



# Placing the Blame: What If “They” REALLY Are Responsible?

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## Abstract

The new coronavirus pandemic, COVID-19, has resurrected a number of historical and sociological problems associated with naming and blaming collectives for the origin or transmission of infectious disease. The default example of the false accusation in 2020 has been the case of the charge of well poisoning against the Jews of Western Europe causing the pandemic of the Black Death during the fourteenth century. Equally apparent is the wide-spread accusation that Asians are collectively responsible for the spread of the present pandemic. 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 studies here are of Ultra-Orthodox Jewish (Haredi) communities and the PRC during the 2020 outbreak of COVID-19.

**Keywords** COVID-19 · Pandemic · Ultra-Orthodox Jews · Chinese · Symbolic communities

## Setting the problem

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.<sup>1</sup> The analogy drawn in the mass media today for such a false and damaging attribution is often to the Black Death/Bubonic Plague that raged in Europe from 1348 to 1351, which was blamed on Jewish communities. The Jews, accused of 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” (cited in Tuchman 1978, 109).<sup>2</sup> They poisoned “... rivers and fountains / That were clear and clean / They poisoned in many places...” according to the court poet Guillaume de Machaut (cited in Baron 1967, 160). These charges led to persecutions of Jews and resulted in massive deaths

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among a group already suffering and dying of the plague as much as their non-Jewish neighbors, no matter the contemporary claims for a Jewish “immunity” from infection as the basis for the antagonism against the Jewish communities (Pasachoff and Littman 2005, 154).<sup>3</sup> Indeed a simple *Nexis* search from March 1, 2020 to the end of that year turned 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 mass media pieces evoking such false attributions. Attacks on Jews as the carriers of, the cause of, and the focus of COVID-19 were labeled as simply a modern version of the medieval myth about the Black Death.<sup>4</sup> Thus Mark Hay in *The Daily Beast* (September 8, 2020) notes the appearance of a right-wing meme advocating infecting Jews with the virus. It reads: “COVID-19. If you have the bug, give a hug. Spread the flu to every Jew. Holocaust.” 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 notes “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 fourteenth century Black Death, and falsely accused of manipulating literally every major global event to benefit themselves and hurt others.” 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.” 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.

Likewise, the pandemic of COVID-19 has been laid at the feet of the Chinese. The history of such attribution is equally fraught. As of the second half of the eighteenth century, the increasingly negative perception of China in the West helped to create the image of the “Sick man of Asia,” “the home of plague, famine, intrigue, flood, graft and corruption” (Lentz 1920, 391). The Chinese would replace the Jews as the out group who were seen as a source of social ill and threat to the “health” of white Christian society over the course of the nineteenth century. In the last quarter of the nineteenth century, Chinese immigrants living on the Pacific coast of the United States as well as in Canada were regularly used as a scapegoat by local health officials for the failure of their sanitary programs (Markel and Stern 2002). They blamed all epidemic outbreaks on the crowded living conditions among the Chinese as well as their “primitive,” hence unclean, habits. Indeed, the politics behind the exclusion of the Chinese as the “Yellow Peril” to white demographics was to, no little degree, a factor of a pattern of eugenic thought that coupled Asians with illness.<sup>5</sup> In 1885, J. A. Chapleau, the Canadian Secretary of State, compared Vancouver’s Chinatown to “an ulcer lodged like a piece of wood in the tissues of the human body, which unless treated must cause disease in the places around it and ultimately to the whole body” (128). In the United States, a series of epidemics of smallpox in the 1870s and the Bubonic Plague in 1900 in San Francisco were used by authorities to justify the 1882 Chinese Exclusion Acts (Shah 2001). Indeed, when we again turn today to *Nexis* for citations including “China” and that nineteenth-century trope, the “Sick Man of Asia,” we also find well in excess of

10,000 citations, with a radical spike after March 1, 2020. When the *Wall Street Journal* (WSJ) published a piece on 4 February 2020 on the Chinese economy (not the virus) by Walter Russell Mead entitled “China is the Real Sick Man of Asia,” the blow-back was strong and immediate. (Mead 2020) Readers censored the piece (or at least its title) because of its clear reference to the trope of disease and the present crisis. Harry Zhang, associate professor at Old Dominion University in Virginia, said in a letter to the WSJ that “I was horrified to read the headline ‘China Is the Sick Man of Asia’ on Walter Russell Mead’s column. At this critical moment for millions of Chinese who are suffering from the coronavirus, this headline triggers the extremely miserable memory for the Chinese since 1840 when the First Opium War broke out. I respect the First Amendment, but in a civilized society we should not tolerate this discriminatory opinion while humanity is under siege.”

