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 religiously Orthodox lifeworlds. The voices of religiously Orthodox 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 and public health specialists to consider 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 pursuits of protection, which are rendered visible by biosecurity regimes imposed during public health emergencies. My approach takes health borderlands not only as a space where care is conceived in diverse ways (cf. Mattingly 2010), but how ideas of protection are conveyed with discursive authority and as part of disputes over the preservation of life fielded by biosecurity regimes and religious lifeworlds.

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. The voices of religiously Orthodox Jews are situated in dialogue with print cultures that circulated anonymous truth-claims in Jerusalem neighborhoods, which together 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] The 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 or hands-off approaches. 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), as '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. They, however, perceive themselves as Haredi, meaning God-fearing, which situates devotees in a cosmology of bodily governance that maintains prescriptions around health and bodily care, but also a preference to be 'immune' from any influence that is positioned as external to the group (author).[2] Haredi Jews can be distinguished from Orthodox Jews by stringency 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 coloured by the conceptual gap between etic representations of its lifeworld 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,' which 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 to enforce a 'Haredi draft' is a contention that has dominated a string of national elections. COVID-19 then became a flashpoint in a long running state-minority tension, as 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, and lower-level uptake of the coronavirus vaccine was recorded in viral hotspots (Jeffay 2021). That 'disobedience' and 'indiscipline' has brought attempts to instil a state of compliance through force, with state intervention portrayed and paralleled in terms of historical violence – as I go on to illustrate. Minority-state relations are historically-contingent (Mahmood 2015), and a pattern emerged where 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 Israel experiencing the highest cases of measles in a quarter century (Stein-Zamir and Levine 2021). It became increasingly clear to me that many parallels could be drawn in the responses and rhetoric surrounding infectious diseases and minority groups, and how 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 of exchange and 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 true 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). My long-running interest in public health relations with Haredi Jews, however, signals that the quest for protection requires an analytical departure. Ideas of protection are not always projected in line with religious or medical opinion (author), but rather truth-claims regarding the transparency and trust of state institutions, which are embedded in minority dynamics. In what follows I situate these events in critiques of borderlands and biosecurity, before delving into the discursive contests over protecting life that arose during Israel's coronavirus vaccination program – which has been lauded as a global health example and lambasted as an example of gross inequity.

Borderlands, biosecurity, and disputes over authority

Anthropologists position borderlands as socio-spatial sites of enacting authority and sovereignty, premised upon inclusion and exclusion and in ways 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 and not be stationed at its boundaries or border zones. Biosecurity entails more than a quest to draw borderlines of separation between 'diseased' and 'healthy' life, but also borderlands 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 of 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 and be targeted for control as part of security narratives (Chuengsatiansup and Limsawart 2019; Parkhurst 2020), illustrating how paradigm shifts are embedded in entrenched concerns.

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 internal and external meet (Esposito 2015), or what Mary Douglas (2002) would describe as 'purity and danger.' While immunity is a tactic of 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 lifeworld (author). The uncompromising pursuit of immunity, Esposito (2015) notes, can have the effect of an autoimmune response – of negating life itself, which has become especially visible in 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 and which

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 then 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 on 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 among religiously Orthodox minorities 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.

With virtual ethnography being 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 discursive responses put forward by Haredim themselves. Israeli and international media sources portrayed Haredi Jews, as mentioned, 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 (author). I became interested in drawing out the discursive continuities between interview and ethnographic material with the printed and virtual data, and to examine truth-claims as an analytical device that circulated within and between the lived and virtually-lived domains.

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 devotees, 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 digital media and 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* (plural). *Pashkevilim* display public warnings from rabbinic leaders, 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 dissidence, and address issues that may otherwise be taboo (Kravel-Tovi 2020). I focused attention on how *pashkevilim* (in Hebrew) offered subversive responses to the government coronavirus vaccination program (January 2021), which revealed 'offline' insights into a new flashpoint and minority-state encounters and 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* in Hebrew ('masters of repentance') and came to Israel under the 'Law of Return.'[3] The people I met then formed part of Jerusalem's

large contingent of Orthodox and Haredi Jews, and the demographic and cultural struggle over what the 'Jewish State' of Israel means, as I go on to illustrate.[4]

Religiously Orthodox Jews form a 'global religious network' which is characterized by the circulation of knowledge pertaining to health and family-making (author). 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 (author). The majority of participants had migrated from North America (eighteen), and to a lesser extent the UK, Canada and South Africa. Holding cultural capital by being English-speaking Ashkenazi Jews, these *Olim* do not share the public health exclusion experienced by migrant groups who do not conform to the matrilineal definition of Jewishness that is upheld by the state (Seeman 2010).

