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PLACING THE BLAME FOR COVID-19 IN AND ON ULTRA-ORTHODOX COMMUNITIES

ABSTRACT
The new coronavirus pandemic, COVID-19, has resurrected a number of historical and sociological problems associated with blaming collectives for the origin or transmission of infectious disease. The default example of the false accusation has been the case of the fourteenth century charge of well poisoning against the Jews of Western Europe causing the pandemic of the Black Death. Yet querying group actions in times of pandemics is not solely one of rebutting false attributions. What happens when a collective is at fault and how does the collective respond to the simultaneous burden of both false, stereotypical accusations and appropriate charges of culpability? The case study here is of Haredi communities and the 2020 outbreak of COVID-19.

KEY WORDS: COVID-19; pandemic; Haredi; blame; symbolic communities

SETTING THE PROBLEM
Beginning in the 1980s, I wrote a number of essays on “placing the blame” for pandemics.¹ As a result, I have recently been deluged with requests for comments about false and stereotypical attribution of blame on various “out groups” during the COVID-19 pandemic.² One of the tropes that has arisen with COVID-19 is that specific “out groups” have been unfairly targeted as bearing the responsibility for the pandemic. The analogy drawn in the mass media today for such a flawed and destructive attribution is most often to the Black Death/ Bubonic Plague that raged in Europe from 1348 to 1351, which was blamed on the Jews. The Jews, by causing the plague, “intended to kill and destroy the whole of Christendom and have lordship over the world,” claimed a commentator in 1348, as Jews were “dragged from...
their houses and thrown into bonfires.”\(^3\) They poisoned “… rivers and fountains/That were clear and clean/They poisoned in many places…” according to the court poet Guillaume de Machaut.\(^4\) These charges led to massive persecutions and deaths among a group already suffering and dying of the plague as much as their non-Jewish neighbors, in spite of the contemporary claims of Jewish “immunity” from infection as the basis for the antagonism against the Jewish communities.\(^5\) Indeed, a simple Nexis search from 1990 to the present turns up well over 10,000 citations for “Jews,” “Black Death,” and “COVID,” showing a radical increase over the course of the year 2020, with virtually all of the media essays contributing to such false attributions. Attacks on Jews as the carriers of, the cause of, the focus of COVID-19 were dismissed as a version of the hoary myth about the Black Death.\(^6\) Thus, Mark Hay in The Daily Beast (on-line) (September 8, 2020) noted the appearance of a right-wing meme advocating infecting Jews with the virus. It read: “COVID-19. If you have the bug, give a hug. Spread the flu to every Jew. Holocough.” He comments that: “A report by the Community Security Trust, a British group that works to stop the spread of anti-Semitism, cast the meme as the apex of far-right chatter ‘about getting infected, either deliberately or accidentally, and then going to synagogues and other Jewish buildings to try to infect as many Jewish people as possible.” In this context he noted anti-Semitic pandemic conspiracy theories and hate had already been bubbling up online for months. Conspiracy theories typically form and spread in times of confusion and upheaval, as people search for clear and easy answers, and for individuals to blame. They often pile on to established scapegoats—like Jewish populations, who have been wrongly blamed for pandemics since at least the 14th century Black Death, and falsely accused of manipulating literally every major global event to benefit themselves and hurt others.\(^7\)

The myth framed most discussions of the false attribution of the virus to any group. Writing from India on August 10, 2020, Jayita Mukhopadhyay, writes in The Statesman: “In medieval Europe, the Jews were blamed for incurring God’s wrath thought to be causing the black death and in a similar way, certain communities have been blamed for the corona outbreak both in India and in other countries, thereby spreading other deadly viruses of superstition, prejudice, irrational hatred and concomitant violence.”\(^8\) Don’t blame the Jews for spreading infection, the trope now goes, they were the innocent victims then (and even more so now) and should not be targeted.

The Jews were, of course, not the only traditional “out group” blamed for spreading the pandemic, but they have been the one that has been most articulate in claiming that stereotyping of their communities was grounded only in historical animus, indeed rooted in anti-
Semitic tropes of the Middle Ages. Indeed, while the accusation that Jews poisoned wells and caused the Black Death during the fourteenth century reappears often in the general discussion of COVID-19, it is also clear that today’s Ultra-Orthodox Jews (Haredim) in New York City, Israel, and parts of United Kingdom, have been accused of spreading the COVID-19 virus. In Rockland County, an hour’s drive from New York City, which has the highest per-capita rate of Jews of any American county (more than 34 per cent of the county’s residents identify as Jewish), the funeral of a rabbi murdered during a home invasion at the beginning of April, 2020 was seen as a “super spreader” event and the Jews were seen as the source of local infections well beyond their community. But, as we shall see, the charges were greater than the specific event, as Yossi Gestetner, co-founder of the Orthodox Jewish Public Affairs Council, observed: “People in the rest of the country are blaming New York for the nationwide problem, so then people in New York are trying to blame someone else. . . . But those who don’t understand that, . . . went out of their way to stalk, harass and discriminate against members of the community.” The Jewish communities are thus labeled as inherently different from all others with higher rates of infection.

To no one’s surprise, blame for COVID-19 is lodged against such familiar “out groups,” a pattern that certainly has clear historical antecedents. All of these groups are “visible” within the cultures in which they live and, indeed, beyond them. Individuals have been attacked on the street as they seem to be easily identifiable by appearance or dress. Mary Douglas noted this years ago:

It may be a general trait of human society that fear of danger tends to strengthen the lines of division in a community. If that is so, the response to a major crisis digs more deeply the cleavages that have been there all the time. This will mean that if there is a big inequality of wealth, the poor will suffer more than if the distribution were more equitable. If there is violent xenophobia, the foreigners will be blamed and pogrommed more.

Thus “out groups,” so defined by Douglas in the age of HIV/AIDS, today have become stigmatized as “innocent targets” of the anxiety and anger of those at risk of the disease. There is a consensus that such blaming is morally wrong and inappropriate in a civil society:

During this so-unwelcome, unanticipated period of social distancing, protective masks, and lockdowns, the temptation to act out against others seen as responsible for our annoyances and aggravations can be almost overwhelming. But should we succumb to it, whatever biases we might already have held against our (imagined) enemies—whether because of their race, religion, or ethnicity—can eventuate in victim-inspired, but nonetheless culpable, behaviors. In times of
elevated stress, even subtle, dimly recognized prejudices can be blown out of all proportion, compelling us to react in unprecedented ways.\textsuperscript{14}

People as individuals and as members of a collective are blamed for something over which they have little or no control. Older models of stigmatization re-appear as a means of limiting and locating the observer’s valid if inchoate fears. We would not argue with these general statements.

