Viral Entanglements: Bodies, Belongings and Truth-Claims in Health Borderlands

This paper contributes to anthropological debates surrounding borderlands and biosecurity by tracing the multiple pursuits of protection that emerge between the state and minorities during infectious disease outbreaks. Drawing on an ethnographic study into child health in Jerusalem following epidemics of measles and COVID-19, the paper demonstrates how responses to public health interventions are less about 'compliance' or 'indiscipline' than a competing pursuit of immunity to preserve religious lifeworlds. The voices of Orthodox (*Haredi*) Jews are situated alongside printed broadsides (*pashkevilim*) that circulated anonymous truth-claims in Jerusalem neighborhoods, which cast state intervention against historical narratives of deception and ethical failures. Borderland tensions, like a virus, mutate and influence responses to authority and biosecurity, and reconfigure vernacular entanglements of religion, state, and health. The paper encourages anthropologists to consider responses to public health interventions and non-vaccination beyond a COVID-19 silo, and as part of situated relations between the state and minority populations.

Key words: Biosecurity, COVID-19, Protection, Religious Minorities, Vaccination

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Anthropologists have critiqued borderlands and biosecurity regimes as fluid sites where the reach of the state is implemented through unprecedented controls – and often with the force of discursive authority (Briggs 2004, 2005; Briggs and Nichter 2009). Building on these debates, I argue that epidemic outbreaks offer an opportunity to examine how health borderlands are invested with multiple notions of protection, which are rendered visible by biosecurity regimes imposed during public health emergencies. Whereas anthropologists have framed health borderlands as spaces where care is conceived in diverse ways (cf. Mattingly 2010), my interest is in how ideas of health protection are conveyed with discursive authority. In what follows I chart how disputes over the preservation of life are fielded by biosecurity regimes and religious lifeworlds, and become deployed through mediums of health communication.

Drawing on an ethnographic study into child health in Jerusalem following outbreaks of measles and COVID-19, I demonstrate how vaccination points to anxieties over state intervention and governance as part of a pursuit of immunity and self-protection. I situate the voices of religiously Orthodox Jews in dialogue with print cultures that circulated anonymous truth-claims in Jerusalem neighborhoods. Together, they framed state intervention against the backdrop of historical acts of deception, ethical failings, and threats to life. Biosecurity regimes that emerged with the coronavirus pandemic re-configured viral entanglements of religion, health and state, and borderland tensions, like a virus, mutated to shape responses to authority.

Jerusalem offers an insight into how a region serves as a center of state governance and religiosity, but on the other hand, a contested space that raises implications for how authority is perceived and fielded.[1] My ethnography captures how the pursuit of public health control over a frontier zone had been transformed by the coronavirus pandemic, incorporating private domains, and producing increasingly defencive responses. To view responses to public health

interventions and control measures in a COVID-19 silo, I suggest, fails to account for the full cultural politics of protection that have emerged with viral entanglements of power and piety in borderland spaces.

Protecting the 'Jewish State'

When signs of the coronavirus pandemic began to emerge around the world in January 2020, public health responses soon followed that were politically and socially situated. Governments sought to control rising infection rates through public restrictions that ranged from being heavy-handed to laissez-faire. Public health and media discourse, too, began to circulate images of non-compliance with the new measures. The need to contain unruly populations as much as disease was deployed through the definitive discourse of immunity (Foucault 2006; Esposito 2015), and 'outbreak narratives' conveyed responsibility and blame with the force of communicative authority (Briggs 2005; Wald 2008; Xun and Gilman 2021).

From Jerusalem to New York and London, I noticed a common thread of news reports that homogenized a so-called 'ultra-Orthodox' Jewish minority as being non-compliant with – if not obstinate to – public health control measures. Members of this minority, however, perceive themselves as Haredi, meaning God-fearing. This term situates adherents in a cosmology of bodily governance that maintains not only prescriptions around health and bodily care but also a preference to remain 'immune' from any influence that is positioned as external to the group (Kasstan 2019).[2] Haredi Jews can be distinguished from Orthodox Jews by stringencies in observance of religious law (*halachah*), as well as avoidance of secular education and professional training, which signals a preference for select and carefully managed encounters with the non-Haredi world – including healthcare. I began to wonder how this apparent issue of compliance with protective measures was colored by the conceptual gap

between etic representations of Orthodox lifeworlds on the one hand, and emic self-representations on the other.

In Israel, hegemonic media representations framed a defiant ultra-Orthodox minority as a threat to the success of an early nation-wide closure to protect the 'Jewish State.'[3] This intervention raised unprecedented implications for religious observance. When some rabbinic authorities refused to close institutes for male learning and synagogues, collective immunity was cast as being undermined by a self-protective minority intent on maintaining another kind of immunity from intervention. During the first lockdown (March-April 2020), responsibility for enforcing public health control measures in these neighbourhoods was handed to the military, the Israeli Defense Forces. Yet Haredi Jews in Israel are exempt from compulsory military service (Stadler 2009), and attempts by nationalist parties to enforce a 'Haredi draft' have emerged as a key issue in recent elections. COVID-19, then, became a flashpoint in a long running state-minority tension, and enforcement of public health measures became a powerful sign of the state imprinting its authority over the margins (cf. Das and Poole 2004).

