sense of mutuality and reciprocity, further constituting a transnational source of protection for Chinese immigrants during a pandemic. For instance, Erin – a senior club participant – talked about how a cultural organization of which she was a member extended a helping hand when China had been hit by COVID-19 in January 2020 and then how her organization received donations from mainland China:

In January, our club called for donations to buy masks and mail them to China, so I donated \$100, and the organizers purchased masks to send to China. Now (late March) the outbreak in the U.S. is getting worse, and we got donations from China too. I just received nine masks from the seniors’ club ...

Similarly, Sara, a participant who worked for the local Chinese community center, organized volunteer groups and donated resources – such as PPE (personal protective equipment) and money – during the initial outbreak of COVID-19 in China in January and February 2020. She did so for altruistic reasons; she never met or knew the people who received the donation from her volunteer groups. Later, as the pandemic hit the U.S. severely, she wrote to the people in China who had received

donations, encouraging them to contribute PPE and other resources to Chinese immigrants in the U.S. Many individuals and institutions in China that Sara had helped earlier donated more resources than she expected. She not only distributed this protective gear among her co-ethnics, but also donated a significant portion to local healthcare workers. For Sara, this mutual support was particularly meaningful when the diplomatic relations between the Chinese Communist Party and Trump administration were full of tension, pointing to the possibility that a sense of community can be established even under the circumstances of separation, xenophobia, and hostility.

The material resources that our participants received are given important intimate meanings. This transnational support was particularly valuable not only because they could use these resources to protect themselves, their families and their communities, but also because they knew that they were loved and cared about by people on the other side of the world. Ava, for instance, maintained that her parents and relatives in China not only sent her protective gear but also tried to wire her money. She declined this financial offer but understood that she would have economic support from her family in China if the worst-case scenario happened. Likewise, Ruby indicated that her family was willing to support her financially and even welcomed her to move back home if the COVID-19 cases continued to surge. This, according to her, convinced her that she would be doing all right during moments of crisis.

In addition to receiving support from other people, some participants were committed to helping their globally dispersed families and friends, taking the initiative to organize informal support groups to calm their U.S. friends' anxiety. Layla is one example. She started one online support forum, where she and other members shared information about COVID-19 with her peers in different parts of the world. There, they also talked about other interests such as wine tasting, fashion design and personal financial management. Doing so made them feel like they were part of a community and prevented them from feeling isolated or vulnerable. For study participants like Layla, they were both the recipient and provider of social protections for their globally dispersed community members.

2.5. Transnational social protection and its limitations

Although Chinese immigrants' cross-border connections help them secure resources and devise strategies of transnational social protection, the application of their knowledge and strategies are conditioned and constrained by the reaction of their network members in the receiving contexts. Overall, during the early waves of COVID-19 in the U.S., we observed several major barriers to the cross-border safety net that immigrants sought to construct. First, the worries about racial stereotypes and attacks could undermine the protective strategies the participants deemed important. Second, the source of protection can easily become the source of tension or conflict due to the perceived hierarchy between the U.S. and China. As foreign-born, first-generation immigrants from China, many participants felt they were treated as outsiders or otherized as someone from a "third world" country. As a result, their knowledge and corresponding strategies regarding COVID-19 are often not recognized as valid or legitimate by their U.S. communities, and the protective strategies that immigrants cultivated through their transnational resource environment could be met with contempt or resistance, further making them suffer from significant internal struggles and interpersonal conflicts.

Wearing masks is an example. By December 2020, about 35 states had mandated face coverings in public (Kim et al., 2020), but it is important to remember that the necessity of face coverings was unclear to most people in the U.S. until April 3rd, 2020, when the CDC officially recommended doing so. However, due to the transnational lives they live, all participants knew early on that wearing a mask could reduce their chances of COVID-19 infection, but some still hesitated to do so because they worried that wearing a mask could turn them into the target of rising anti-Asian violence. As news reporting on racial attacks increased in both English-language and Chinese media, the majority of

participants worried that people would make connections between wearing masks and being racialized as virus carriers – especially in a context where President Trump consistently called COVID-19 the "China virus" (Tavernise and Oppel, 2020). Ruby, for instance, wanted to wear masks on the subway in New York City, but she was afraid of being perceived as sick and/or other and then being attacked. She thus chose to only put on her mask when seeing other people do the same. Another participant, Christine, did not wear masks when going grocery shopping due to her fears about being targeted or harassed, even though she knew she should.