BUT what do we do when the charge is verifiable? How do we deal with the onerous and difficult question of mixing or working through obnoxious stereotyping with actual fact-finding? When what is called a category error made by lumping all individuals or communities into an overarching constructed classification, be it labeled “race” or “class” or “gender,” turns out to be wrong in the generalization, but more or less correct in the particular cases? When the hoary claim that stereotypes contain a “kernel of truth” suddenly seems to be accurate? How can we examine causation along with the analysis of stigma without falling into the trap of seeing all categories as “constructed” and then reading them as fictive? What happens when victims are simultaneously perpetrators? As the medical anthropologist David Napier has recently noted, commenting on a petition circulated by the United Nations Secretary-General, “But ‘we’re all in this together’ rings hollow when so many feel we are not.”\textsuperscript{15}

\textbf{THE COMPLEXITY OF ACCURACY IN ULTRA-ORTHODOX JEWISH COMMUNITIES}

Leading up to the economic pause caused by the pandemic, much of the secular population in Israel saw the ultra-Orthodox as the cause of the virus spreading. In April 2020, Israeli police sealed off key intersections and the army was called in to support residents of Bnei Brak where as many as 38 percent of the 200,000 residents were infected with coronavirus, significantly higher than the national average.\textsuperscript{16} The town was declared a “restricted zone.” As the Ultra-Orthodox Jews (Haredim) make up a sizable majority of the town population, their communities were overwhelmingly impacted by the virus. Together with the Arab population in urban areas, Haredim were seen as the major source for the spread of COVID-19.

Likewise, in New York City in April, restraints on the Ultra-Orthodox, whose death rates had spiked, were imposed, only to be flouted by the community which attended a funeral for Rabbi Chaim Mertz in mass numbers. “There is not a single Hasidic family that has been untouched,” said a member of the community, “it is a plague on a
With over 700 deaths in the community by the fall of 2020, touching a wide range of families, coronavirus had certainly plagued the community. The mayor of New York City, Bill de Blasio, a longtime ally of the community, confronted local leaders. Warning that “my message to the Jewish community, and all communities, is this simple: the time for warnings has passed,” he stated that any violation of the social-distancing guidelines would lead to a summons or an arrest. He was then excoriated by Jonathan Greenblatt, the head of the Anti-Defamation League, who noted that, “the few who don’t social distance should be called out—but generalizing against the whole population is outrageous especially when so many are scapegoating Jews,” he wrote on Twitter. “This erodes the very unity our city needs now more than ever.” All Jews or just some Jews; all people or just some people. Language matters, as we shall see.

By September 22, 2020, the pandemic, which had flattened radically in New York City, was spiking again in the Ultra-Orthodox Hasidic neighborhoods of Williamsburg, Midwood, Borough Park, and Bensonhurst in Brooklyn—as well as in Kew Gardens and Edgemere-Far Rockaway in Queens. The positive rates were twice what they were elsewhere in the city. The City Health Department warned that, “This situation will require further action if noncompliance with safety precautions is observed.” Noncompliance with basic practices demanded during the pandemic, such as masking and social distancing, especially during the opening of religious schools and the High (Jewish) Holiday celebrations, were seen as the cause of the spike. The New York Times, however, also referred to earlier breaches of public health concerns in this context: “In recent years, the Health Department has faced skepticism and sometimes defiance from the Hasidic community as public health officials responded to a measles outbreak and to sporadic herpes cases linked to a circumcision ritual.” We shall return in detail to the latter later on in this essay.

In September 2020, a second potential lockdown was thought to be possible, specifically in the Orthodox neighborhoods of Brooklyn. With the High Holidays leading to larger gatherings, both in synagogues and in private homes, anxiety about a spike in New York City became the topic of the day. Public health officials began to leaflet these neighborhoods with pamphlets in Yiddish and English warning about the risks for extensive community transmission. On September 25, 2020, a community meeting was held, chaired by NYC Health Commissioner David Chokshi, who described the recent uptick in transmission across parts of Brooklyn and Queens as, “the most precarious moment since we came out of lockdown.” The crowd consisted, among others, of a large group of Ultra-Orthodox Jews opposed to both vaccination and mask-wearing, labeling the pandemic a hoax. The Orthodox radio “shock-
jock” and candidate for City Council Heshy Tischler, wearing a “Trump for President” button, screamed at those speaking: “Your violent Nazi storm troopers are coming in here to violate us,” he shouted. “That’s all you’re here for!”22 The meeting degenerated into a verbal free-for-all, but central was the idea that the hoax was directed against the Jews and was a sign of “anti-Semitic bias on the part of public health officials confronting a real, measurable spike in infections in this community.” By September 2020 a quarter of all new infections were to be found there, infections that had already claimed the lives of over 700 individuals.23

In early October 2020, Tischler reappeared in a violent mass demonstration against the re-imposition by Andrew Cuomo, the governor of New York, of a partial lock-down for houses of worship because of rapid spikes in infection in, among other places, Borough Park, Brooklyn. Some participants attacked the governor for using “‘irresponsible and pejorative’ rhetoric.”24 Cuomo had used a 10-year-old stock photograph of a Hasidic funeral during the news conference announcing the lock-down to illustrate the dangers existing within this community and showing why others beyond Brooklyn were at risk. During this demonstration, a proponent of masking and social distancing from within the community attempted to remonstrate with the crowd. He was pelted with rocks until unconscious, and needed to be hospitalized. What is central is that he was shouted down by the crowd as a “Moyser,” a traitor, betraying the very nature of what they considered to be central to their community identity. Needless to say the excoriation took a further aggressive turn when a Yiddish-speaking photographer for a local Jewish newspaper covering the scene was shouted down: “These were members of my own community with hatred in their eyes, flipping the finger toward me, calling me a Nazi, saying I deserve to die.”25

While it was Cuomo who locked down the Ultra-Orthodox community, de Blasio’s competing attempt simultaneously to rein in the explosion of cases meant the venom was aimed at the mayor as well, seeing him as an agent of a disabled and racially inferior underclass. Tischler attacked Chirlane McCray, the wife of Bill de Blasio, as “retard woman, coon, whatever you are.”26 While the health department officials were the new Nazis persecuting the Jews, the Ultra-Orthodox were, according to Tischler, certainly better than other out-groups impacted by the pandemic, such as Blacks!

The politics of the moment were clear as a community that had overwhelmingly supported Donald Trump in 2016 and again in 2020 shouted his name over and over at the demonstration. Trump represented a set of conservative values that the Haredi share with most evangelical Protestants (and Catholics), that center on “freedom of
religion,” which has come to be redefined as the “first freedom” by Trump’s executive order on “Advancing International Religious Freedom” (June 2, 2020). It has broadly redefined religious freedom to include state support for religious establishments of all types, as well as the freedom of religious authorities from any interference in religious practice and belief, including attempts to mitigate the pandemic in these communities through specific limitations on the rates of occupancy in religious settings. But the symbolic register of “Trump” during COVID-19 was also vital in redefining community boundaries, as it ironically, given his role as head of the federal executive, represented anti-authoritarianism, anti-science, and, most importantly anti-state control. Religion and state control were seen to be at odds. The legal exception, even for those religious practices that refuse to employ allopathic medicine to treat ill co-religionists (and ultra-Orthodox Jews generally are not among them) such as Christian Science practitioners, has had its limits in regard to infectious diseases. Mary Baker Eddy herself stated in 1902 that, “until public thought becomes better acquainted with Christian Science, the Christian Scientists shall decline to doctor infectious or contagious diseases.”