When “out groups” such as Muslim pilgrims or Muslims in general are accused of spreading COVID-19 — labeled “corona Jihad” — to endanger the “innocent” in the emerging Hindu nationalist world of India, it would seem that the older model had simply recapitulated itself. Also, in the nineteenth century, the British engagement in India spread many of what had been local epidemics such as cholera across the world, bringing the plague to European cities. Yet, it was the non-white bodies in Asia that were blamed as the source of the disease (Evans 1987). In his history of *Orissa*, the British historian and civil servant working in British India, William Hunter, identified Hindu and Muslim pilgrimages being “the most powerful of all the causes which conduce to the development and propagation of Cholera epidemics. [...] The devotees [pilgrims] care little for life or death, nor is it possible to protect men against themselves. But such carelessness imperils lives far more valuable than their own. [...] [Such carelessness] may any year slay thousands of the most talented and the most beautiful of our age in Vienna, London, or Washington” (Anon., *Journal of Medical Sciences* 1868, 208). Hunter’s proto-epidemiology established one of the early global health maps, and it pinpointed certain groups of people from Hindu to Muslim pilgrims as being responsible for the spread of devastating diseases across the world. It also resulted in Indian Muslim hajjis (pilgrims) being subjected to prolonged and humiliating periods of quarantine (Harrison 1994, 132). The administration of draconian public health measures aimed at preventing spread of the epidemic disease fostered systemic tension between Hindu and Muslim communities in the Ganges delta who had previously been lumped together by the British colonial administration as “Asian.” Such tension was further exacerbated during decolonization and the rise of nationalism in the twentieth century.

By the turn of the twenty-first century, with the radicalization of Islam in South Asia and Hindu Nationalism, the racist language and attitudes of the earlier colonial power reemerged with a certain viciousness. After a meeting of the Muslim missionary society Tablighi Jamaat in Delhi led to a COVID-19 outbreak in April 2020, Hindu nationalists blamed all Muslims for the virus. As one Hindu nationalist interviewed at the time noted: “These are dangerous people, these lockdown cheats. They have compromised us all” (Frayer 2020). Earlier in the pandemic Muslim pilgrims were blamed for spreading the disease around the world after the Chinese government began to wage a propaganda war by constructing a narrative that the virus was imported into China from overseas (Gu et al. 2020). As the COVID-19 pandemic progressed, Saudi Arabia banned Muslim pilgrims from outside the country from going to Mecca and Medina to perform Haj — one of the basic tenets of Muslim ritual practice.

If one of the most prominent examples of the trope of pointing to out groups as the source of infection, as we noted at the beginning of this essay, is the accusation that Jews poisoned wells and caused the Black Death during the fourteenth century, it is clear that

today Ultra-Orthodox Jews (Haredim) in New York City, Israel, and parts of the United Kingdom have been accused of spreading the COVID-19 virus (Dalsheim 2020). 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% of the county's residents identify as Jewish), a 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 (Orecchio-Egresitz 2020). 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 inherently different from all others with higher rates of infection.