Another dilemma some participants faced was whether to share the knowledge that they developed transnationally about COVID-19 with their families, friends and workplaces. This hesitance has something to do with the changing information, evidence, and guidance on this novel virus, but it is, in their view, intimately linked to the attitude of "American superiority" that they experienced in everyday life. Some of our participants acknowledged that they were worried about being mistaken as "perpetual foreigners" that were still heavily influenced by their "pre-modern" homeland (Kibria, 2002). They were thus uncertain about how appropriate it was to mention the protective strategies they learned transnationally and suggest that their companies or schools take similar action.

To illustrate, Isabel is a professor living in New York City. She learned about how COVID-19 spread and how to prevent the infection by observing what had happened in China, but she avoided mentioning such knowledge and practices to her U.S. colleagues. She made this decision primarily because she tried to avoid being viewed as one of those "unassimilable" aliens who are always oriented toward their homeland. Her initial attempt to talk her non-migrant colleagues into social distancing perfectly exemplified such dynamics. In late February 2020, she and her colleagues needed to travel for a conference. She was reluctant to go and expose herself to an indoor space where people would stand close to one another. However, she could not discuss these concerns with her colleagues because they "had no awareness of the virus at all." In particular, she didn't want her colleagues to perceive her as someone who was "brainwashed by the Chinese government" and followed the practices in China blindly. In order to be viewed as a team player, she reluctantly traveled to the conference with her colleagues. Her worries about "fitting in" trumped the knowledge she cultivated from China's experiences, forcing her to engage in "high-risk" behaviors such as traveling and not wearing masks.

Some participants shared their knowledge and strategies about how to address COVID-19 but acknowledged that they faced resistance. These participants tried to persuade their native-born American family and friends to wear masks or maintain social distance before U.S. politicians, experts, and media urged people to do so. However, this decision, according to our study participants, created unexpected tension and conflicts. Several of our female participants who were married to U.S. citizens reported that their spouses kept challenging the legitimacy of the knowledge that they developed through transnational social networks. Although they found it essential to raise the alarm first at home, they had a hard time convincing their family members who believed in a different social reality. For example, Amy kept close contact with her family and friends in China and paid close attention to China's media coverage on COVID-19. Thus, she knew the importance of wearing a mask and social distancing in early February 2020, about two months before these precautions were required or stressed in the U.S. However, her white, U.S.-born husband refused to wear masks when going out. When Amy reminded her husband and his family about the importance of facial covering, they believed that she was overreacting. Her husband, echoing the U.S.-based public health officials, also found it irresponsible to compete with healthcare workers over limited resources such as surgical masks. Amy ended up buying some surgical masks from China, but then her family insisted that these masks only filter droplets rather than the virus and were thus useless. Later when the state government recommended wearing masks, her mother-in-law quickly started

making cloth masks with coffee filter papers inside and the entire family in the U.S. embraced cloth masks rather than the medical masks she ordered from China. As she stated,

I always, always have this feeling that I am an outsider in this family. They all want to use cloth masks, and only I myself bought so many surgical masks at the beginning. I want to give them some, but they don't want any. They just want to use cloth masks [rather than surgical masks bought from China].

Similar dynamics were not only found in the family but also at the community level. With a heightened sense of risk channeled through their transnational ties, many Chinese immigrants wanted to advise their non-migrant colleagues and friends to take precautions as well, but the majority of our participants felt that their words of advice were dismissed or ridiculed. For instance, Katie had just returned to the U.S. from visiting her parents in China before the outbreak of COVID-19 in March 2020. Because she witnessed how people in China took precautions, Katie reminded her colleagues in the U.S. about the danger of the novel virus and requested accommodation to her work routine (e.g., working from home). However, she ended up having a debate with her manager who “found it unnecessary and ridiculous to change his work schedule.” Katie recalled: “I explained to them how I was disinfecting and how I wore masks routinely during my time in China. And I took the same precautions on the flight back to the U.S. Yet for them, my experience was just a melodramatic story. It was like a soap opera to them because they didn't believe that someone in their life would suddenly drop dead.” To be sure, Katie certainly felt sympathy or empathy from a few colleagues; several even checked in with her about how the pandemic was evolving in China. However, she did not believe that her knowledge about COVID-19 – which was based on her transnational experiences – was taken seriously because, in her view, China was constructed as a “backwards” country in comparison to the U.S.

