2 COVID-19 Border Restrictions and Cross-Border Care Relations: The Cases of Germany and Vietnam

Introduction

The restriction of movement across national borders has been a widespread governmental NPI (Non-Pharmaceutical Intervention) to curb the spread of COVID-19 in March/April 2020. However, by restricting the ability of people to move across borders, states also disrupted vital cross-border care relations. Not only did states introduce border controls at their land borders, but they also restricted entry points such as airports and harbors by, for instance, suspending visa issuances and conducted repatriation flights to bring home citizens from abroad. States implementing national border restrictions at the beginning of the COVID-19 pandemic did so despite a lack of scientific evidence at this time and against the initial advice of the WHO. Indeed, the WHO had explicitly recommended in January 2020 in accordance with the International Health Regulations (IHR) not to interfere with international travel and trade (WHO 30.01.2020 and 29.02.2020).

Care relations were directly impacted by these state actions. That is because border restrictions had severe ethical, social and financial impacts on the maintenance of caring relationships understood as other-directed relations and meaningful encounters among individuals, families, relatives and communities providing dignity and basic needs such as shelter, sanitation, health care and food. To name some examples, border restrictions have endangered the movement of migrant care workers and Live-Ins, the maintenance of private cross-border care networks among families and individuals or the ability for migrant workers abroad to safely return to their countries of origin (e.g. Leiblfinger et al.

2020; Migration Policy Institute and International Organization for Migration 2021; Kuhlmann et al. 2020).

In this paper, we seek to describe critical disruptions of cross-border care relations and arrangements due to the introduction of border restrictions at the beginning of the COVID-19 crisis in Germany and Vietnam. For both countries, border restrictions can be understood as governmental practices of security, albeit with different levels of stringency. In times of COVID-19, governmental policies on border restrictions in these two countries reinforced a specific grammar of security that framed the infectious disease as a foreign security threat that has to be kept outside the country (e.g. Kenwick and Simmons 2020). We argue that the specific (geo)political constellations and the particular socio-economic contexts and connections of care within and outside these countries are crucial aspects of how and to what extent border restrictions in each of these two countries varied, causing different hardships on different kinds of care relations. They have, for instance, amplified vulnerable and fragile working conditions of migrant care workers in Germany as a receiving country of foreign care and domestic workers. They also increased the risk of exploitation and poverty for Vietnamese migrant workers upon return to Vietnam as a sending country of care and domestic workers.

These dynamics are highly relevant, because of the central role care plays in the lives of human beings as relational individuals (e.g. Held 2014). Furthermore, during the COVID-19 crisis, at a time when care was most needed, border crossing caring relationships and networks that had in recent decades guaranteed the adequate provision of care - albeit often under vulnerable and illicit conditions - were about to collapse (e.g. Hochschild 2000, Uhde 2020). Hence, although stringency and scope of border restrictions varied from country to country, the impact of border restrictions during the COVID-19 pandemic on a variety of cross-national caring relationships and as a consequence of governmental pandemic politics illustrates that these disruptions of care relations are far from being an issue of private burden or individual coping strategies. But they are critically entangled with broader concerns of international and global pandemic politics.

COVID-19 Border Restrictions and the Securitization of Health

On 30 January 2020, the WHO declared COVID-19 a Public Health Emergency of International Concern (PHEIC). Shortly after, when cases began to rise across the world, the majority of countries worldwide responded with border restrictions. These included partial or complete border closures, the suspension of cross-border public transport connections or the introduction of specific entry requirements, such as medical certificates, quarantine or visa.

Border restrictions have been a controversial issue. When the WHO declared COVID-19 a PHEIC, explicit reference was made to the recommendations of its International Health Regulations (IHR) Emergency Committee. The IHR, signed in its current version (2005/2007) by 196 countries, is a legally binding document of international law with the purpose to prevent and control the spread of infectious diseases through a globally cooperative and coherent response under the auspices of the WHO (IHR 2005/2007). At the press conference on 30 January 2020, the Emergency Committee concluded that it "does not recommend any travel or trade restriction based on the current information available" (WHO 30.01.2020). These recommendations were merely based on the argument that restrictions to trade and travel, such as border restrictions, negatively impact vital economic flows and humanitarian aid and support (WHO 29.02.2020). Moreover, the WHO argued at the beginning of the COVID-19 pandemic that restrictions to the movement of people are only effective at the very beginning of the pandemic. But entry restrictions and similar measures for people from affected areas did not prove useful (WHO 29.02.2020). Latest scientific evidence from December 2020 suggests that travel restrictions at the beginning of the pandemic, and particularly from and to Wuhan, slowed the spread

