

We Go Down Sewing

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During the COVID-19 pandemic, after Kristina Wong suddenly found herself overwhelmed with requests for masks from friends, strangers, and hospitals, she realized she could not do the work alone. To whom could she turn who had sewing machines passed down from their immigrant mothers? Who hoards every possible thing just in case of an authoritarian government takeover or a global pandemic, and therefore would be ready with fabric, thread, elastic, scissors, irons, coffee filters, and paper towels? Who could use their ingenuity and scrappiness to assemble life-saving masks out of conference name badges and old cotton bedsheets? Who would be willing to spend all their time sewing for strangers? Who could rally their partners and children into performing unpaid labor?

She would need a squad of Aunties.

Why Aunties? Because Aunties get the damned thing done! Take Wong's friend, Valerie Soe. On March 16, 2020, the nation's first shelter-in-place order of the pandemic was issued by the mayor of San Francisco, a progressive woman of color, ahead of California's state-wide mandate. One day later, Soe pulled out her 1970s Kenmore sewing machine and hunted down 100 percent cotton woven fabric around her house, determined to make her own mask. A filmmaker and professor by day, Auntie by night, Soe believes in fighting on the ground to directly affect and protect people's lives. While the Centers for Disease and Control and Prevention (CDC) and other US government agencies debated the efficacy of masks, Soe started sewing masks for healthcare professionals. She remembers sewing a mask for one healthcare worker

who did not have the luxury of arguing whether someone's freedom was being infringed on when they were asked to wear a mask. Rather, Soe explains, the healthcare worker "was in the trenches fighting the virus and taking precautions to protect herself in any way possible to marginally increase her chances of survival." Soe did not want to waste time debating; she wanted to take action.

Soe became an "OG" Auntie, one of the original group members who helped form the Auntie Sewing Squad. A collective that began with a handful of Asian American women from immigrant families, the Squad later expanded to include other women of color, some white women, and a few Uncles and nonbinary Unties. Some members hailed from migrant families that had crossed oceans and lands for the chance of freedom and better lives, not unlike the people asking for asylum at the US border who, then-President Donald Trump declared, had come from "shithole countries." Other Aunties had experienced firsthand the devastation of the delay in federal aid for Native communities. Still other Aunties saw the need for personal protection when they took to the streets in their rage and continual grief over police violence against Black people. Whatever their individual stories, whatever had brought each to this point in history, *together* Aunties would work to protect the people from the criminal negligence of the US government.

THE SQUAD'S ASIAN AMERICAN FEMINIST BEGINNINGS

The Auntie Sewing Squad emerged first and foremost from a progressive social critique informed by the life experiences, knowledge, and activism of Asian American people, particularly women. The Squad's earliest members were deeply aware that the failure of the US government to provide personal protective equipment (PPE) to its residents to prevent the spread of COVID-19 had disproportionately affected Black, Indigenous, and people of color (BIPOC) communities, who were more likely to contract and die from the disease. It was also clear early on that women, who perform the majority of caregiving labor in the United States (paid and unpaid), would also suffer some effects of the

pandemic more than men, and that women of color would be especially vulnerable.¹

Founding members understood the necessity of a cross-racial approach to fighting the pandemic. They were well versed in Asian American studies, a body of knowledge with intellectual and political roots in 1960s and 1970s radical activism. Asian American studies owes much to the global struggles for Black, Indigenous, Chicano, and Third World liberation and decolonization with which it was aligned from its inception. Indeed, the very idea of a pan-ethnic Asian American community was modeled after those movements, in which people who shared history and political concerns, but not necessarily culture (language, religion, etc.), united for common benefit.² Today Asian Americans, the fastest-growing major racial or ethnic group in the United States, are extremely diverse culturally and socioeconomically. But Asian Americans of all backgrounds experience marginalization, stereotyping, discrimination, and racial violence or threats of violence. This shared experience of racism and exclusion attunes many Asian Americans to racial bias against nonwhite people in US media and political discourses.