The so-called 'ideological disobedience' of Haredi Jews was blamed in Israeli media for soaring infection rates (Jeffay 2020). That perceived 'disobedience' and 'indiscipline' led to attempts to instil a state of compliance through force, with state intervention portrayed and paralleled in terms of historical violence. Suboptimal coronavirus vaccination coverage among Haredim has since been recorded (Gorelik and Edelstein 2021). Minority-state relations are historically-contingent (Mahmood 2015), and a pattern emerged in which public ideas interacted with public health to reinforce prejudice against Haredi Jews. Anthropologists should, however, be careful not to look at the issues surrounding the coronavirus pandemic in a silo. The pandemic arrived on the heels of the 2018-19 global measles outbreaks, in which Haredi Jews were implicated in the US and in which Israel experienced its highest rates of measles in a quarter century (Stein-Zamir and Levine 2021). It became increasingly clear to

me that many parallels could be drawn between the responses and rhetoric surrounding infectious diseases and minority groups. Vaccination served as a particular site where tensions of trust were performed.

The importance of protecting health and remaining self-protective has inspired anthropologists to explore how healthcare is managed as a site where forms of medical and religious authority intersect. In Israel, anthropologists have explored how rabbinic interventions in clinical encounters give rise to 'kosher medicine' as a 'local mode of medical care,' which is premised on a 'growing tendency to think of medical interventions as imperative for observing God's commandments' (Ivry 2010: 663). This integration of biomedicine and religion is especially apparent for reproductive technologies, which shape how religious Jews actualize and interpret the commandment to 'be fruitful and multiply' (Ivry 2009; Kahn 2006; Taragin-Zeller 2021). Yet, I suggest that an analytical departure is required to examine how public health programs engender responses that are versed in opposing narratives of protection. Ideas of protection are not always projected in line with religious or medical opinion (Kasstan 2021a), but rather truth-claims regarding the transparency and trust of state institutions, which are embedded in minority dynamics. I frame the above pandemic events within critiques of borderlands and biosecurity, before delving into the discursive contests over protecting life that arose following outbreaks of measles and amidst the coronavirus pandemic.

Borderlands, biosecurity, and disputes over authority

Anthropologists position borderlands as socio-spatial sites for enacting authority and sovereignty, premised upon modes of inclusion and exclusion that seize the body of Others as a locus of threat (Alveraz 1995; Napolitano, Luz and Stadler 2015; Merli 2008; Stadler 2020). As geographical, political and social points of encounter, borderlands have traditionally been conceived as spaces where 'rules are disputed and authority is confronted' (Wilson and Donnan

2006: 116; Scott 2009). Contemporary concerns with biosecurity, however, have provoked productive shifts in how borderlands are conceived by scholars, as the quest for protection situates risk as ubiquitous, and as having the potential to be diffused within the body politic rather than stationed at its boundaries or border zones. Biosecurity entails more than drawing borderlines of separation between 'diseased' and 'healthy' life; it entails a re-conception of the borderland as constituting 'a mutable disease environment' (Hinchcliffe et al. 2012: 532). Biosecurity, then, demands 'a more flexible topological conception of spatiality that embraces the fluidity of pharmaceuticals, microbes, and humans' (Chuengsatiansup and Limsawart 2019). Biosecurity, too, produces discursive authority over events, threats, and intervention that are far from neutral or value-free (Briggs 2004, 2005). The bodies of Others, especially migrants and minorities, continue to be perceived as vectors of risk targeted for control as part of security narratives (Chuengsatiansup and Limsawart 2019; Parkhurst 2020).

Borderlands are key sites for what Michel Foucault (2006) would term 'governmentality,' meaning the forms of discipline that are applied over individuals and populations to produce and re-produce governable subjects. Driving Foucauldian notions of governance forward, political philosopher Roberto Esposito (2015) takes immunity as contemporary framework through which states preserve collective life and deploy governance. Immunitary reactions are fielded at the margin where constructions of 'internal' and 'external' meet (Esposito 2015). While immunity is a tactic for preserving social and political life at the level of the body politic, it is also sought in the form of self-protection from intervention and interference among minority groups seeking to preserve their lifeworlds (Kasstan 2019). The uncompromising pursuit of immunity, Esposito (2015) notes, can have the effect of an autoimmune response – of negating life itself. This consequence has become especially visible during the coronavirus pandemic.

My focus lies in the conflicting definitions of protection that are fielded within health borderlands, where biosecurity is perceived as a revival of authority over minorities. Borderlands produce truth-claims that narrate anxieties and disputes over the preservation of life in historically-situated ways. Looking at infectious disease outbreaks in the context of minority-state and religion-state tensions can illustrate how new public health regimes are perceived and situated in historical frames of reference. My approach signals how 'viral entanglements' of religion, health and state emerge amidst performances of, and disputes over, discursive authority in borderland settings. In what follows, I draw ethnographic work with a transnational Jewish minority to illustrate how notions of immunity and protection (both biological and social, individual and collective) configure responses to public health interventions and control measures at the margins of the state.