of the infectious disease. But the overall efficacy of border restrictions in other countries and regions that followed in March and April 2020 is not yet clear (e.g. Mallapaty 2021, Movsisyan et al. 2021). However, the majority of countries around the world restricted their land borders and national entry points in the early phase of the COVID-19 pandemic. After the WHO had declared SARS-CoV-2 a pandemic on 11 March 2020, there has been a considerable increase in pandemic-related travel restrictions around the world amounting to 43,300 different travel and movement-related measures worldwide at the end of March, compared to 1,800 measures on 10 March 2020. By the end of March, every country, territory or area around the world, as listed by the United Nations, has been impacted by travel bans and/or border restrictions (Migration Policy Institute and International Organization for Migration 2021: 8).

One explanation for the political significance of border restrictions in the governmental responses at the beginning of the COVID-19 pandemic is that borders, especially land borders, are particularly symbolic demarcations that remain constitutive for national sovereignty and territoriality despite increasing globalization tendencies and the growing interconnectedness of trade and travel (e.g. Vaughan-Williams 2009). As such, border restrictions during the COVID-19 pandemic carry a different political weight than specific mobility restrictions. During the pandemic, they became, according to Kenwick and Simmons (2020: 38), a particular governmental policy to "assert authority". While it can be argued that mobility restrictions are implemented on different spatial levels (e.g. local, regional or national) according to the geographical concentration of high infection rates based on epidemiological thresholds, Bossong (2020: 5) highlights that border restrictions during the COVID-19 pandemic are mostly backed by political assessments of risks and security concerns. Kenwick and Simmons (2020: 42) further argue that border closures are just an additional example of "border anxiety" reinforcing social imaginaries of the infectious disease that is foreign and that can be kept outside the country through border restrictions or closures. Border restrictions during COVID-19 thus targeted borders as particular, politically charged localities.

These dynamics are a testimony to how concerns of health and security became increasingly linked in recent decades, which resulted in wide-ranging regimes of health securitization. This has, for instance, been the case for SARS, and the H1N1 and H5N1 influenzas whose outbreaks were not only framed as health concerns, but also as security concerns threatening populations and economies (e.g. Wenham 2019: 1095). Importantly, as Wenham argues, probably any health issue may be framed and thus perceived as a security threat if it is presented as such in speeches and specific narratives (Wenham 2019: 1094). That many governmental representatives in early 2020 frequently used bellicose language in connection with their decisions to implement border restrictions further sustains such an understanding of COVID-19 as a fundamental security threat (e.g. Dada et al. 2021). This is also underlined by what Hackenbroich et al. (2020) call "health sovereignty", namely the temporary introduction of export bans on medical technologies and protective equipment in early 2020 or considerations to increase national production capacities for medical tissues or ventilators to lower dependencies on foreign supply chains. That the United Kingdom decided to establish the UK Health Security Agency (UKHSA) in April 2021 with the purpose to "plan for, prevent and respond to external health threats such as infectious diseases" (Department of Health and Social Care 2021) similarly illustrates the continued political perceptions of infectious diseases as foreign threats.

These dynamics of "health sovereignty", the securitization of health concerns and the framing of infectious diseases as foreign threats are impressive illustrations of COVID-19 specific governmental crisis narratives that justify and frame strategic choices in governmental responses to the pandemic. We argue that these strategic choices, however, lacked awareness of the dependencies and vital linkages of cross-border care relations which will be explored in the following sections.

Border Restrictions and the Disruption of Caring Relationships

Germany

During the beginning of the COVID-19 crisis, German governmental representatives framed border restrictions as an effective means to secure the population and economy by keeping the infectious disease outside of the state's territory. Although this measure lacked clear scientific evidence at the time, the political narrative prevailed in spring 2020. Border restrictions had important and severe consequences for the work of Live-Ins in Germany. Live-Ins are care workers that live in the household of the people they take care of for some months until they rotate with another care worker (e.g. Leiblfinger et al. 2020, Steiner et al. 2019). Live-Ins return to their home country for the short period of time before the next rotation (e.g. Emunds 2016). The work of Live-Ins in Germany is critical for the adequate provision of elderly care, because they partly respond to the lack of skilled care workers in the formal, public care sector and the increasing care needs of an ageing society in Germany (e.g. Jacobs et al. 2020). In a broader context of societal and political change in recent decades, these care workers also fulfill important tasks of daily care which have once been provided by family members or close relatives, but which are increasingly relocated from private to public and commercial contexts (e.g. Sevenhuijsen 2003).