Such was the case with the US view of other countries' differing public health responses to the COVID-19 crisis. In the pandemic's crucial early weeks, American political leaders and news outlets largely failed to consider the social practices and scientific data of Asian countries that had succeeded in mitigating the spread of COVID-19. In March 2020, in line with the recommendations of the World Health Organization (WHO), the CDC recommended sheltering in place, maintaining a six-foot distance between people, and frequent hand washing, but it did not encourage face coverings or masks unless the wearer was sick or caring for a sick person. By contrast, the head of the CDC's counterpart in China recommended masking to prevent the spread of the disease. Years earlier, Asian countries had employed masking as a measure to combat the H1N1 flu, SARS, and MERS pandemics, and as a result, it was accepted practice in many parts of Asia. Data supported

the practice: in March, Johns Hopkins University researchers reported that countries such as Italy, the United Kingdom, and the United States, which did not encourage masking, had a high rate of spread, whereas several Asian countries and localities, such as Japan, Singapore, Taiwan, and Hong Kong, where masking was commonplace, had been able to slow the spread of the virus.³ Studies released later in the year confirmed that masking was highly effective in preventing wearers from both spreading and contracting the virus.⁴

The CDC's initial dismissal of Asian science on masking matched the agency's regressive internal culture, which included long-standing racism. In July 2020, more than one thousand employees signed a letter criticizing the agency for its "toxic culture of racial aggressions" and for sidelining Black scientists who wanted to study racism as a public health issue.⁵ Both racism and the denial of racism converged to prevent political leaders and even the nation's leading public health agency from adopting the lessons of relative successes elsewhere. In the fall, as America and Europe were headed into their third or fourth waves of the pandemic, almost no attention was paid to the fact that many African countries had fared well in quickly containing the virus, in part due to their experience managing other epidemics.⁶

Any lessons that could have been learned from majority-nonwhite nations were lost on the Trump administration, which was busy deflecting blame for the worsening crisis onto Asian people and countries. This was nothing new. Since the nineteenth century, Asian Americans have been marginalized by popular representations and rhetoric that associate them with contagion, security threats, alienness, and immorality. Trump repeatedly called the coronavirus the "Kung flu" or the "China virus," conjuring this long history of "yellow peril" racism. Somewhat paradoxically, Trump and his surrogates also downplayed the disease, comparing it to a seasonal flu and insisting it was well under control. Months later, Bob Woodward revealed in a bombshell book, *Rage*, that Trump had lied to the public about the dangers of the virus. Woodward recorded eighteen interviews with Trump from late 2019 to mid-

2020. Trump stated as early as February 7 that he knew the virus spread “through the air” and was “more deadly than even your strenuous flus.”⁷ Scapegoating of Asian people may have enabled Trump’s followers to ignore his policy failures even as they encountered (and often dismissed) growing evidence that COVID-19 was serious—not a liberal hoax, as some conservatives claimed—an issue that remains.

The scapegoating, unfortunately, was quite successful. Chinatowns across the country lost business because people associated their restaurants and shops with COVID-19. According to the Stop AAPI Hate Reporting Center, which began tracking hate incidents in late March 2020, Asian Americans reported more than 1,500 incidents of racism in the month of April, ranging from verbal harassment and threats to actual violence. These attacks frequently referenced China and the virus, regardless of the victims’ ethnicity.⁸ Many Asian Americans feared going out in public and worried that wearing a mask might bolster racist stereotypes of Asian Americans as disease carriers.

Meanwhile, across the nation, Trump-supporting crowds congregated unmasked in defiance of official mandates and basic public health advice, and staged protests, in some cases armed, against reasonable restrictions on businesses and gatherings. The ten-day annual Sturgis Motorcycle Rally, which took place in South Dakota in August 2020, attracted nearly half a million predominantly white attendees, most of whom did not wear masks or practice physical distancing. When fall arrived, South Dakota had the highest per-capita rate of COVID-19 in the country, and cases surged in regions from which significant numbers of rally attendees had come.