Methods

To illustrate how public health emergencies reveal multiple ideas of immunity between health services and religiously Orthodox minorities, I sought to produce an immersive ethnography of child health among religious families in Jerusalem following the 2018-19 measles outbreaks. Within months of my fieldwork beginning in winter 2019, however, strict public health control measures were swiftly imposed in response to the unfolding coronavirus pandemic. In March 2020, fieldwork had to be immediately terminated. I had conducted 21 semi-structured interviews and ethnographic research in family homes, public health events, and learning halls for married men (*kollelim*) by the time the first 'lockdown' was imposed. I then conducted follow-up discussions and met with a further four families over telephone and Zoom. The particulars are described in more detail below.

As virtual ethnography was the only form of data collection permitted for much of 2020 until Spring 2021, I oriented analytical attention towards public and public health

representations of Haredi Jews and the responses put forward by Haredim themselves. Media sources portrayed Haredi Jews as 'non-compliant' with coronavirus control measures, but I found these representations to be contiguous with the rhetoric that surfaced amidst the 2018-19 global measles outbreaks (Kasstan 2020). I became interested in drawing out the discursive continuities between ethnographic material and the printed and virtual data, in order to examine how truth-claims circulated.

In the Haredi world, religious authorities view the internet as 'more dangerous to Jewish continuity than the Holocaust' (Fader 2020: 6). Rather than outright opposition among Haredim, there is, in reality, a cautious and selective engagement with the internet and digital media, and the Haredi press sector has flourished in print and online (Campbell and Golan 2011). Following the example of anthropologists who engage with print material as a resource for understanding cultural change among Haredi Jews (Fader and Berger 2020; Stadler 2009), I began to examine public broadsheets known in Yiddish as *pashkevilim*. *Pashkevilim* display public warnings, including decrees on technology or opposition to the Israeli state and military service (Stadler 2009). By lending anonymity to the authors, *pashkevilim* also reveal political dissent and address issues that may otherwise be taboo (Kravel-Tovi 2020). I focused attention on how *pashkevilim* offered subversive responses to the government coronavirus vaccination program as a new flashpoint in minority-state relations and the cultural politics of COVID-19.

People and particulars

The parents I met all came to Jerusalem as part of a religious awakening and commitment to living in accordance with a higher standard of Jewish observance than they were raised with. These Jewish 'returnees' are considered *ba'alei teshuvah* ('masters of repentance') in Hebrew and came to Israel under the 'Law of Return.'[4] The people I met formed part of Jerusalem's

large contingent of Orthodox and Haredi Jews, and hence were positioned in the demographic and cultural struggle over what the 'Jewish State' of Israel means, as I go on to illustrate.[5]

Religiously Orthodox Jews form a 'global religious network' which is characterized by the circulation of knowledge pertaining to health and family-making (Taragin-Zeller and Kasstan 2020). My interest in working with religious Jews who made the decision to live in Israel was to understand whether and how ideas of vaccination circulated among Orthodox and Haredi networks amidst the global measles outbreaks of 2018-19. The majority of participants had migrated from North America (eighteen), and to a lesser extent the UK, Canada and South Africa, and held cultural capital as English-speaking Ashkenazi Jews.

I was able to approach participants through past ethnographic engagement with Haredi Jews and snowball sampling techniques. Interviews were recorded using a digital audio recording device, when permission was granted, and detailed notes recorded. Recordings from interviews and participant observations in the field were transcribed verbatim, and analyzed based on emerging themes. To protect the identities of interview participants, I have replaced their names with pseudonyms.

Viral transmission of truth-claims

Though it is just a stone's throw away from Jerusalem's central market and tram line, the Mea She'arim neighborhood constitutes a margin of the state in its own right, and it is self-protective against external influences or social contagions.[6] A large sign addresses visitors, in both Hebrew and English, 'To women & girls who pass through our neighborhood we beg you with all our hearts, please do not pass through our neighborhood in immodest clothes.' It is an area known for being home to the most stringent of Haredi Jewish circles, with a multitude of religious dynasties living amidst the stone dwellings and narrow streets. Palestinian flags can be seen spray-painted onto stone, offering visual contestations of authority in a disputed space.

In October 2019, a few months before the coronavirus pandemic emerged, I walked to Mea She'arim and stepped into one of the neighborhood's many bookshops to ask whether they had any material on child health and vaccinations. Avsholom, an elder from South Africa, responded immediately, "there is nothing written because there's nothing to discuss – the *holochoh* is that vaccinations are *pikuach nefesh* and important to protect our health." Meaning the preservation or protection of life*, pikuach nefesh* is a Jewish legal code that overrides virtually any other commandment, and Avsholom was asserting that vaccines were accepted as a vehicle to fulfil that uncompromising law. "Yes in theory," I answered, "but is there anything written on what you've just said?" With quick wit and a smile, he responded, "Yes, I just authored it." Turning to an American colleague, Avsholom shouted, "Have we got anything on the "vaccine *controversy?"* which I emphasise to showcase that there was another element to the philosophical answer he gave me a moment earlier. "If you want to talk to somebody about vaccinations, then speak to my daughter. She refuses to have her first child vaccinated because she's worried it changes their behaviour and personality." The encounter was a striking shift from what was presented as a definitive legal position on vaccination, to individual decisions of non-vaccination that flag contestations over 'authoritative knowledge' (cf. Jordan 1997) over protection.