The German government enacted border restrictions from 16 March 2020 onwards on the borders with Austria, Switzerland, France, Luxembourg and Denmark. The restrictions focused on touristic travelers, while business travel and cross-border commuting for an essential cause remained possible. Germany did not pose border restrictions to Belgium, the Czech Republic, Poland or the Netherlands. But all of these neighboring countries, except for the Netherlands, had introduced border controls along their external state borders from mid-March onwards that restricted the entrance for non-citizens without essential reasons (EU Commission 16.03.2020). The European member countries also decided in mid-March to close the external borders of the EU restricting entry for non-EU citizens without an essential cause. The majority of these restrictions were lifted in June 2020 before being partly re-introduced in the second half of 2020 and early 2021 due to rising infection rates and evolving variants across Europe and worldwide.

Germany's border policy can only be understood within the wider European context. Borders play a fundamental role in the history and politics of Europe. Since 1985, the European Schengen agreement guarantees the free movement of EU citizens and residents amongst the Schengen members. That includes most EU member countries as well as Iceland, Norway, Switzerland and Liechtenstein. The Schengen Agreement can be characterized as a cornerstone of European integration and identity formation. There have been only very few occasions in the past when the Schengen mechanism was paused, for instance, during the so-called "migrant crisis" in 2015-2016 (Policy Department for Citizens' Rights and Constitutional Affairs 2016). That members of the Schengen Area reintroduced border restrictions during the COVID-19 pandemic was therefore particularly remarkable, because "[t]he idea of a borderless Europe was suddenly challenged by security procedures and national interests whose guardians seemed to be predominately states" (Opiłowska 2021: s590). The fundamental role of borders for the EU's identity was also emphasized by the European Commission's communication strategy in spring 2020. It highlighted that the cross-border transport of severely ill patients from, for instance, Italy and France to Germany, and the implementation of medical teams across Europe via the EU civil protection mechanism were pivotal examples of the strong EU solidarity and cooperative spirit (Tesche 2020). That rhetoric stands in stark contrast to the rhetoric used in member states' capitals. In Berlin, during a press conference on 16 March 2020, press officer Steve Alter from the German Federal Ministry of the Interior, Building and Community (BMI) declared that there is a considerable risk that clusters of cases from abroad could be imported to Germany. Hence, the BMI saw the need for introducing border controls and restrictions (Auswärtiges Amt 16.03.2020). Coatleven et al. observed

similar patterns in the rhetoric and communication of other European governmental representatives on the restrictions of EU's internal and external borders that "were often accompanied by a quasi-martial rhetoric that overemphasized the unity of a Nation having to defend itself alone against the outside world" (Coatleven et al. 2020: 14).

On the ground, border restrictions produced immense uncertainty and insecurity for migrant and commuting care workers in Europe (e.g. Wolff et al. 2020). Border crossing remained possible, among others, for persons with essential professional functions such as healthcare workers, elderly care professionals, transport personnel, diplomats and staff of international organizations proved by working contracts or similar documents (EU Commission 16.03.2020). But undeclared or irregular care workers did not benefit from these travel facilitations. This has been one of the major problems for undeclared Live-Ins in Germany.

Since the 1990s, this specific model of Live-In care, which can also be found frequently in Germany's neighboring countries Austria and Switzerland, has created increasing dynamics of circular migration between Germany and care workers from several Eastern European countries, including EU and non-EU member states such as Poland, Romania or Moldavia. Recent scholarship estimates that approximately between 300.000 and 500.000 Live-Ins work in private households in Germany. 90 per cent of them work under irregular, undeclared conditions (e.g. Habel and Tschenker 2020). In most cases, the care workers are employed by a foreign care agency according to the labor laws of their home country. These agencies take care of payments and transport, yet most of them do not provide adequate social and health security for the employees (e.g. Städtler-Mach and Ignatzi 2020).