As race and racism have shaped the pandemic, gender has played a role as well: women’s experiences of COVID-19 have seemed to diverge from men’s. This has been especially true for women of color, a fact that underscores the importance of understanding the pandemic intersectionally. In the 1980s, the legal scholar Kimberlé Crenshaw theorized that Black women’s experiences cannot be understood through a single framework like race or gender: rather, race and gender interact to

shape Black women's experiences and are mutually constituted. Though Crenshaw coined the term *intersectionality*, it draws from a long line of women of color feminisms to refer to the idea that multiple identities, including race, gender, sexuality, class, and ability, interact to shape the experiences of women of color as well as the systems that oppress them.⁹

In the United States, women of all races have paid for poor policy-making during the pandemic with their economic and emotional well-being. With schools and daycare centers closed, many women—who perform the bulk of care labor at home—have dropped out of the workforce or suffered personally as they have attempted to work from home, care for children, and supervise children's remote education all at once. But women of color have been especially affected for numerous reasons. Incidences and outcomes of the disease vary significantly by race. Women of color are overrepresented in caregiving and other “essential” occupations, such as healthcare, childcare, food service, and agriculture, as well as in some service industries that have come to a near standstill, like nail salons. And women of color are more likely to have lost income during the pandemic and less likely to have wealth to fall back on. Moreover, they have continued to struggle with the same structural inequities as before, including discrimination, unequal pay, and vulnerability to state, racial, and gender-based violence.¹⁰

Even as Asian Americans were the targets of racist attacks, and even as women of color strained under multiple dimensions of the COVID-19 crisis, Asian American and other BIPOC women united through the Auntie Sewing Squad to provide a critical resource and to shift attitudes toward mask wearing in the United States. Before they became members of the Squad, Aunties sewed masks for friends, neighbors, and loved ones. Some dusted off or purchased sewing machines; others sewed by hand. They shared YouTube mask-making videos and advice on fabric selection. Some Aunties scavenged fabric, cutting up cotton bedsheets and old clothes. Some donated large volumes of masks to hospitals and retirement centers. Others freely offered masks on their

front porches and found hundreds of takers. Then, when these women could no longer handle the volume of mask requests they received individually, they began to organize online. In doing so, they found the community they craved to remedy the social isolation of the pandemic.

MASK MAKING AND MUTUAL AID

On March 23, 2020, the performance artist Kristina Wong, who had just canceled a national tour of her one-woman show *Kristina Wong for Public Office* because of the pandemic, created a Facebook group of friends who knew how to sew masks or wanted to learn. They shared materials, taught others how to sew, and collaborated to fulfill large requests for masks.

The Auntie Sewing Squad is one of many sewing collectives that formed across the United States during the spring of 2020, but it is distinctive in its overt, progressive politics. The Squad saw in the pandemic not only a health crisis but also a set of deeply entrenched social injustices. After hearing that hospitals desperately needed PPE, sewing groups organized to supply mask for healthcare workers. For many who joined these groups, sewing was patriotic labor in the tradition of Rosie the Riveter, the World War II icon they frequently invoked. Making masks meant pitching in to serve the national interest, akin to the industrial labor performed by Rosie and other women while men were away at war.

Working in this vein, Homemade Medical Masks for the California Central Coast, created on March 22, attracted nine hundred members. The group educated the public about the benefits of wearing masks and served as a clearinghouse for mask donations from Big Sur to Santa Cruz. They organized meetups to exchange materials and collect completed masks for distribution. Other mask-sewing groups were regional, such as Sewing Masks for Area Hospitals, which served hospitals in the Atlanta area and later across the Southeast. Originally formed by three sewists (a term preferred by many sewing hobbyists over *sewers*) in late March, the group attracted two thousand members within

a few days and grew to eight thousand by April. They built a complete supply chain by distributing raw materials to sewists and delivering completed masks to healthcare facilities that requested them. National groups developed even larger and more elaborate operations. *Stitched Together*, which formed on March 19 and eventually boasted twelve thousand members, split into subgroups, the largest consisting of over two thousand members in Long Island, New York. The group matched volunteer sewists with recipient healthcare workers, first responders, and other essential workers.

By early April, sewing collectives had helped bring conversations about masking to the forefront by normalizing mask wearing in many communities. Emerging data about the high prevalence of asymptomatic carriers of the coronavirus suggested the value of mask wearing by everyone, not just those obviously at risk of exposure, since many contagious people did not know they were contagious. In most groups, implicitly or explicitly, little space was given to discussions of the social and policy conditions that had created the crisis. However, volunteer mask makers helped solidify public support of mask wearing, which spurred the CDC to reconsider its mask recommendation.