Routine childhood vaccinations in Israel are usually delivered in maternity and infant care clinics (*tipot halav,* drops of milk) free of charge, and Israel's Ministry of Health is unequivocal in its position that 'immunization means protection.'[7] Haredi Jews, however, have historically had suboptimal vaccination coverage, leading to outbreaks of preventable diseases (Stein-Zamir et al. 2009), as is the case in Britain and the USA. While non-vaccination is attributed to inconvenient services and a dearth of confidence, it is important to note that there can be a particular reluctance to engage with public health services among more stringent Haredi Jewish networks who reject Zionism and do not recognise the authority of the State of

Israel. During past measles outbreaks, vaccination teams were 'disguised' 'so they could gain access to institutions that did not wish to be seen as obtaining services from official state bodies' (Stein-Zamir et al., 2008). Such tensions illustrate how vaccines serve as a particular point for understanding and reconciling pursuits of protection.

The conflict between philosophy and practice that Avshalom raised had emerged in many discussions with parents, and I want to draw attention to the discursive references made between vaccination and past narratives of state conduct and deception. Born to Russian émigré parents, Chani (age 35) grew up in the US and moved to Jerusalem from New York after "returning" to Judaism. We first met in January 2020, before public health control measures were enforced to quell the spread of the coronavirus, and later spoke remotely when public health restrictions were in place. Chani described how she accepted vaccinations as a safe way to protect her growing family, and as a tenet of preserving life, but she added, 'at the same time, I do believe that there are kids who don't have good reactions to vaccines.' Over the course of our conversations, she expressed conflict about accepting authority without question. I found that Jewish parents such as Chani drew on historical examples of public health failures to voice truth-claims around vaccine safety and the need for vigilance when accepting public health information that is not perceived to acknowledge risk:

> In the 50s, in America, they had something [DES][8] that apparently was widespread and women were taking this drug to prevent miscarriage, but it was causing harm to women. My mother-in-law's sister is like a sufferer of this, because my mother-in-law's mother was taking this anti-miscarriage pill, which turned out to be [dangerous], so yeah, it does happen.

Not confined to the example of medicine and gender in the USA, Chani went on to reference the 'Yemenite Children Affair' in Israel as a reason to be informed about both the protective and risk-realities of vaccination:

> There's a side of Israel's history that is dark, for example, you know this whole story with the Yemenite babies, and the Palestinians in 1948. We need to know both sides, so the same thing, I feel that if you're going to have something saying, 'you should get vaccinated,' there needs to be some acknowledgement that it might not be for everybody. That it could have [risks] in a very rare situation, but given the number, what's the likelihood of getting a vaccine injury? I don't know. I'm just saying that there's not an acknowledgement of that in any information I see about vaccine safety. Not only is it not addressed, it's not even acknowledged. I don't think this is the case so much with these current shots, but I do hear, like, they haven't been around so long to really see the effects.

Amidst worsening conditions for Mizrahi Jews in the Middle East and North Africa following the establishment of the State of Israel in 1948, mass migration to Israel took place. The migrants included 50,000 Yemenite Jews. Placed in peripheral transit camps (*ma'abrot*) with substandard hygiene facilities, scores of children became sick and were transferred to hospitals without parental oversight (Weiss 2001).[9] Allegations arose that medical professionals and the state were colluding to certify Yemenite children as dead and put them up for adoption with Shoah survivors in the USA (Weiss 2001). While Chani, at the age of 35, did not have lived knowledge of these events, they were nonetheless mobilized as historical evidence to raise doubt about the transparency of public health programs and state oversight of vaccination safety.

Elder parents, however, drew on their lived knowledge of shifts in public health logics to underscore vaccine caution. Meyer, a father in his fifties, sat with me in a Mea She'arim synagogue and noted how his age made him reflect on past failings vis-à-vis public safety:

> People are killed or die because of medical mistakes. So we're willing to ask, "is this really safe?" Not just to necessarily trust, blindly. Do these people [public health services] know what they're doing? I'm old enough to remember when asbestos was pulled out of buildings everywhere. So, somebody at some point says, asbestos is 'fine,' and they were finding out it's not fine.