The critical aspects of border restrictions for Live-Ins in Germany have been twofold. First, Live-Ins in Germany have been affected by cascading effects of border closures. Leiblfinger et al. (2020: 146) report, that "[u]nofficially, the German border police refrained from checking people at the Polish border". But the journeys of Live-Ins from countries other than Poland have severely been affected by the closures of the Polish borders to its neighbors in the East and the closures of the EU's external borders making it difficult for undeclared Live-Ins from e.g. Moldavia or Romania to enter Germany. Firstly, because undeclared Live-Ins could hardly prove their essential reason to travel. Secondly, because most of them used public transport for their journey which has been largely put to halt by border closures (Habel and Tschenker 2020). Thirdly, as cross-border travel for undeclared Live-Ins became increasingly difficult if not impossible, households in Germany had difficulties maintaining the rotation plan of their Live-Ins. This either led to prolongation of stays of Live-Ins causing additional emotional and work burden or sudden return of Live-Ins resulting in lack of adequate care. Leiblfinger et al. report that many Live-Ins chose to stay longer, not only because returning became difficult due to disrupted cross-border transport and quarantine requirements, but also because "many felt a moral obligation towards the elderly in their care" (Leiblfinger et al. 2020: 145).

To summarize, Live-Ins care relations in Germany have already been vulnerable and fragile before the COVID-19 crisis due to a lack of legal regulations and a high share of undeclared work settings. The situation has become increasingly difficult and insecure when European countries introduced border restrictions and controls. Not only did these dynamics cause severe insecurities for the Live-Ins, but the caused lack of care was inadequately acknowledged by the German government. It decided to provide care grants as wage compensation for a limited time and extended unpaid care leave. This, as Leiblfinger et al. argue, "underlines not only the inherent familialism, but also that live-in and family caregivers are interchangeable in the government's eyes." (2020: 146). These dynamics also underline that in Germany during the COVID-19 crisis, public care relations shifted back into the private context which hardly matched the working realities of families and close relatives, but showed the impossibility to combine wage work and care work.

Vietnam

Vietnam's government regards its border restrictions, the nearly total suspension of visa issuance, obligatory quarantine and regular testing as cornerstones of the Vietnamese COVID-19 containment strategy. The strategy is in line with the broader narrative of the Vietnamese government of COVID-19 cases being mostly imported from abroad. From a care relations perspective, these measures had important implications on Vietnamese migrant workers resulting in multifaceted caring dilemmas. In a nutshell, migrants either had to abandon their work abroad, apply for costly repatriation flights and undergo a 14-days quarantine. Only after the end of quarantine they were able to start working again, which, however, is existential, because many of the Vietnamese migrant workers have taken care and financial responsibility for their family members in Vietnam. Or some Vietnamese migrant workers sent their children back home while staying abroad themselves, because they considered Vietnam a safe haven considering the government's strict containment strategy and its experience during previous pandemics.

On 23 January 2020, the very next day after authorities confirmed the first COVID-19 case in Vietnam, the Vietnamese Civil Aviation Authority suspended all flights between Wuhan and Vietnam (CHKVN 23.01.2020). Further restrictions followed several days later through the suspension of flights from and to affected areas in China and the suspension of tourist visas to persons who have been to China 14 days before the intended journey to Vietnam (Tran et al. 2020). A governmental decision from 14 March 2020 opted for the restriction of flights to epidemic areas, especially for the Vietnam Airlines (98/TB-VPCP). Vietnam Airlines then made an announcement on March 19 to suspend all international flights, especially flights to/from ASEAN countries, the United Kingdom and Japan from March 23 onwards (Vietnam Airlines 19.03.2020).

Additionally, entry bans were implemented through the suspension of visa issuances. Early entry bans were introduced for passengers entering from mainland China on January 30, 2020. They were extended to passengers entering from South Korea on February 25 (Tran et al. 2020). On March 15, a further entry ban came into force for people that reside in or transited through the United Kingdom and Schengen countries (ESRV 15.03.2020). This also included people from the Vietnamese Diaspora, which refers to people having Vietnamese roots but not holding Vietnamese citizenship. Vietnamese passport holders could still enter the country, but it was advised to only do so when being in "real need" (118/TB-VPCP). They could then apply for flights jointly organized by commercial airlines, the Vietnamese Ministry of Foreign Affairs, and the Ministry of Transport (118/TB-VPCP). These repatriation flights were called "rescue flights" (chuyến bay giải cứu) in Vietnamese. That term implies that Vietnamese nationals could save themselves from the virus by returning home. Vietnam then suspended the issuing of visas for foreigners intending to enter Vietnam for 30 days beginning March 18 (102/TB-VPCP). People from the Vietnamese Diaspora could still enter Vietnam with a negative COVID-19 test result. Finally, the 14-days quarantine, which has already been mandatory for people from several countries entering Vietnam, became mandatory on March 21 for passengers from all countries (Phùng 2020). On March 22, a further governmental decision was published, stating that the entry of all foreigners to Vietnam would be temporarily suspended, including foreigners with "Vietnamese roots" holding a visa waiver document (118/TB-VPCP). The only exceptions were holders of diplomatic passports. Also exempted were investors, experts and qualified specialists. While they could enter the country, all of them had to undergo a 14-days quarantine (118/TB-VPCP).