Religion, certainly in the United States, has almost always had its practices limited, for good or for ill, when it was perceived that these practices violated community standards—as in the case of the indigenous use of peyote, which needed a congressional exception in 1981 and then the passage of the American Indian Religious Freedom Act in 1994—or presented a risk to the public’s health beyond the bounds of the community, for example, the renewed challenge of the “religious exception” to vaccination across a number of states. But the objections here were not to vaccination, which may well appear once a vaccine is able to be employed, but to social distancing, limitations on occupancy, and masking.

In Israel, as of April 2020, the Ultra-Orthodox Health Minister Yaakov Litzman had refused to ban large religious meetings, until he too was diagnosed with the virus. When implemented, the global lockdown in Israel reduced the infection rate radically, and by the end of the summer the restrictions were removed when Ultra-Orthodox leaders rebelled against the further restriction of religious practice and thousands of religious students from abroad, primarily from New York City Orthodox communities, came to study in Israel. Here I would add that in April 2020, New York City remained the epicenter of the infection, and the Orthodox community a particular focus for city health officials. The demands for isolation and distancing promulgated by Israel’s newly appointed “COVID Czar,” Dr. Ronnie Gamzu, were quickly undermined and he withdrew the most stringent of the controls when the Ultra-Orthodox, who make up an important part of the
government, began to attack the Prime Minister, Benjamin Netanyahu. “The ultra-Orthodox point to the relative normalcy of life in Tel Aviv and complain that they are being singled out.”28 The result was a radical spike in infection rates, to the point that Israel suddenly had one of the highest per capita rates in the world.

In September, the government again ordered another total closure to begin on the holiest week of the year, the Jewish New Year. The lockdown triggered an immediate response—it was an attack on religious believers. Yaakov Litzman, now the minister of housing and construction, resigned his portfolio. He was, “furious that the restrictions would coincide with Rosh Hashana and Yom Kippur, the annual day of fasting and atonement, and that worshipers would be allowed in synagogues only in limited numbers. He claimed the government had delayed acting earlier for fear of spoiling Israelis’ summer vacation plans.”29 What Litzman did was to identify the source of blame, the state, as motivated by Jewish anti-Semitism. The public health authorities were not attempting to control major sources of the outbreak but were rather using this claim as an ideological weapon aimed at Haredim by the majority secular Jews. Here Litzman was echoing attacks made the previous April on the police and health authorities in Mea Shearim, the Ultra-Orthodox neighborhood in Jerusalem, which had labeled these forces, as well as then Minister of Health Litzman, as “Nazis.”30

Given the projection of such images of the Holocaust and the “SS State” onto contemporary state public health actors, both in the United States and Israel, the appearance in Germany among the far-right followers of the Alternative für Deutschland of yellow mock-“Jewish star” armbands with the word “Ungeimpft” (unvaccinated) seems apposite.31

The public’s health or the new Nazis? Anti-Semitism or a reasonable, measured response? Some people or all people? Here is the problem that we face: can you discuss pandemics without stereotypes being evoked either as a weapon against specific groups or as a defense for these groups? How do we see the categories that emerge in defining “populations” in the discourse of public health, as separate from or as part of such analysis?

EXPLANATIONS FOR PLACING THE BLAME

Let us look at a series of interlocking problems that lurk behind the assumptions concerning the placing of blame on Ultra-Orthodoxy. The rationales provided for the explosion of infections in ultra-Orthodox communities in the United States and in Israel needs to begin by first
defining what and where such communities are and how they define themselves, and second, based on these definitions, trying to imagine how the core problem can be situated in the intersection between religious communities and state power, such as in concerns for the public’s health.

The general discourse about the pandemic lumps all Ultra-Orthodox communities and their members together and labels them as Haredim. In fact, these groups cover a very wide range of ideological positions, including concerning the public’s health. On the margin is the radical anti-Zionist and isolationist Neturei Karta, a religious group formally created in Jerusalem in 1938, who still sponsored crowded and unmasked marches in Jerusalem against the State of Israel in late November 2020. When the earlier outbreak occurred in the spring in Mea Shearim, the Jerusalem neighborhood where the majority of the Neturei Karta dwell, the admonition was to “follow the Torah,” “Our rabbi said to continue praying.” The twelve Hasidic Rabinic “courts” are also diverse, from that of the highly political Ger (the largest community in Israel), to the Satmar and Bobov (the largest in New York City) communities, led by inherited rabbinic leadership, to the worldwide group the Lubavitchers (world-wide under the name Chabad), whose absence of leadership and desire for the resurrection of their late rabbi Menachem Mendel Schneerson (who died in 1994) has led the sociologists Menachem Friedman and Samuel Heilman to see them as more closely aligned to Messianic Christianity awaiting a Second Coming than mainstream Ultra-Orthodox Jewry. In Israel, many of these Ultra-Orthodox groups align with specific political parties that have a wide range of opinions about the public’s health.

In America, Agudath Israel (now the central organization of Haredi Jews in the United States) distributed more than half a million masks in Borough Park, Brooklyn, for example, while in the same community, celebrations for Sukkot in October 2020 brought together large numbers of unmasked worshippers for massive indoor services. The official organization advocated for adherence to the public health guidelines. “Simchos that spread illness and do not conform to local laws should not be allowed to jeopardize ... a return to a sense of normalcy.” Yet such actions by some come to characterize the community in its totality. As Yehuda Meshi-Zahav, the head of ZAKA, Israel’s voluntary emergency response organization, noted in October, 2020,

I explain to people that others are looking at them, and saying that we’re in this situation because of Haredim, and that the 12 percent is infecting the 80-plus percent, and that ‘you’ are ‘stealing’ the breathing machines. And I say that this hatred is terrible, but what people see is the continuation of singing, dancing, public prayers, and
simchas [celebrations]—as well as continuation of protests. If Jews are saying these things about each other, of course others will say them. . . . They will take the symbol of a man in Jewish dress, and connect it to the coronavirus. \(^{36}\)

Haredi Jews, he notes, in Israel and in the Diaspora, by their actions, come to represent all Jews.

In the United Kingdom, the largest communities are in London and Manchester and consist of a wide-range of groups aligned with the national Union of Orthodox Hebrew Congregations. All of these groups have taken a wide-range of positions, some articulated by their rabbinic leadership, some by members (often in positions of political power), and some by lay leaders. These positions have ranged equally widely, from complete support of all public health measures to combat the pandemic, to total rejection, to modified acceptance of certain limitations at certain times and in certain contexts. There have also been radical realignments of such positions over time. As Nadav Davidovitch, director of the School of Public Health at Ben-Gurion University of the Negev, states, “the Haredi community is not monolithic; it has many parts. . . . Some of them have very good compliance rates. Some of them [at the same time] have a long history of defying the Zionist state.”\(^{37}\) This is equally true in the United States and the United Kingdom. The key in the UK, as well as in Israel and in the United States, is the conceptual structure of “community.” In a recent court case in London, focused on whether Agudat Israel, the Orthodox community charity, could limit occupation of its housing units to religious Jews, a court case that was won by the community, Rabbi Abraham Pinter, who was to die of COVID-19 in April 2020, stressed that “being part of a community, both physically and spiritually, is a prerequisite of fulfilling the life of an Orthodox Jew.”\(^{38}\) What the term “community” means is central to any understanding of discussions about infection and group responses.