In making an implicit link between the formerly widespread use of asbestos and the routinization of vaccination, Meyer indicates how trust in public health and policy-makers to make responsible decisions around public safety requires a long-term view. Malkie, another elder parent. held significant authority in her neighborhood, which bordered Mea Shearim, as a Rebbetzin (wife of a rabbi). An elder woman in her seventies, Malkie portrayed vaccines as enmeshing the secular and profane, Godly and un-Godly, or 'pure' and 'dangerous' (Douglas 2002; also Whitmarsh and Roberts 2016) – due to the pharmaceutical production of vaccines that made them potent to human health:

> Vaccination is like a Torah idea. The initial idea is not a bad idea, it's a good idea, but because of peoples' greed it is poisonous to vaccination. Materials are added to lengthen the life of vaccines and those are harmful to the body, those are the substances that I am anti. *Hashem* [God] created man in his image, but there are animal sources in vaccines that can change the DNA of humans. I wish I could tell *frum* [Yiddish, pious] people that it's *pikuach nefesh* not to vaccinate.

Malkie mobilized her 'authoritative knowledge' as a Rebbetzin to assert that vaccines were forbidden from a position of Jewish law, based on the concern that vaccination punctuates and permeates bodily boundaries, especially those cultured on animal cell-lines (see Landecker 2007). Bodies then needed to be protected from harmful intervention and the disruption of seemingly secure categories of self and non-self (cf. Shildrick 2002; Haraway 1981).

The moral logics put forward by Meyer and Malkie illustrate how ethical failings and issues in public health 'over-extend' into outright opposition to vaccines (Sobo 2021). In other words, vaccine decisions are not simply influenced by 'rumors' or 'conspiracy.' Vaccine safety questions and concerns stem in large part from feelings that parents and people are being deceived by public health institutions (see Casiday 2007). These senses of deception are in turn connected to entrenched minority-state tensions.

Public warnings

More than a year later, in a very different period of health governance, public conversations around vaccination in Jerusalem had shifted from childhood vaccinations to the COVID-19 vaccine program. While walking through Mea She'arim in early January 2021, I stopped to read the *pashkevilim.* One public warning, in particular, caught my attention for its mobilization of historical rhetoric when voicing anonymous opposition to the public health control measures (Figure 1):

> Kastner: "Run to the trains." Did you hear about the Shoah in Hungary?! A Jew by the name of Kastner declared: "Run to the trains! The Germans promised us a retreat [deceivingly]." Hundreds of thousands who were tempted, rushed and ran to the trains instead arrived at death camps and ended their lives in gas chambers.

> The smart ones that waited and hid survived. Rabbi Yehuda Ze'ev Liebowitz said: "Another Shoah will come, [they] will also think it is a retreat..." Jews, open your eyes! Wait! Why hurry?! The *goyim* [pejorative, non-Jews] will be vaccinated first. […] So why run? Wait!!

The public warning references Rudolf Israel Kastner, a Hungarian Jew with a disputed reputation for his activism in Nazi-occupied Hungary during the Shoah. While celebrated for having negotiated for the transfer of 1,700 Jews from Hungary to Switzerland (via Bergen-Belsen Concentration Camp), including some of Kastner's family and associates, he was accused of not warning the 400,000 Jews of the fate that awaited them as they were deported from Hungary to Auschwitz – and thus propagating the process of deception that led to industrialized mass-murder.[10] Hence, the *pashkevil* framed the coronavirus vaccines as a program of public deception comparable to the Shoah, and being deceived into running to the vaccines would be just as catastrophic as 'running to the trains.'[11]

The rhetorical link between perceived deception surrounding coronavirus vaccines and the Nazi genocide is striking, and it underscores place of the Shoah as the central reference point in Haredi Judaism (Caplan 2002). It is an example of the circulation and 'conversion' of criticism of vaccination; while vaccines are a globalized technology, safety concerns arise at local-levels and transform into historically, politically religiously and socially-situated metaphors (Kasstan 2020b). The *pashkevil* and its content is what Ilana Gershon (2010: 290) would term a 'media ideology,' where persuasiveness of rhetoric and receptiveness is 'fundamentally influenced by local concepts of selves, relationships, and communication.' Public health control measures forge viral entanglements of religion, state and health, which are deployed through an authoritative and anonymous media ideology. History is revived to

communicate powerful truth-claims that promote self-protectionism over public health pursuits of protection from viral infection – in ways that demarcate opposing ideas of immunity.

The *pashkevil* accuses the government of deception about the coronavirus pandemic, and it alleges that the Israeli State is withholding information about the truth of vaccination safety. Its historical references also reveal how a global pandemic is followed by interpretations of public health logics. The truth-claims presented by US Jewish migrants, which I presented above, are continuous with the messages circulated in *pashkevilim* for Haredim who are raised with modern Hebrew as their first language. Multiple truth-claims around vaccination and protection then converge in this diverse and transnational religious lifeworld. Much as mass vaccination programs in rural Cameroon were resisted out of concern that the intervention was a tactic to threaten 'the region's most culturally valued resource – human fertility' (Feldman-Savelsberg et al. 2000: 160), in the Jerusalem borderlands, vernacular truth-claims signified how the social and religious continuity of the Haredi lifeworld was being targeted, under the guise of public health.

Figure 1: 'Run to the trains,' *pashkevil* in Mea She'arim, January 2021.