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

While 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 is self-protective against external influences or social contagions.[5] 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 almost exclusively Haredi Jewish, with a multitude of religious dynasties living amidst

the small stone dwellings that are characterized by children playing in the streets – who periodically give way to confrontations with state law enforcement. 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 and which 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.'[6] Haredi Jews, however, have historically had lower-level 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 issues in access and confidence, it is important to note that there can be a particular reluctance to engage with public health services among Haredi Jews who do not recognise the authority of the State of Israel due to philosophical opposition to Zionism. 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), which illustrates how vaccines serve as a particular point for understanding and reconciling pursuits of protection.

This 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) had grown up in the US and moved to Jerusalem from New York after "returning" to Judaism (*ba'alat tshuvah*). We first met in January 2020, before public health control measures were enforced to quell the spread of the coronavirus, and then 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, '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][7] 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 – including 50,000 Yemenite Jews. Placed in peripheral transit camps (*ma'abrot*) with substandard hygiene facilities and treated unfavourably by the politically-dominant Ashkenazi class of the Israel-Jewish population,[8] allegations arose that medical professionals and the state were colluding to certify children as dead and place children 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 state vaccination

programs. Elder parents, however, drew on their 'lived knowledge' of shifts in public health logics to underscore vaccine caution:

> 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 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' (Meyer)

Malkie 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 mobilizes 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 disrupting 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 (Sobo 2021), rather than vaccine decisions being influenced by 'rumors' or 'conspiracy.' Thus there is an opportunity to understand how refuting vaccine safety questions and concerns give rise to feelings that parents and people are being deceived by public health institutions (see Casiday 2007) – which, I go on to demonstrate, play into entrenched minority-state tensions.

Cultural politics of COVID-19: pashkevilim and piety

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 large black and white printed broadsides known as *pashkevilim.* One 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 convalescent home." Hundreds of thousands who were tempted and ran to the trains instead arrived at extermination camps and ended their lives in gas chambers. The smart ones that waited and hid were saved. Rabbi Yehuda Ze'ev Liebowitz said: "Another Shoah will come, so think if it is a convalescence home." 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 directly with Adolf Eichmann 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. Being told to run to the vaccines was presented as dangerous as being deceived into 'running to the trains.' More broadly, law enforcers had been called 'Nazis' by Haredim during confrontations (Times of Israel 2020). The rhetorical link between perceived deception surrounding the new coronavirus vaccine and the Shoah is striking, and underscores the central reference point that the Shoah serves 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 (author). The medium 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 then forge viral entanglements of religion, state and health to be deployed through an authoritative and anonymous 'medial ideology,' in ways that revive history and communicate opposing ideas of immunity – namely from intervention – through powerful truth-claims.

The *pashkevil* voices accusation of government deception about the coronavirus pandemic, but also the view that the Israeli State is withholding information about the apparent truth of the vaccine's safety status. Yet, the historical reference also reveals how a global pandemic is followed by interpretations of public health responses, where new flashpoints

emerge as part of a cultural politics of COVID-19. What emerges clearly is that the truth-claims presented by US Jewish migrants (above) are continuous with the messages circulated in *pashkevilim* for Haredim who are raised with Ivrit as their first language. Multiple truth-claims around vaccination and protection then converge in this diverse and transnational religious lifeworld. Previously, anthropologists have explored how 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 instead signified how the social and religious continuity of the Haredi lifeworld was being targeted, under the guise of public health, a point I return to below.

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

As I turned another street corner, another *pashkevil* described state enforcement of public health control measures and school closures as a 'brutal *pogrom*,' which deliberately deploys historical language of state-sanctioned violence and massacres against Jewish neighborhoods in Eastern and Central Europe. Emic responses to public health interventions and control measures in Jerusalem then signals how the space 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 their messaging into the Mea She'arim borderland through *pashkevilim* and engage in a contest over 'authoritative knowledge' or discursive authority. Standing out amidst the black and white print of the internal messaging, is a colored *pashkevil* with the logo and phone number of the Ministry. A central message of 'did we take proper care?' – hinting at non-compliance and indiscipline with the Ministry's restrictions in this health borderland. That the *pashkevil* was defaced

reflects the contestation over state messaging and services, and signals the disputed messaging around the coronavirus among Haredi residents (Figure 2). These public disputes over pandemic knowledge and intervention signal how immunity discourse is projected beyond online social media, and 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), and evidently pushbacks that pervade borderland settings, where 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 *pashkevelim*. As Meyer guided me through Mea She'arim shortly before the first lockdown was imposed in March 2020, he voiced many concerns about the 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 capture minority-state relations at large. Public health notions of threat and security were inverted, revealing how protection is sought 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 is 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, which remains a contentious point of political governance (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, which was especially prevalent amidst a recent spate of national elections (four in two years) and expressed in parasitic terms of draining the resources and lifeblood of the body politic. Meyer's use of language offered striking continuities with the rhetoric channeled through *pashkevelim*, 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.