If the Ultra-Orthodox community is not homogenous in its construction, it also does not simply consist of large, poor families living on the edge of poverty. This rationale has been regularly provided to explain the much higher rates of transmission in these communities. Thus when the first major outbreak took place in suburban Ultra-Orthodox communities in Rockland County, the local rabbi, Yisroel Kahanin, attributed the higher rate of infection in the spring of 2020 to such circumstances: “In communities where people have larger families, and with Passover coming, people wanted to get tested to know whether they had it and whether they were safe to be at grandma’s and watch over them. . . . Once those numbers were out there and it looked like Monsey was on the high end of the county, where Monsey is now on the lower end, you had the haters coming out of the
woodwork.” An editorial in the *Jerusalem Post* in April stressed “poverty and the challenge of confining large families in small apartments” as “the main things to blame.” Yet there are clearly middle-class religious Jews in such communities whose living environment is very different, yet whose rate of infection is similar to their poorer religious compatriots.

Sociability rather than poverty is at the core of some readings of the radical increases in infection rates, a sociability defined by the very construction of the symbolic language of the community. Shaul Magid, professor of Jewish Studies at Dartmouth, and formerly a member of such a community, noted in a personal message that “the haredi community is a much more social community than most of us live in. By social I mean that the collective life is driven by social events, from as small as daily minyan, night *seder*, to as big as a *hasidishe* wedding or the rebbe’s table on *Sukkos*. These events don’t have the same values in our world as in theirs. For them, this is the crux of their “leisure” time, it is largely where people meet outside business or study. I recall being surprised when I entered the haredi world that children were always a part of that social world. The notion of children not being invited to weddings is unheard of.”

But at the same time isolation and alienation is present in these communities, as in all communities.

The other assessment on the uniform nature of such communities is that it is the religious leadership that is able to manipulate their followers into destructive acts. Bad, ineffectual leadership of cowed communities without resources lead to the spread of the disease. No one articulated this with more vigor than Yitz Greenberg, the Modern Orthodox rabbi, and founder, chairman, and professor in the 1970s of the Department of Jewish Studies of City College of the City University of New York, when he wrote in the *Jerusalem Post* that:

> ...by and large the religious leadership has been a drag on the efforts to contain the pandemic. Where it has not outright encouraged policies that increased transmission, it often posed obstacles to needed actions. Rabbis both haredi (ultra-Orthodox) and hardal (nationalist haredi), insisted that the yeshivot learning Torah should go on even though they were spreading the virus... The outcome is that haredi and traditional religious communities have the highest rates of infection, other than Arabs, and disproportionate numbers of deaths and serious cases with damaging after effects.

While explaining who was at fault, such arguments tend to lump all Ultra-Orthodox communities in Israel (and by extension elsewhere) as inherently corrupt because of the very nature of how the communities are constituted.

The condemnation of all rabbinic authorities in Israel was answered in a blistering editorial by Rabbi Avi Shafran, the Director of...
Public Affairs of Agudat Israel, in the same newspaper, claiming that it was the situation of the neighborhoods, not their leadership, that was to blame.

No, it wasn’t because of the density of many haredi towns and neighborhoods. Nor were the regular interactions born of religious events, celebrations, and daily prayer services salient factors. And no, poverty, and the challenge of confining large families in small apartments were not the main things to blame. Jewish religious leaders, Rabbi Greenberg contends, are viewed by haredim as infallible. This is nonsense. The reason Jewish religious leaders are respected is their sensitivity and Torah scholarship, and that is very different from blind obedience.44

However, there are certainly other, more impoverished non-religious communities in Israel, for example Ethiopian (Beta Israel) neighborhoods in Netanya, Beersheva and Ashdod that have suffered from COVID-19, but where the community leadership was more proactive or at least not obstructionist. Indeed, immigration from Ethiopia was put on hold during the pandemic at a time when American and European yeshiva students were allowed into the country, and reopened only on October 12, but at much reduced numbers.45

If we acknowledge that transmission is certainly enhanced by poor living conditions and the encouragement to ignore voluntary or even required quarantine measures, we are still left with the question of why these particular “out groups,” in all their diversity, are seen as a major source of infection, when many other analogous groups, with equally high or indeed higher infection rates, are not. Yossi Gestetner, co-founder of the Orthodox Jewish Public Affairs Council in New York, opined: “When there [are] disproportionate numbers of African-American deaths because of corona, there isn’t one reporter in any outlet that suggests that anything is wrong with African-Americans as a community because of their behavior. . . . It’s about disparities, institutional racism, and poverty; which is fine because the idea to take people who are victimized as a problem and make it about them is unheard of bigotry.”46 Alternatively, Anti-Semitism focuses attention on otherwise ignored conditions of transmission.

Now, we need to note here that, especially in the United States, the extraordinarily higher rate of infection present among people of color, defined often by poverty, poor and crowded living conditions, subsistence “essential” occupations (garbage collectors, shop attendants, workers in slaughter houses, health care personnel), pre-existing health conditions, including mental health, directly caused by marginalization, has quite correctly been seen as the reason for higher rates of infection.47 This is equally true in Great Britain where hospitalization and death rates among “black, Asian and ethnic minority” (BAME)
communities are higher than among white British people. This appears to be due to a complex mixture of factors, and no one factor alone can explain all of the difference. Contributing factors include, in no particular order: being poorer, where people live, overcrowded housing, types of job, other illnesses, and access to health services.\(^{48}\) That poverty and race are seen as conterminous is generally true, but is not any more universal in these communities than in the Haredi world. The economic status of Black women in the United States and the United Kingdom, for example, has been ever increasing over the past decades. It is clear that such communities may well not be called out as sources of infection because of anxieties about labeling using race in an age of “Black Lives Matter.”

If negative images of resistance to state authority are seen as part of Ultra-Orthodoxy’s response to the pandemic, it is equally true that there is also an assumption of the specific nature of resilience in such self-contained communities. In London’s Ultra-Orthodox community in Stamford Hill, according to The Guardian, “The virus has shone a light on cracks in every community, but it has also unearthed resilience. The close-knit way of life in Stamford Hill meant lockdown presented previously unimaginable challenges and many were at risk. Everybody knows people who have died. Equally, those . . . who needed support in a moment of need have undoubtedly received it. Moses Gluck, the undertaker, echoed so many I spoke to when he told me his work was not just business; ‘there has to be heart to it’.”\(^{49}\) Indeed, in Israel, the confrontation with state authority during the second lockdown in October 2020 was seen by some in terms of alternative forms of resistance and resilience. The Israeli government, which has defined itself as Jewish (not merely Israeli) since 2018, locked down the nation for a second time until October 17, 2020, and thus came to be defined as the enemy. This led to a form of resistance among some Ultra-Orthodox Jews in Mea Sharim, an Ultra-Orthodox section of Jerusalem, who refused to test symptomatic people through the state public health mechanisms, turning rather to a private charity, Hasdei Amram, to deal with their treatment and isolation. The Ministry of Health denounced such measures, labelling them as “dangerous” and most probably illegal as the infections are not reported to the state and quarantine rules could not be monitored.\(^{50}\) Resistance and resilience as seen from beyond and within such communities differ widely and are interpreted accordingly.
When we look at placing the blame on these populations, to use the standard term from public health authorities, we first need to consider how we define a population. The role of public health at the very beginning of the twentieth century was seen as “the science and art of preventing disease, prolonging life, and promoting health through organized efforts and informed choices of society, organizations, public and private, communities, and individuals.”\textsuperscript{51} Note the term population has not yet entered the field. The term “population” is taken from statistics and means merely the set of objects selected as linked by one or more common features.\textsuperscript{52} Today we speak of population health, which looks at the “health outcomes of a group of individuals, including the distribution of such outcomes within the group.”\textsuperscript{53} It is comprised of three main components: health outcomes, health determinants, and policies.\textsuperscript{54} Such a definition, while functional, is often at odds with the sense of what such a designation means in practice, as the seeming scientific neutrality of these terms is experienced and understood in very different ways by those impacted. Let us rather layer these meanings with the term “community,” that appears in the early twentieth century definition of public health and has recently been used over and over in the discussions of COVID-19.