Vietnamese border restrictions have been particularly strict banning almost all entries to Vietnam and suspending all flights, except regulated repatriation flights. These dynamics have been sustained by a narrative that clearly regards COVID-19 as a critical foreign security threat. Prime Minister Nguyễn

Xuân Phúc framed the governmental response to COVID-19 with a slogan summing up the national mission: "fighting the pandemic is like fighting against the enemy/invader" (chống dịch như chống giặc) (VGP 27.01.2020). Here, "enemy" is the same word which has been used by the Democratic Republic of Vietnam (North Vietnam), the predecessor of today's Vietnam, during the Vietnam war (1955-1975) referring to the US-American armed forces, which supported the Republic of Vietnam (South Vietnam). The fight against COVID-19 was also referred to as a "war" (cuộc chiến) (Nhân Dân 25.05.2020). Moreover, the Vietnamese governmental website about the COVID-19 pandemic offers a list with all patient numbers of COVID-19 cases including information on the origin of infection.[1] During 2020, most infections were characterized as being imported from abroad. Newspapers frequently reported about illegal entrants being COVID-19-positive. "Illegal" in these cases referred to Vietnamese migrants returning to Vietnam by crossing the land border not through the official checkpoints. Throughout 2020 a total of 31,460 people were detained by border troops. Importantly, a large number of these so-called illegal entrants were Vietnamese citizens working in neighboring countries (VnExpress 09.01.2021). Because of their illegal status in Cambodia, some migrants were afraid to enter Vietnam through official border gateways and therefore entered illegally (Kiên Giang 31.03.2021). However, it cannot be ruled out that some migrants who lost their jobs needed to quickly return to Vietnam in order to immediately find a new job. By entering illegally, they could evade the two weeks of mandatory quarantine, and start looking for a new employment right away. Although during Covid-19 the land border was maintained officially open for Vietnamese citizens to return, some migrant workers tried to find ways to enter Vietnam illegally. According to a border officer, they lacked information and the awareness of epidemic prevention and control (Kiên Giang 31.03.2021).

The severe border restrictions and suspension of flights during the year 2020 caused many difficulties for Vietnamese migrant workers abroad including care workers. According to the International Labour Organization (ILO), there are currently around 540,000 Vietnamese migrant workers that live and work abroad. Most of them migrated to Taiwan, Japan, South Korea, Singapore, Hong Kong, Saudi Arabia and Malaysia (ILO 2019; Peng 2017; Ngo et al. 2018: 30). They work in the manufacturing, construction, fishing, agriculture, domestic work, and service industries (ILO 2019). In recent years, female migration to Saudi Arabia and Malaysia in the field of domestic and care work increased due to bilateral cooperation (ILO 2019). Most Vietnamese migrant workers come from rural areas and migrate in order to financially support their families back home. Many migrate irregularly that is without visa, official documents and/or working contracts, by, for example, crossing land routes to Thailand through Laos. The Vietnamese government tries to further regulate labor migration and also promote it as a means of poverty reduction (ILO 2020).

According to published information by the Vietnamese government, around 260 "rescue flights" have been organized since the outbreak of COVID-19 throughout the year 2020 to bring Vietnamese citizen back home. Around 73,000 citizens from 59 countries and territories around the world were brought back (VGP 24.12.2020). These numbers include migrant workers who could return to Vietnam with these organized flights. According to a decision published in May 2020, only a certain group of people could apply for such repatriation flights: employees with expired contracts or employees who lost their jobs, students under the age of 18, students who finished their studies and who experienced difficulties in extending their stay, businesspeople, who were only on short-term business trips, and people with other difficulties (ESRV n.d.).