As I turned a street corner, another *pashkevil* described state enforcement of public health control measures and school closures as a 'brutal *pogrom*,' deliberately deploying the historical language of state-sanctioned violence and massacres against Jewish neighborhoods in Eastern and Central Europe. Such emic responses to public health interventions and control measures in Jerusalem signal how the Mea She'arim neighbourhood comprises a borderland for Haredi Jews who might not recognize or explicitly support the Zionist framework the State of Israel.

The Israeli Ministry of Health, too, attempted to assimilate its messaging into the Mea She'arim borderland. I noticed a poster that imitated the style of *pashkevilim*, but stood out in

its use of color when displaying the Ministry's logo and the phone number of a dedicated information line for the Haredi sector (Figure 2). The large text in the center poses the question 'Did we take proper care?,' and is surrounded by death announcements that imitate Haredi tributes. Hence, the poster demonstrates how health communication strategies hinted at non-compliance and indiscipline in this health borderland. The fact that the *pashkevil* was defaced reflects the contestation over state messaging and services, and signals the disputed messaging around the coronavirus among Haredi residents. These public disputes over pandemic knowledge and intervention signal how immunity discourse is projected beyond online social media into the situated sites where viral knowledge and truth-claims are voiced, and where challenges to government and health control measures are performed. *Pashkevilim,* then, form part of the situated responses to communicative authorities and monopolies deployed in biosecurity regimes (Briggs 2005; Briggs and Nichter 2009). In borderland settings, prevailing and vernacular definitions of immunity and protection are fielded.

Figure 2: Ministry of Health messaging, Mea She'arim, January 2021.

Public health at the point of contest

My conversations with Haredi Jews brought out many of the tensions surrounding vaccination and public health compliance that had been broadcast in the *pashkevilim*. As Meyer guided me through Mea She'arim shortly before the first lockdown was imposed in March 2020, he voiced many concerns about public health measures that were rooted in minority-state tensions in Israel. The "military has infected everything in Israel," he asserted, which itself was a striking use of language and reflects how notions of immunity, protection, and risk come to shape minority-state relations at large. Public health notions of threat and security were inverted,

revealing how people seek protection from techniques of governmentality (Foucault 2006). While constituting the state's premier arsenal *of* protection and maintaining immunity over the body politic, in this Jerusalem borderland, the military was perceived as a contagion to be protected *from*.

Military conscription remains a major flashpoint in religion-state and minority-state relations in Israel. Haredi Jews are eligible for exemption from compulsory military service, something that remains a contentious political point (see Stadler, Lomsky-Feder and Ben-Ari 2008). Military conscription in Israel performs a fundamental role in cultivating body and state – or the 'chosen body' (Weiss 2002), yet as Nurit Stadler (2009: 96) writes, 'Haredi men reinforce their body discipline and mortification through Talmudic training and yeshiva socialization. To them, true Jewish sacrifice and piety can be achieved only in the yeshiva and not through interference in God's plan, as in affairs of the state.' Exemption from military service underlies the typecasting of Haredi men and society. This typecasting was especially prevalent amidst a recent spate of national elections (four in two years), when Haredi men were portrayed in parasitic terms as draining the resources and lifeblood of the body politic.

Meyer's use of language offered striking continuities with the rhetoric channeled through *pashkevilim*, signaling a discourse of state-sanctioned hostility towards Haredim:

> There's such a strong anti-Haredi sentiment here. It's really scary being Haredi in *Eretz Yisroel* (land of Israel), I almost feel like I'm in old Eastern Europe. There really is a tremendous misunderstanding of what we're about. Think about the military draft, which is a major issue in the country right now, we're on our third round of election. You would think, is the economy an issue? Here, it's just, "are Haredim going to be in the military?" The whole election seems to be about that and you hear us described a lot using the word parasite, but we are all very hard

> working people. Nobody stays in bed in the Haredi world, they're all busy, all day long. It's just a different kind of busy-ness.

Conceptions of Haredim as not meeting the citizenship expectations held by the broader body politic were also projected outwardly with regards to the state. Meyer explained how public health restrictions had very different implications for Haredi Jewish families, which are larger than the national average, and pointed to structural inequalities and the reality of higher rates of unemployment, overcrowding and poverty in Haredi neighourhoods (see Malach and Cahaner 2019):

> I'm not convinced that everybody being indoors is the best thing for large families in small apartments. We're used to having half the people outside the flat. You can't fit all these people in a flat too comfortably when you pack everybody in. The poverty's bad and these are people that don't have a lot of money in the bank in the first place. That's creating enormous stress. We don't really hear any of that being discussed. All I hear is this one thing, quarantine, quarantine, quarantine.

For Meyer, the public health control measures imposed amidst the coronavirus pandemic had exacerbated and revealed existing inequalities, which combined to make some restrictions, especially home isolation ('shielding') and school closures, unbearable. Not all Haredi Jews shared this position, and Tobi, a Haredi mother of 7, asserted, 'it's very scary that people would take the chance, just because you're religious doesn't mean you're immune.'