The resistance from non-migrant family and community members, along with the rising anti-Asian violence, testifies to the limitations of transnational social protection. Instead of being valued as sources of knowledge about how to mitigate the pandemic, participants found that their knowledge was dismissed, and their feelings of being racialized outsiders were intensified. Some thus reevaluated whether they belonged in the U.S. and considered moving back to China permanently. The emotional and relational labor involved in this process is burdensome and posed great challenges to participants' well-being.

3. Discussion and conclusion

Drawing on in-depth interviews with Chinese immigrants in the U.S. during the COVID-19 pandemic, we argue that understanding how immigrants manage moments of crisis requires a transnational optic. As our analysis shows, transnational connections can be translated into valuable material and immaterial resources such as information, protective gear, money, and social and emotional support. However, such protections are contingent upon the reception of their local receiving communities. Sending communities could certainly provide critical resources, but immigrants may have difficulty deploying these resources due to the opposition they face in the receiving contexts.

Building upon the scholarship on transnational migration and transnational social protection, we demonstrate that what Levitt and her colleagues (2017) called resource environments – in our case, composed mainly of interpersonal ties, market forces, and the third sector – offer critical protections for immigrants under the circumstances of a global pandemic. First, the anticipatory information circulated through cross-border networks fosters immigrants' anxiety about the potential risk and danger of COVID-19 and pushed them to make early preparations accordingly. Chinese immigrants' early access to information regarding how the pandemic had ravaged the sending community oriented them to strategize how to cope with the virus much earlier than others in the

receiving community. To protect them and their loved ones, many participants also relied upon their cross-border networks to secure the material (e.g., protective gear) and immaterial resources (e.g., social support) that they needed to protect themselves and their loved ones. Doing so was crucial because many of these resources, especially masks, were not available during the initial outbreak of COVID-19 in the U.S.

Concurrently, the hierarchy that our participants observed exists between the sending and receiving society, coupled with the U.S.'s lack of experience with infectious disease outbreaks, limits the extent to which immigrants could best make use of their resource environments. Many of our participants struggled over whether to cover their faces because they were worried about how other people in the U.S. – such as their families, friends, colleagues, classmates, or strangers they passed by – would perceive them. The perceived hierarchy between “us” and “them” is subjective, but it captures the tensions, conflicts, and exclusions they experienced in everyday life. Our participants' concerns, worries, and fears about being viewed as inferior or uncivilized further limited their ability to protect themselves and their families. Many of our participants felt that their knowledge had been denigrated until scientists and people in the U.S. validated it. Some also felt they bore the brunt of the suspicions that people in the U.S. projected to people with Asian faces. For many Chinese and other Asian immigrants, the pressure to assimilate won over life-saving practices.

Our data has some limitations. Chinese immigrants' ability to acquire protective materials from their transnational resource environments depends largely on China's unique role as the first place that witnessed the ravages of COVID-19. Determining whether other immigrant groups are as alert as our participants or whether they also benefit from their cross-border environment requires further investigation. Second, this article focuses on the experiences of middle-class professionals who are legal immigrants and reside in places with established ethnic communities. They thus have more resources than immigrants who are undocumented, financially disadvantaged, or live in places without the support of co-ethnics or ethnic organizations. Third, our paper focuses on the period of time between December 2019 and April 2020, a liminal stage when most people were learning how to live with the new virus. It is important to examine how the relationship between natives and immigrants evolves as the pandemic continues to ravage the U.S. and other parts of the world. It is our hope that future studies can address these questions and explore the resource environments that different groups of immigrants have. Doing so will illuminate how various forms of social inequalities – such as social class, gender, race, ethnicity, national origin, and citizenship status – influence their differential access to the resources that they need for survival.

Credit author statement

Xuemei Cao (the corresponding author) initiated the project, collected and analyzed the data, reported research findings, and drafted the manuscript. Ken Chih-Yan Sun conceived the project, supervised data collection, helped analyze the data, and wrote and revised the manuscript.

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