Here the political theorist Benedict Anderson is helpful. In his widely cited \textit{Imagined Communities: Reflections on the Origin and Spread of Nationalism} (1983) he argues that communities as such arise when the national state becomes so large or so defuse that a symbolic register, the flag, the leader, language, “race,” or indeed, health and illness come to be the focus of the newly constituted symbolic community.\textsuperscript{55} Anderson’s now classic formulation holds that the very concept of the nation arises in the Enlightenment at the moment when there are no longer uniform symbolic registers, such as the divine right of kings, to define the national community. The symbolic nature of such new communities must seem as “natural” as did the older systems. Anderson writes,

\begin{quote}
In everything ‘natural’ there is always something unchosen. The very exactness of the new nation-state provides a simulacrum of reality, as it is rooted, not in the supposed specificity of nationhood, but in the shared vocabulary of images, signs, and symbols that seem to define the state. In this way, nation-ness is assimilated to skin-colour, gender, parentage, and birth-era—all those things one cannot help. And in these ‘natural ties’ one senses what one might call ‘the beauty of \textit{gemeinschaft}.’ To put it another way, precisely because such ties are not chosen, they have about them a halo of disinterestedness. (p. 47)
\end{quote}
Here the symbolic overlay of the idea of collective health (or risk of illness) becomes yet one more seemingly “disinterested factor” which, of course, is, on the contrary, a highly invested manner of defining the community. “Imagined” communities are created so that those disparate individuals can claim common ground.

Like Anderson, William Bloom, stresses that “national Identity . . . is that paradigm condition in which a mass of people have made the same identification with the national symbols—have internalized the symbols of the nation—so that they may act as one psychological group when there is a threat to, or the possibility of the enhancement of, these symbols of national identity.” But he also recognizes that, as much as we identify with certain symbols, we also define ourselves against other symbolic systems. “The nation-state into which the infant is born as citizen is in a state of permanent competition with its international environment. Other countries are competitors in the great international game.” (p. 74) Anderson is clear that he is writing about the constitution not only of the nation-state but also of the very idea of a community in the post-Enlightenment era. Such nation-states incorporated into themselves, sometimes forcefully, other communities that defined themselves as alternative or indeed contradictory symbolic communities.

Enlightenment thinkers, such as J. G. Herder, in his *Ideas for a Philosophy of the History of Mankind* (1784–91), denied that there could ever be a multicultural or multilingual nation, a nation that could incorporate other, competing symbolic vocabularies, thus enabling a citizen to shift symbolic codes. When an individual or a group is confronted with such inherent contradictions, when two symbolic systems defining identity clash, or seem to clash, the resulting double bind, as Gregory Bateson noted more than half a century ago, seeks alternative explanations. These then resolve the “paradoxes” that result when “two or more messages—metamessages in relation to each other— . . . [generate] a confusion of message and metamessage . . .” by providing a contingent answer that seems to resolve the paradox, but simply masks it. When being blamed morphs into placing blame, it is important to understand such a process as being one of boundary building within a symbolic (imagined) community. It is the identification with the collective, no matter how contradictory the responses nor how heterogeneous such a collective actually is, that is at the center of this process. It is a flight into the symbolic realm rather than an act of rational choice.

During the Enlightenment there was the increased reliance on a specific code of symbols, forcing such “‘state within a state’ and ‘nation within the nation’,” to accommodate public life to the national symbolic register. For, as Hannah Arendt further observed, while the “Jews
had no political ambitions of their own and were merely the only social
group that was unconditionally loyal to the state, they were half right. . . ,
because the Jews, taken as a social and not as a political body, actually
did form a separate group within the nation."58 This desire for radical
integration is often seen within such subsumed communities that call
for a defensive posture reflecting community autonomy. Some German
Jews, as Arendt notes, were quite happy in general to abandon paro-
chial identity for a new national identity, meaning a new symbolic reg-
ister for their sense of community, perhaps more than any other group
in the new Germany (p. 11). But there was resistance even within the
various Jewish communities in what would become Germany after
1871. The symbolic register of nationalism that some German Jews
adopted was an idealistic German nationalism as espoused in the
Enlightenment by figures such as Herder and Schiller and which con-
tained more than a slight amount of anti-Semitic rhetoric. The argu-
ment, most clearly stated by the Comte de Clermont-Tonnerre in 1789,
was that civil rights could be granted to any individual (Jew) but not to
the Jews as a “nation.” Modern Orthodox thinkers rebelled against
these forms of identification that vitiated community boundaries.

Yet one needs to understand the centrality of the public sphere in
modernity. One of its core concepts that helps shape such positions is
the political rebranding of religious communities as bounded political
entities in the light of Lockean notions of citizenship’s relationship to
religious practice. This is the complex problem that one finds in na-
tional states where some groups of Jews do not subsume their political
symbolic identity to that of the state. Indeed, recently, with the second
outbreak of COVID-19 in Israel and their renewed resistance to state
public health authority, the Ultra-Orthodox have been dismissed by
Gilad Malach at an independent think tank, who specifies their com-

John Locke’s 1689 “Letter Concerning Toleration” aimed its barbs
at the Hobbesian notion that homogeneity in religion was a necessary
presumption to a functioning state. Identification with a powerful
symbolic system such as religion could only undermine any identifica-
tion with the totality of the state. Locke not only advocated pluralism
but also demanded a border between religious belief and state func-
tion, “to distinguish exactly the business of civil government from that
of religion and to settle the just bounds that lie between the one and
the other. If this be not done, there can be no end put to the contro-
versies that will be always arising between those that have, or at least
pretend to have, on the one side, a concernment for the interest of men’s souls, and, on the other side, a care of the commonwealth." While anxious about extending Catholics’ civil rights in Great Britain, he even imagined these rights being extended if the Roman church abdicated its claims on civil authority. Religious belief has its boundaries in the secular state, which cannot regulate the soul; the secular state’s civil powers, however, were universal over the citizen’s actions, not the citizen’s beliefs. The key was the demand that each religion should tolerate the state’s authority and that the state should tolerate a diversity of religious views (excluding, of course, atheism—even Locke would not have tolerated that!)