Each time an article was published about Haredi non-compliance with lockdowns that invoked the language of 'ideological disobedience' (e.g. Jeffay 2020) Meyer wrote to me to share his perspectives. Amidst increasing pressure and violence to instil a state of compliance

with public health control measures, Meyer wrote in a sharp escalation of his tone – 'do you see where trust in the government and obsession with public health and tyrannical health policy gets us?' His exchanges became increasingly defencive:

> Every conversation from *hilonim* [secular Jews] in Israel becomes about the military, as if it is the only way of contributing to society. Haredi communities have the least crime, the least divorce and abortion, the most stable homes, and the most educated people. Tell me that the average *hiloni* studies day and night. The Haredim keep the country seeming Jewish – it's supposed to be a Jewish state right? Their contribution is significant. Try to appreciate it. I realize that we are in a war now. It's Haredim versus the *hilonim*. Haredim didn't start the war. Let's see what God has to say about it. Choose your side carefully.

Here, Meyer projects the Israeli military discourse that he had earlier denounced and presents the public health emergency as an extension of existing debates on how to contain and assimilate Haredi Jews in Israel. In this borderland, multiple and opposing ideas of threat, contagion and defense emerge. The coronavirus control measures impacted almost every area of religious observance for Haredi Jews (Taragin-Zeller et al. 2020), from collective prayer and study to the celebration of holy festivals. Meyer draws our attention to protection in a health borderland from his vantagepoint, especially concerning the preservation of collective life, not only of Haredi Judaism, but the spiritual integrity of the 'Jewish State.' What were perceived as 'secular' definitions of protection were being enforced. Meyer suggested that such enforcement disregarded the Haredi quest to protect its continuity as well as the Jewish continuity of the body politic.

Public health in Israel performs a fundamental role in mediating the politics of inclusion and exclusion in the body politic (Seeman 2010). This politics manifests in minority-state discourse surrounding outbreaks of measles and coronavirus. Anthropologist Don Seeman (2010) has critiqued how contestation over Jewish heritage of Ethiopian migrants in Israel occurred as Ethiopian migrant blood donations were routinely and secretly destroyed due to concerns over HIV/AIDs. Following the 'blood affair,' as it was known in Israel, Seeman poetically observed, 'culture does not by itself determine how a community will respond to provocation, how it will interpret its history and social experience, or how contingencies of time and place will coalesce in a potentially bloody course of action' (2010: 151).

Seeman's words offer a stepping-stone toward critical reflection on the spoken and printed rhetoric surrounding intervention and perceived control in the health borderlands of Jerusalem. Such rhetoric emerged clearly during infectious disease outbreaks. The cultural inflection of religion was mobilized in public (health) discourse to frame Haredi issues of '(non-)compliance' or 'ideological disobedience,' just as Haredi Jews used the inverted signifier of secular or *hiloni* to refer to that which was external to group cosmology. Yet the limits of these binary terms become clear in borderland spaces. Multiple, and at times opposing, ideas of protection are fielded between the minority and the state depending on how contagion is perceived and where it is located, with the view of protecting *collective life* and continuity. History is literally revived as a measure of how the Haredi way of life and its vision of piety is under threat of destruction, which underlies the self-protective stance at the margins of the state.

Discussion

In this paper, I have tried to convey how the lifeworld and collective body of a religious minority is maintained by a preference for self-protection and a pursuit of immunity from the

external world. The state, too, has its own (evolving) definitions of protection and immunity for the body politic, which culminated in public health control measures and a national 'closure' when faced with an unprecedented pandemic. These immunitary reactions can be seen in responses to public health control measures and mass vaccination campaigns, demonstrating how, as Donna Haraway has argued, 'the immune system is a plan for meaningful action to construct and maintain the boundaries for what may count as self, and other, in the crucial realms of the normal and the pathological' (1991: 204).

COVID-19 demonstrates how the self-protective stance of Haredi Judaism became threatened from within, as the pandemic presented a new flashpoint in the already strained relationships with the state, leading to what Esposito (2015) conceptualizes as auto-immune responses. The protective fences were built so high that when hit by a pandemic, the shock was indelible, and life itself was at risk of being negated. To quote Chani, "I have a lot of friends in Boro Park, and it's like a massacre, how many people are dying there," as she drew parallels to Haredi lifeworlds more broadly. This paper has not sought to portray a diverse and transnational minority as non-compliant or apathetic to public health. Haredi Jews in Israel *did* formulate decisions and responses to pandemic guidance by integrating religious and medical-related knowledge and information (Taragin-Zeller et al. 2020), and prominent rabbis endorsed the vaccination programme. Yet I encountered discursive contests over the authority to protect. The Ministry of Health sought to communicate its stance on responsible public health citizenship by imitating *pashkevilim*, yet, in this borderland, dissenting voices had instead sought to establish communicative authority around the pandemic. History was mobilized to speak to contemporary struggles, and compliance (especially with vaccinations) was presented as a familiar threat to avoid.