To summarize, the severe Vietnamese border and entrance restrictions, that to some extent also impacted the entrance of Vietnamese citizens, had important implications for Vietnamese cross-border care relations. Two aspects are particularly important to illustrate the vulnerability of migrant workers and their caring dilemmas during COVID-19. First, several of the migrant workers that live and

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[1] Vietnamese Ministry of Health: https://ncov.moh.gov.vn/

work abroad seemingly had no choice but to send their children back to Vietnam by repatriation flights. Even babies and toddlers were sent home onboard repatriation flights without their parents. Parents decided to do so, as they were confronted with difficulties caused by the pandemic and therefore considered their children better taken care of in Vietnam than in their current place of residence such as Germany or South Korea (VnExpress 18.03.2020; Việt Nam News 24.09.2020). A combination of two reasons led a couple in Germany to send their children back home: "Their busy work schedule did not allow them to return to Vietnam, although the Covid-19 was fast becoming a pandemic. Not confident about the preventive measures being taken by the host country, they asked the grandmother to come to Germany and take their children home" (VnExpress 18.03.2020). This does not only illustrate the severe impact of COVID-19 on the family life of Vietnamese migrant workers, but it also highlights their trust in the Vietnamese government as being competent and experienced in handling pandemics.

The second problem Vietnamese migrant workers faced arose in case they wanted to return home. Anyone with Vietnamese citizenship, who was in need, could theoretically be flown back to Vietnam, but had to undergo a 14-days quarantine. There is much to suggest that this could have posed a particular hardship to migrants who lost their jobs and who therefore were under time pressure to quickly find a new job in order to financially support their families. The International Organization for Migration (IOM) stated that migrant workers returning to their country were especially vulnerable, particularly with regard to the risk of exploitation or job loss (IOM 2020). It was also reported about Vietnamese migrants being stranded in other ASEAN countries, struggling with severe problems due to, for instance, job losses, factory closings or lockdowns (IOM 2020, VnExpress 7.8.2020). The expensive costs for repatriation flights should not remain unmentioned in this context, which must have posed a great challenge to most vulnerable migrant workers. The newspaper Tuổi Trẻ reported that the costs of repatriation flights often doubled that of scheduled, commercial flights (Tuổi Trẻ 29.9.2020).

This might have been one of the main reasons why migrant workers chose not to apply to repatriation flights, but to return through the closed land borders. They avoided the high costs of repatriation flights and the mandatory quarantine of 14 days in a centralized facility, but they were also regarded as illegal entrants and risked detainment by border troops. Furthermore, in case they had already migrated irregularly (without official work permits, contracts, visa etc.), the illegal crossing through the land border might have been their only choice to return to Vietnam, because they could not prove themselves as being "in need" in order to officially apply for a repatriation flight.

Conclusion

Border restrictions and controls have played key roles in governmental responses to the COVID-19 pandemic in March/April 2020. Germany and Vietnam adopted different strategies regarding border restrictions during the COVID-19 crisis as part of their country-specific pandemic politics. Border restrictions in both countries varied according to the country-specific socio-economic contexts and geopolitical arrangements and, importantly, all of these border restrictions had severely impacted cross-border care relations: Border restrictions between Germany and its neighboring European countries have been one rare occasion that paused the European Schengen Agreement and the free movement of European citizens and residents. These had a significant impact on the work of Live-Ins in Germany. For Vietnam, the many migrant workers were faced with several caring dilemmas, because their work abroad financially supported family members in Vietnam, but many also considered their home country of Vietnam as a safe haven due to the government's strict containment strategy and its experience with previous epidemics and pandemics.

For Germany and Vietnam, it becomes clear that the rhetoric of border restrictions sustaining a political narrative of keeping the population healthy and safe, did not match with the vital cross-border caring relationships that already existed before COVID-19 and that were disrupted due to the implementation of border restrictions.

While the political goal to keep the population healthy became embedded in broader security frameworks in many countries around the world already before the outbreak of COVID-19, it thus remains questionable how and to what extent care and caring relationships have been acknowledged as being of similar vital importance. With regard to the COVID-19 pandemic and the cases of Germany and Vietnam, asserting political authority expressed by the restrictions of national borders apparently triumphed over the maintenance of caring relationships or the adequate provision of care during the crisis. In a global context, this raises further research questions on the centrality and moral value of care in governmental action.

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The following abbreviations are used in this working paper:

CHKVN   Civil Aviation Authority of Vietnam, Cục Hàng Không Việt Nam
ESRV   The Embassy of the Socialist Republic of Vietnam in the Federal Republic of Germany
VGP   Online Newspaper of the Government of the Socialist Republic of Viet Nam, Báo Điện Tử Của Chính Phủ Nước Cộng Hòa Xã Hội Chủ Nghĩa Việt Nam
TB-VPCP   Thông Báo Văn Phòng Chính Phủ; Government Office Announcement