Within the Enlightenment tradition, Jewish reformers, following Moses Mendelsohn, made the distinction between religious practice within the community and civil actions in the greater society. Here they followed the classic definition of the Enlightenment stated by Immanuel Kant who, however, was loathe to include the Jews (at least the Polish Jews) in a world in which the individual was able to abandon “the guidance of another” because of the [THEIR] “lack of resolution and the courage to use it without the guidance of another. Sapere aude! Have the courage to use your own understanding! is thus the motto of enlightenment!” The Jews saw this as a call to reexamine the assumptions not only of religious practice but of the very notion of the symbolic language of their community, in Anderson’s sense. As Jonathan A. Jacobs notes, as a result of these shifts, “many Jews have chosen not to accept the responsibility to fulfill the commandments … while still identifying strongly as Jews, as members of the Jewish people, committed to democratic values.” Such an identification with the symbolic vocabulary of the post-Enlightenment nation-state may also drive other Jews, who more strongly identify with their existing “imagined” religious community, to be conflicted between its existing symbolic definition and that of the new public sphere, which as Jacobs correctly argues, demands a certain neutrality vis-à-vis what we have come to call the symbolic register of the state.

Such a re-examination, of necessity, led, as Antoon Braeckman notes, to “the plea for the emancipation of thinking,” but also to modifications of religious practice when such practice contradicted civil society’s rules, rules that were also being formulated as “manners” at the same moment for the rising middle-class of all faiths during the Enlightenment. Thus religious practice and civil society were mutually self-defining. Religious societies such as Catholics, Jews, and Muslims, who understood no boundary between civic society and religious practice, were forced to choose between the two. Some chose to remain isolated from secular society, as did the Church after the Risorgimento, at least after 1871, locking the gates of the Vatican until.
the Lateran treaty of 1929 between Pius XI and Mussolini’s fascist government allowed the establishment of a new nation-state, Vatican City, with its own symbolic values.

Jews, in Western Europe, approached such adaptation gingerly. Some reformed Jews advocated abandoning those practices, such as ritual slaughter of animals and infant male circumcision, which were an anathema in (Christian) secular Europe. At the same moment in Eastern Europe, the Haskalah, the Jewish Enlightenment, confronted not secularizing states but rigidly defined monarchies; indeed, after Catherine the Great refused to amend civil law in Russia following an Enlightenment model, the Jews, very few of whom became Russified, remained in homogenous settlements, socially and culturally isolated from their urban neighbors. The boundaries were established by the state in 1791 through the so-called “Pale of Settlement,” where Jews were permitted to live, and in the limitations of official Jewish residence in urban areas. By the end of the nineteenth century, a reaction to such radical acceptance of civil boundaries in the West led to Modern Orthodoxy, with Samuel Raphael Hirsch’s (1808–88) evocation of the ancient trope of “Torah im Derech Eretz,” which more closely limited the relationship between observant Jews and secular society. Hirsch, in his *Religion Allied to Progress* (1854) explained:

> Judaism is not a mere adjunct to life: it comprises all of life. To be a Jew is not a mere part, it is the sum total of our task in life. To be a Jew in the synagogue and the kitchen, in the field and the warehouse, in the office and the pulpit . . . with the needle and the graving-tool, with the pen and the chisel—that is what it means to be a Jew.65

But Hirsch also stressed the need to acquire secular knowledge and to use such knowledge to function as a Jew in the greater world—no compromise of religious practice but some accommodation with secular demands, a clear answer to the Reformers’ view of “a Jew at home; a citizen on the street.” Hirsch’s relationship to the first modern age of biological medicine can be seen in his statement that Jewish ritual practice concerning infectious diseases (such as Hansen’s Disease) did not imply any hygiene enforcement from those “officials in the service of . . . sanitation.”66 Religion and the public’s health were to be two separate aspects of the symbolic register for Modern Orthodoxy. Parenthetically, I note that Hirsch’s granddaughter, Rahel Hirsch, in 1903 became one of the first women physicians trained in the German-speaking world. However, for what today is seen as the bulwark of “Ultra-Orthodoxy,” centered in the rabbinic courts of Eastern Europe, this moderate rapprochement to secular society by modern Orthodoxy was one step too far, and for many of the Ultra-Orthodox the boundaries to secular society became ever more rigid.
The Romanticization in the West of this enclosed, arcane world began with Martin Buber’s retelling of the tales of Hasidic masters at the very beginning of the twentieth century, at a time when Eastern European Jews were urbanizing and entering into the working class. Some Western acculturated Jews, such as Franz Kafka and his friend Jiri Langer, were suddenly exposed to such social structures when Rabbinic courts, such as that of the “Miracle Rabbi” of Grodeck, moved to Prague during WWI. Kafka was fascinated; Langer became a follower. After the Holocaust’s systematic destruction of Jewish communal life and all of its religious, ethical, and cultural approaches, the notion of a boundary between the state and the community as a means of resistance became even stronger. Boundaries to the secular state, that had become fluid in the aftermath of WWI, became the means by which such communities reestablished their sense of integrity. What form resistance to the dissolution of the boundary between the national state and the religious community takes is exactly what Locke had objected to: it becomes the focus of the political power of the community within and beyond its membership. And this is the rub: how can such communities negotiate the ever-shifting boundaries between themselves and the state? One way is to assume that the state is illegitimate and has no power over them, such as the anti-Zionist Ultra-Orthodox groups in Israel. Another way is to organize as a political structure to compete in the marketplace of the secular state, as we see in the expansion of Ultra-Orthodox communities into the counties around New York City, in towns such as the new Satmar town of Kryas Joel in Orange County, and in Rockland County the Squerer Hasid village of New Square, where the new majority now successfully competes for state resources with the “locals.” By the beginning of October 2020, such suburban communities north of New York City were also seeing a massive spike in COVID-19 cases, and were being shutdown systematically. What were closed were the evident sources of transmission: the synagogues and religious schools.

Our focus here is on one arena, that of public health, which exemplifies how difficult the now seemingly fixed, but in fact ever-fluid, boundaries between symbolic communities can be. We can think of no better example in which this is contested, for infectious diseases have no borders, no boundaries, except those superimposed by the state. Health seems to be a neutral sphere, but, as with all such elements, has intensive symbolic value defined by and defining the community. Indeed, this has been especially true in the Ultra-Orthodox communities where the symbolic boundaries of the community are explicit. Such communities, whether in Israel, the United States, or the United Kingdom are literally bounded by a symbolic border, an *eruv* (Hebrew for “mixture”), drawn usually with a virtually invisible wire.
suspended high above neighborhoods and delineating the area where one can “carry” forbidden items, such as a cane or a stroller, on the Sabbath and holidays. In the United States, the establishment of such symbolic boundaries has been both highly contested and defended.69

Given that we are focusing on politically organized communities in regards to public health questions, one previous case in New York City can provide a parallel to the case of COVID-19. In early 2010s, a debate arose within public health authorities in New York City, where ritual metzitzah among Ultra-Orthodox Jews had been blamed for infant deaths from herpes. Metzitzah b’peh, or oral suction, that is, drawing the blood from the circumcision wound through sucking by the ritual circumciser, had been one of the divisive problems among the earliest Jewish reformers. This debate about the special relationship between Jews and forms of ritual circumcision, and the public’s health, was reflected in the Verein der Reformfreunde (Society for the Friends of Reform) in Frankfurt in 1843 that said that ritual infant male circumcision was neither a religious obligation nor a symbolic act.70 This was in response to the February 8, 1843 finding of the Frankfurt Public Health authority that circumcision had to be carried out under medical supervision.