Public health control measures reconfigure viral entanglements of religion, health and state, and enduring tensions surrounding the performance of citizenly contributions to the body

politic spark new accusations of non-compliance and parasitism. COVID-19 illustrates how tensions in health borderlands act like a virus insofar as they mutate and become expressed in situated forms, as public health attempts to cultivate immunity, premised on the compliance of all, are viewed as reinforcing state authority and compromising a minority's own capacity to protect itself. In Israel, long-running struggles over military conscription and the meaning of a 'Jewish state' formed part of responses to public health among participants and the messages communicated through *pashkevilim*. Historical acts of violence and deception were voiced and printed as truth-claims not only to provide a counter narrative to public health authority but also to serve as a contemporary contestation over state protection as a biosecurity regime. The emphasis on vaccination as part of public health strategies to contain the coronavirus pandemic and protect lives (and economies) is, as the *pashkevilim* projected, being played out according to local tensions that reflect modalities of protection.

Epidemics and pandemics constitute an 'opportunity for knowledge production,' as Charles Briggs and Mark Nichter put it (2009: 191), because knowledge is made, directed and circulated in ways that enable governance to be accepted in the name of biosecurity. In borderland settings especially, authority and ownership are cultivated and performed through the body (Merli 2008; Stadler 2020). In the case of a devastating public health emergency, the body becomes the site of intervention for preserving collective life, but as I have shown, truth-claims are deployed in ways that reveal multiple forms of protection. My analysis signals how infectious disease outbreaks and subsequent public health control measures transformed how health borderlands are perceived. Such measures incorporated the otherwise private and intimate spaces of streets and schools as sites of confinement, surveillance and intervention. Vaccination, in particular, raised questions of public trust in, and deference to, state governance. The 'margins of the state' (cf. Das and Poole 2004) became a site for the protection

of the body politic, and multiple forms of immunity and immune reactions became visible amidst plural definitions of protecting collective life.

This paper contributes to current debates in medical anthropology by mapping how health borderlands are invested with plurality, which raise clear consequences if ignored in public health emergencies. The tendency to consider religious 'beliefs' as an obstacle to public health 'compliance' does not reflect the realities of religiously conservative lifeworlds. COVID-19 has reified how compliance with public health practices confers values around citizenship, which, as my ethnography shows, continue to be channeled through health communication strategies in problematic ways. Looking at existing public health relations with minority groups is essential as we move forward in the post-COVID world, and I have emphasized the need to draw lessons from past tensions and issues of trust and deception. The onus is on anthropologists to not examine vaccination in a COVID-19 silo, and to instead consider decision-making and doubt as part of recent as well as longer-running histories of public health encounters in order to understand the underlying and deeply-rooted disputes at play.

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[1] While Jerusalem has constituted the center of political governance in Israel since the State's establishment in 1948, the region has historically been – and remains – a borderland in so far as the area is claimed as part of a future Palestinian state (see Wallach 2020).

[2] Haredi Jews live in accordance with strict interpretations of teachings derived from the Hebrew Bible (*Tanakh*) as well as a rich body of rabbinic literature, commentary, and rulings encoded in the Talmud. The Haredi world consists of multiple groups, each with their own religious leaders, teachings, and observances. This population can be loosely divided into Lithuanian *yeshiva*-based (Torah learning) communities, Hasidic dynasties who often speak Yiddish as a first language, and Sephardi Haredim (who trace their origins to the Iberian peninsula, North Africa and the Middle East). Differences aside, these groups present themselves as being the authoritative and authentic bearers of Judaism.

[3] See Yadgar (2020) for a critique of the term 'Jewish State.'

[4] The Law of Return grants Israeli citizenship to anybody with a Jewish parent or grandparent.

[5] This paper focuses exclusively on parents who identified as Haredi, though the pool of parents I met described themselves using diverse definitions of Orthodoxy that included modern Orthodox, Orthodox, and *Dati Leumi* (Religious Zionist). *Dati Leumi* Jews are specific to the case of Israel, and typically take a nationalist position based on the integration of Orthodox Jewish and Zionist philosophies. Haredi Jews constitute approximately 12% of the total the Israeli population (around nine million), and are a growing demographic due to high total fertility rates (Malach and Cahaner 2019). One quarter of Israel's Haredi Jewish population live in the Jerusalem region (approximately 220,000 of one million), see Korach and Choshen (2018).

[6] The *pashkevilim* punctuated the streets of Mea She'arim, a neighbourhood that is a bastion of Haredi Judaism and is known for having tense relations with state and public health services.

Literally meaning ‘one hundred gates’ in Ivrit (Modern Hebrew), the name Mea She’arim is drawn from the Hebrew Bible (Genesis 26:12) and refers to sowing the land and reaping ‘a hundredfold.’ This imagery of rootedness is reflected in the plurality and density of the neighbourhood but also state ambitions of what anthropologists have elsewhere termed ‘internal colonialism’ (Scott 2009; also Merli 2008).

[7] See State of Israel Ministry of Health (n.d.).

[8] At the time, DES (Diethylstilbestrol) was routinely prescribed to women by physicians in the US.

[9] In February 2021, the Israeli Government approved a compensation plan for immigrant families whose children had died due to substandard welfare provisions (Times of Israel 2021).

[10] Kastner was later assassinated in Israel in 1957.

[11] Media reports noted how Haredim called law enforcers ‘Nazis’ when opposing pandemic control measures, see Times of Israel (2020).