On April 3, 2020, the CDC officially endorsed universal masking. The agency recommended that all Americans wear homemade cloth face coverings, leaving manufactured masks (such as the highly effective N95 masks, which were still in short supply) available for use by medical professionals. This change speeded up the making of a new American commodity. Masks and mask making created a market of consumers, mostly women, for fabric, elastic, thread, and sewing machines. The Singer sewing machine company could not keep up with orders, and sewing machines were one of the top ten most common purchases during the beginning of the pandemic. Companies caught on to the marketing potential. The Joann Fabric and Craft Store chain began to offer free mask-sewing kits in late March, though many customers found that Joann's did not have the free materials they advertised and did not properly equip their own workers with PPE. Crafters

on Etsy, the online market for handmade goods, began to sell masks in early April and saw sales rise rapidly. By May, chain clothing stores such as the Gap and Old Navy began to sell their own branded masks. At the same time, suppliers of surgical and other medical-grade masks were catching up with demand, so the need for home-sewn masks in healthcare facilities was no longer so dire.

As more masks became available, the Auntie Sewing Squad did not slow its labor. This distinguished the Squad from many other sewing groups. For instance, the volunteer sewing collective in Monterey County, California, ceased operating by June 14 because the local government was finally able to provide PPE to healthcare workers, and others could now purchase commercially made masks. Other groups that had focused exclusively on supplying masks to hospitals or healthcare workers—the pandemic’s lionized frontline workers, “battling” in the pandemic “war,” in the militarized rhetoric of the public health crisis—stopped as well. By contrast, the Auntie Sewing Squad shifted to serving disenfranchised communities, including workers who were inadequately protected by the companies that employed or housed them and lacked the resources to purchase masks. The Squad’s work was just beginning.

Unlike many other mask-making groups, ASS was never a charity or a temporary supplier but instead operated in a mode of noncapitalistic labor known as *mutual aid*. Mutual aid involves people providing care and sharing resources in a coordinated way “to meet each other’s needs, usually from an awareness that the systems we have in place are not going to meet them.” It often arises from the understanding that existing systems “created the crisis, or are making things worse.”¹¹ For this reason, mutual aid is often associated with structurally oppressed communities. The free breakfast programs and liberation schools for children run by the Black Panthers in the 1960s are prominent examples: the Panthers combined community service, resource sharing, education, and grassroots political organizing in response to conditions imposed by white supremacy.

As a mutual-aid project, the Auntie Sewing Squad served communities that were in dire need but had been overlooked by other mask makers. The Squad did not shy away from discussing politics, which was discouraged in some sewing groups, or from supplying masks to those who lived and worked outside the mainstream, like sex workers, the unhoused, and the undocumented. ASS worked primarily through community-based nonprofit organizations that already had the infrastructure and contacts to distribute the masks efficiently to those who needed them. In vetting mask requests, it chose partners in mask distribution that treated the populations they served neither as heroes nor as objects of charity, but as equal members of the community who deserved to be protected. Whereas charity leaves undisturbed the unjust social and political structures that create need, mutual aid works to reveal how inequity works and to change the conditions that cause it, while at the same time meeting people's needs.

As the pandemic wore on, the Auntie Sewing Squad nimbly supplied masks to asylum seekers, Indigenous communities on reservations, people newly released on parole, transgender immigrants, urban farming coop members, trafficking victims, and low-income BIPOC communities. As the Navajo Nation in the Southwest was ravaged by COVID-19, Aunties worked with Navajo partners to send masks and a relief van filled with sewing and medical supplies. Another van followed, and another, and eventually there were six. As the nation erupted in long-overdue rebellion over police violence against Black Americans, the Aunties swiftly supplied masks to Black Lives Matter protesters, sometimes on just a few hours' notice, and advocacy organizations serving Black communities. As wildfires raged in Oregon and California, Aunties sewed for the people most affected by the unbreathable air and least able to protect themselves from it—immigrant farm workers who continued to labor outdoors while others evacuated the area. The gulf between haves and have-nots in America grew amid the dangers of the pandemic, political violence that included racist attacks, and the worsening climate crisis. Masks became a way not only to meet a public