With the expanding role of medicine came further opposition; certain ritual aspects of Jewish circumcision, such as metzitzah, were deemed unhygienic.71 Outbreaks of syphilis and tuberculosis from 1805 to 1865 were blamed on the ritual circumcisers. Many reformers thus advocated modifying metzitzah by using a sponge or a glass pipette, a form in the twenty-first century advocated by Orthodox communities such as the London-based Conference of European Rabbis and the Central Council of Jews in Germany for reasons of public health. But the end result of concerns over hygiene and infection was that, from the mid-nineteenth century on, ritual circumcision was less and less undertaken by acculturated Jews in Central and Western Europe.

After an outbreak that infected a number of infants with herpes, leading to seventeen cases of infant herpes, brain damage, and two deaths since 2000, the New York City Board of Health passed a regulation on September 12, 2012 to require parental notification of risk, a demand that has been vociferously opposed by religious authorities who note that the procedure is never the cause of any possible danger to the health of the infant. According to the Board of Health, about 3,600 male infants are circumcised with direct oral suction each year and their risk of contracting herpes is estimated at roughly 1 in 4,000. The Centers for Disease Control and Prevention call the procedure unsafe and recommend against it. Indeed, some members of the Board of Health said they believed that requiring consent did not go far enough. “It’s crazy that we allow this to go on,” said Dr. Joel A.
Forman, a professor of pediatrics at Mount Sinai School of Medicine. Again, the debates center on ritual as community practice versus the health of the infant: “This process [demanded by the Board of Health] is being created without a shred of evidence,” said Rabbi William Handler, one of a few ultra-Orthodox Jews who gathered outside the meeting in protest. “The city is lying, and slandering compassionate rabbis.”72 “They [the parents] feel that if their child doesn’t have the **metzitzah**, he is not Jewish, so this, to them, is the most important act that they can do for their son in life,” said Dr. Kenneth I. Glassberg, the director of the division of pediatric urology at Morgan Stanley Children’s Hospital at New York-Presbyterian. “Medically, I don’t approve of it,” he added of the oral contact, “but if you’re asking me, ‘Does it cause harm?’ I haven’t seen enough proof that it causes harm.”73

This is the problem with the porous boundary between “theology” against “science”: neither side can muster sufficient evidence to persuade the other, as their very concepts of evidence (understood as having symbolic value) are radically different. This was clear in present-day Israel when Moshe Morsiano, chair of the Division of Circumcision for the Chief Rabbinate of Israel, stated in his letter dated April 22, 2014 that there is no justification for avoiding **metzitzah b’peh**, “unless the mohel [ritual circumciser] has a sore in his mouth, or some infectious disease.”74 And that, of course, is based on self-reporting.

Here one needs to add the political dimension that is shaped by and shapes the symbolic register. When Bill de Blasio ran for mayor for the first time in 2013 as a Democratic candidate, his positions were generally considered to be ‘liberal,’ reflecting his time on the city council. He “viewed Ultra-Orthodox New Yorkers as a key political constituency.”75 Needing broader support across ideological lines, he found it in 2013 in the form of the Ultra-Orthodox community, to which he committed resources, for example, for child-care, that had been stripped from them by the sitting mayor, Michael Bloomberg. The choice to deal with what had become both a medical and a communal question concerning the herpes infection became quickly colored by **Realpolitik** in New York City. De Blasio packed the city health department with allies and shifted the reporting mechanism. “His aides spent months attempting to reach a compromise, one which, when finally instituted, basically abandoned any direct outlawing of the practice and stressed only a reporting mechanism, that was honored in the breach.”76 Only after a child was infected would the herpes virus be tested for its DNA and if the mohel, ritual circumciser, was found to be infected, he would be struck off the roles. This required, of course, that the Board of Health report such findings (even if after the fact) and they then refused to do so, nullifying the public health demands.”77
Needless to say, numerous children were infected following this ruling. Circumcision as politics mediated the clear public health concern with infection.

When in 2014 de Blasio saw the problem in terms of an enclosed community with a local public health problem that probably would not spread beyond that community, he was at ease about suppressing information about its spread. We need not note here that while any given action may spread a disease, the spread of a disease is never limited to that single practice. Oral herpes can and does transcend the boundaries of the Ultra-Orthodox community in many and complex ways, as did conterminous outbreaks of measles in religious schools in 2019, which was laid at the feet of an anti-vaccination movement that certainly transcended this community. When COVID-19 appeared, the very notion of the boundary vanished. Indeed, one needs to state that the symbolic boundary of such communities—the eruv, which allows certain activities otherwise outlawed on the Sabbath and holidays—is valid only when such banned activities (the so-called 39 melachot or forms of work) are not necessary for the preservation of human life (pikuach nefesh). The politics of virus containment trumped the symbolic politics of community, at least from the point of view of the public health authorities, whose blinkered approach to the herpes epidemic suddenly vanished in the light of COVID-19 transmission. The community defended itself, aware of the earlier case, by seeing the violation of the boundary that had been established in the case of herpes, between the self-policing of the community and the ability to set public health standards for the community, as state sanctioned anti-Semitism. De Blasio and his public health figures, who had been the champions of the community in 2105, suddenly were “Nazis.”

In Israel, the party politics were even simpler. After three inconclusive elections, the shaky coalition government of Benjamin Netanyahu in 2020 had to rely on the participation of the Ultra-Orthodox Shas and United Torah Judaism parties as the key to the arrangement with his opponent Benny Gantz, who became the Minister for Defense as well as “Alternate Prime Minister.” One can note here that this cross-party support was undermined regularly by the necessity of controlling the pandemic, especially after Gantz was quarantined in late July, 2020. It was central, for example, in forcing the public health authorities, led by the COVID “czar” Ronni Gamzu, to walk back their strong recommendations for greater controls in Haredi and Arab neighborhoods in order to control community spread, well prior to the second national closing in September 2020. This followed the initial failed attempt to limit the movement of yeshiva (religious school) students from entering the country, especially from lands with a very high positivity rate, a rate which in August was relatively under...
control in Israel. The control of the community became a national public health crisis but was seen from within the community as an attack by “Nazis.”

So, we have the instrumentalization of anti-Semitic stereotypes by which the Ultra-Orthodox communities defend themselves, occurring simultaneously with attacks on Jews by the ultra-right in a wide range of nation-states, from Poland to Hungary to the United States, both employing the vocabulary of classic anti-Semitism. The attacks on the financier George Soros as the Rothschild of today, manipulating the world to establish Jewish hegemony, and the Neo-Nazis in Charlottesville, Virginia, in August 2017, shouting that the “Jews will not replace us” with racial inferiors, frame the debates about COVID-19 and placing the blame. It is not incidental that the image of “well-poisoning” becomes the go-to image of radically false accusations of blame, including against Ultra-Orthodox communities. The difficulty we have is that exactly those communities, having struggled with their political boundaries, use then this very atmosphere as the protective camouflage to defend the community’s autonomy. Placing the blame is thus a double-edged sword. It provides for some in the nation-state a well-worn and comfortable enemy, already clearly defined as pernicious and vile, and for those communities so identified, it provides a means to defend their own boundaries against state encroachment. This is so even, or especially, where encroachment is so vital, such as in the area of the public’s health, where no boundaries can exist among symbolically defined communities. The virus is “symbol-blind,” but it is also boundary neutral, no matter how fervently such boundaries are imagined to exist.