Yet, the 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 the 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.

The public health control measures imposed amidst the coronavirus pandemic had then exacerbated and revealed existing inequalities, which combine to make some restrictions, especially home isolation ('shielding') and school closures, unbearable. Tobi, a Haredi mother of 7, however, held a different position and was concerned that Haredi Jews were not taking due pre-caution during the first lockdown:

> I don't know how the Haredim are being represented because I don't watch television. I understand that in Bnei Beraq [central Israel] people were still doing things regularly, and before *Peysach* [Passover], it's very scary that people would take the chance, just because you're religious doesn't mean you're immune.

Amidst increasing police pressure and violence to instil a state of compliance with 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?' Each time an article was published about public health compliance among Haredi Jews during the pandemic (which remains frequent), such as the language of 'ideological disobedience,' Meyer wrote to me to share his perspectives. Yet, 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.

In a striking escalation of tone, 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 had 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. Yet, 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, which, as Meyer argues, 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), which are present in minority-state discourse surrounding outbreaks of measles and coronavirus. Anthropologist Don Seeman (2010) has critiqued how the contested Jewish heritage of Ethiopian migrants in Israel occurred alongside their blood donations being routinely and secretly destroyed due to concerns over HIV/AIDs. Following the 'blood affair,' as it was known in Israel, Seeman poetically wrote, '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 to reflect critically on the spoken and printed rhetoric surrounding intervention and perceived control in the health borderlands of Jerusalem, which emerged clearly during infectious disease outbreaks. Religion – instead of culture – is mobilized in public (health) discourse to frame Haredi issues of '(non-)compliance' or 'ideological disobedience,' just as Haredi Jews use the inverted signifier of secular or *hiloni* to refer to what is positioned as 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 and protection 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 cultivating protection and immunity of 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 decisions and responses to 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, and presented a new flashpoint in the already strained relationships with the non-Haredi world led to auto-immune responses (Esposito 2015). 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." This paper has not sought to portray a diverse and transnational minority as non-compliant or apathetic to public health. Religiously Orthodox 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). Yet, I found that discursive contests over authority and the authority to protect were deployed through truth-claims, where history spoke to contemporary struggles, where compliance (especially with vaccinations) was presented as a familiar risk.

Public health control measures reconfigure viral entanglement of religion, health and state, where enduring tensions surrounding the performance of citizenly contributions to the body politic had found new accusations of non-compliance and parasitism. COVID-19

illustrates how tensions in health borderlands act like a virus in so far 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 immunity or self-protectionism. In Israel, long-running struggles over military conscription and the national character as a 'Jewish state' were put forward by participants and *pashkevilim*. Historical acts of violence and deception were voiced and printed as truth-claims to not only provided a counter narrative to public health authority, but 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, as it incorporated the otherwise private and intimate spaces of streets and schools as sites of confinement, surveillance and intervention. Vaccination, in particular, was projected as a technique of enabling that governance through anonymous messaging. The 'margins of the state' (cf. Das and Poole 2004) became a site for the protection of the body politic, and where multiple forms of immunity and immune reactions became visible amidst plural definitions of protecting collective life.

This paper contributes to contemporary 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 Orthodox lifeworlds. COVID-19 has reified how compliance and conformity with public health practices confers values around citizenship. 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 (the *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] The Law of Return grants Israeli citizenship to anybody with a Jewish parent or grandparent.

[4] This paper focuses exclusively on parents who identified as Haredi, though the pool of parents I met described themselves in diverse definitions of Orthodoxy that included modern Orthodox, to Orthodox, *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 Israeli population (nine million), and are a rapidly growing demographic due to higher 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). For Jerusalem population demographics see (Korach and Choshen 2018).

[5] The *pashkevilim* punctuated the streets of Mea She'arim, a neighbourhood that is a bastion of Haredi Judaism, but at the same time 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,' which 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).

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

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

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