Health and illness are always part of the symbolic register that defines a community’s boundaries. Thus the very idea of the public’s health is intertwined with the self-understanding and self-definition of the imagined community. “Out groups” look at their image in the public sphere and try to redefine themselves as being neither at risk nor at less risk than other subaltern out groups. What is vital is that each member of the group is forced to acknowledge and reinterpret the boundaries that they have generated between themselves and the greater society. Thus, no general rule can be applied if these boundaries are seen as impermeable by some and flexible by others. The rigid boundaries created by the national state in defining health as a quality of good citizenship, has meant that accepting “blame” turns out to be virtually impossible without projecting it beyond the group. This may take the form of a structure of self-defense while casting the state as the enemy; it may take the form of seeing the state as having been infiltrated by the enemy. While it remains a cliché, the public’s health even in times of peril is always a political entity, and is always part of the
collective using a symbolic register that has echoes in a communal sense of shared meaning. As much as lockdown or quarantine or other public health practices are necessary means of controlling epidemics and public anxiety, placing the blame is needed, even when one is endangered and endangering others. As with many such public health interventions, placing blame can often inspire in some a false sense of protection through the creation of an implied boundary between one community and another, which turns out be dangerous to the public’s health, for the cognitive dissonance created within such groups diverts individuals and groups from taking the appropriate precautions to guard their health.

David Napier warned us in 2017 that “there is today an especially urgent need to rethink the relationship between epidemics and xenophobia” given “the human tendency to take bad meaning over no meaning, as Nietzsche so aptly put it, reverting to scapegoat narratives that should have no place or register in the multicultural settings that world populations increasingly inhabit.” By 2020 it is clear that, augmented by the global media and social media, placing blame facilitates and enforces both the drawing of boundaries using the symbolic registers available and the identification of others to blame. Placing blame in times of stress is not only triggered by social inequalities, as argued by Marxist and functionalist historians alike, but, as we learn over and over again, while public health measures—from building sanitary cordons and enforcing maritime quarantine to locking down cities and closing borders—may be necessary measures to prevent epidemics, they also build psychological obstructions and reinforce existing boundaries. They may indeed save lives, but what kind of life? And whose life?

NOTES

1. See as a sample, Sander L. Gilman, “AIDS and Syphilis: The Representation of the Individual Living with Disease,” October, Vol. 43 (1987), pp. 87-108; “Placing the Blame for Devastating Disease,” Social Research, Vol. 55 (1988), pp. 361-78; “The Stigma of Disease: 1000 Years,” The Lancet: Millennium Review, Vol. 354 (2000), p. 15; “Some Weighty Thoughts on Dieting and Epidemics,” The Lancet, Vol. 371 (3 May 2008), pp. 1498-1500; “Human papillomavirus, abstinence, and the other risks,” The Lancet, Vol. 373 (25 April 2009), pp. 1420-21; “Moral panic and pandemics,” The Lancet, Vol. 375 (May 29, 2010), pp. 1866-7.

2. See for example Richard Chin, “There’s a Reason You’re so Freaked Out by the Corona Virus,” Star Tribune (Minneapolis, MN)
COVID-19 and Ultra-Orthodox

(March 7, 2020). https://www.startribune.com/there-s-a-reason-why-youre-so-freaked-out-by-the-coronavirus/568486972/.

3. I am citing here what has become the classic study, Barbara Tuchman, A Distant Mirror: The Calamitous 14th Century (New York, 1978), p. 109. See more recently Ron Barkai, “Jewish Treatises on the Black Death (1350-1500): A Preliminary Study,” in Medicine from the Black Death to the French Disease, edited by Roger French, Jon Arrizabalaga, Andrew Cunningham and Luis García-Ballester (Aldershot, 1998), pp. 6–25; Anna Foa, The Jews of Europe after the Black Death (Berkeley, 2000); Cordelia Heß, “Jews and the Black Death in 14th century Prussia,” in Fear and Loathing in the North: Jews and Muslims in Medieval Scandinavia and the Baltic Region, edited by Cordelia Heß and Jonathan Adams (Berlin, 2015), pp. 109–25; Klaus Bergdolt, “Die Pest und die Juden - Mythen, Fakten, Topoi,” Aschkenas: Zeitschrift für Geschichte und Kultur der Juden, Vol. 29 (2019), pp. 43–62.

4. Salo W. Baron, A Social and Religious History of the Jews, Volume XI: Late Middle Ages and Era of European Expansion (1200-1650), Citizen or Alien Conjuror, 2nd edn (New York, 1967), p. 160.

5. Naomi E. Pasachoff, Robert J. Littman (ed.), A Concise History of the Jewish People (Lanham, 2005), p. 154. I have spent a great deal of effort trying to contextualize these claims about Jewish immunity from infectious diseases which began in allopathic medicine in the nineteenth century and were attributed to claims about Jewish hygiene practices or to racial predisposition. Neither were true. See Sander L. Gilman, “Tuberculosis as a Test Case,” in my Franz Kafka: The Jewish Patient (New York, 1995), pp. 169–228. As early as the nineteenth century historians of medicine refuted the very notion that Jews were “immune” to the Black Plague; see as early as Justus Hecker’s first comprehensive study of the Back Death in 1832, it was clear that the Jews suffered from the pandemic as greatly as their non-Jewish neighbors. Indeed, Hecker notes that in communities where the Jews had been expelled, such as Magdeburg and Leipzig, the blame for the plague was laid at the feet of the grave-diggers, not the Jews. Justus Friedrich Carl Hecker, Der schwarze Tod im vierzehnten Jahrhundert: Nach Quellen für Ärzte und gebildete Nichtärzte bearbeitet (Berlin, 1832), pp. 52–53. See also Joseph Jacobs, Studies in Jewish Statistics: Social, Vital and Anthropomorphxic (London, 1891), viii–ix for a number of sources; and more recently, Dean Phillip Bell, Jews in the Early Modern World (Lanham, UK, 2008), p. 41 on Jewish demography during the plague.

6. On the instrumentalization of the Black Death in the history of anti-Semitism see Nico Voigtländer and Hans-Joachim Voth, “Persecution Perpetuated: the Medieval Origins of Anti-Semitic Violence in Nazi Germany,” Quarterly Journal of Economics, Vol. 127 (2012), pp. 1339–92.

7. Mark Hay, “How Holocough went from Anti-Semitic Threat to COVID-19 Truther Rallying Cry,” The Daily Beast (September 8, 2020). https://www.thedailybeast.com/how-holocough-went-from-anti-semitic-threat-to-covid-truther-rallying-cry?ref=home.
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