In the United States, American public health authorities labeled COVID-19 in January 2020 as the "Wuhan Virus," as it traced the origin of the disease, not surprisingly, to the overcrowded central Chinese city and the city's dark, damp, and filthy seafood market as well as the Chinese's "despicable" habit of trading in and consuming wild animals. The same nineteenth century rhetoric of the new racial sciences was brought back to life in the twenty-first century. At the very same moment, Donald Trump trumpeted the success of "Phase One" trade talks with the PRC and soon thereafter congratulated the Chinese leadership for their handling of the spreading infection (Palmer 2020). As the trade deals faded into failure and thus obscurity and COVID-19 decimated the American economy months later, Trump loudly and often blamed the spread of the "Wuhan Virus" or the "China Virus" in the United States on the ineptitude or malevolence of the Chinese government. Globally, as a variety of interests intersected to replicate the horror of the pandemic in different contexts, the blame has fallen on the "Chinese" (labelled as "Patient Zero" as in the alleged "drug pandemic" that plagued the globe in the early twentieth century), and more broadly, anyone with "yellow" skin color who looks "Oriental," seeming randomly to include people of East Asia and Southeast Asia heritages. In Paris at the end of February 2020, the Yuki Japanese Restaurant located in the Rue de la Michodiere was spray-painted with the words "coronavirus" and "virus" in large letters (*Straits Times* 2020)! More seriously, in San Francisco, attacks on Chinese Americans have spiked since the beginning of the pandemic. Russell Jeung, professor of Asian American studies at San Francisco State University, noted that "we're getting reports now from our reporting center. And 10, 15% of the reports are about physical assault of people getting either physically attacked or being spat upon or coughed at." In the UK, according to the Met data, twenty-one attacks against "Orientals" were recorded in January. This rose steeply as the pandemic spread. While it fell during the lockdown, since the easing of restrictions in May, violence against people of East Asia and Southeast Asia heritage has started to steadily rise, reaching fifty incidents in June and sixty in July. "It feels like the atmosphere after 9/11 towards Muslims, when any Muslim on the street was seen as a potential terrorist. Now any Chinese is [...] a potential existential threat to civilization," says Lu Gram, researcher at University College London who spearheaded a group called "End the Virus of Racism" (*The Guardian* 2020b). Data released under the American Freedom of Information Act also shows there were 261 hate crimes against Asians in April 2020, rising to 323 in May, 395 in June, and 381 in July.

To no one's surprise, blame for COVID-19 is lodged against those 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 (1992) noted 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. (34).

Thus “out groups,” so defined by Douglas, 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. (Seltzer 2020).

People as individuals and as members of a collective are blamed for something over which they had little or no control. Older models of stigmatization simply 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 António Guterres, “But ‘we’re all in this together’ rings hollow when so many feel we are not” (2020, 2).

Our two examples for this essay are Ultra-Orthodox Jews and the Chinese in the People’s Republic of China (PRC).

## The complexity of accuracy in imagined communities

When we look at placing the blame on these two populations, to use the standard term of art from public health authorities, we might first consider how we define a population. The role of public health at the very beginning of the twentieth century is 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.”<sup>6</sup> 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 (Hupert 2020, 253–256). Today we speak of population health, which looks at the “the health outcomes of a group of individuals, including the distribution of such outcomes within the group” (Kindig and Stoddart 2003, 380–383). It is comprised of three main components: health outcomes, health determinants, and policies (Nash et al. 2016). 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 are 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 *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 diffuse 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 (19). Anderson’s now classic formulation holds that the very concept of the nation arises in the Enlightenment at the moment when there were 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: “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 *gemeinschaft*.’ To put it another way, precisely because such ties are not chosen, they have about them a halo of disinterestedness” (47). 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 (1999) 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” (52). But he also recognizes that as much as we identify with certain symbols, we also define ourselves against other symbolic registers. “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” (74). Here Bloom, like Anderson, makes 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 (Herder, 658). 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 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 metmessage...” by providing a contingent answer that seems to resolve the paradox, but simply masks it (Bateson, et al., 1962, 154). 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 heterogenous 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 is 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 (1976) 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” (34). This desire for radical integration is often seen within such subsumed communities as an attack on the resilience of the communities that calls for a defensive posture reflecting community autonomy. Many German Jews, as Arendt notes, were quite happy in general to abandon parochial identity for a new national identity, meaning a new symbolic register for their sense of community, perhaps more than any other group in the new Germany (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 contained more than a slight amount of anti-Semitic rhetoric. The argument, most clearly stated by Conte de Clermont-Tonnere 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.

## The Ultra-Orthodox Jewish communities

Among Ultra-Orthodox Jews, the diverse communities in which they live, the symbolic, for good or for ill, is central to their own definition of community. 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 when as many as 38% of the 200,000 residents were infected with coronavirus, significantly higher than the national average (Holmes 2020). The town was declared a “restricted zone.” As the Ultra-Orthodox Jews (Haredim) make up about twelve percent 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 biblical scale” (Stack 2020a). With over seven hundred 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” (Stack 2020b). 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” (Goldstein 2020). 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: “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.” The reaction to the former was initially hostile. The accusation that pork gelatin was used in the preparation of the MMR vaccines exacerbated the general anti-vaccination sentiment present in the greater society and lead to initial hesitation and in some cases rejection of the evident need to protect their own children from greater harm (Pager 2019). We shall return in detail to the latter.

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 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. Led by 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!” (Offenhardt). The meeting degenerated into a verbal free-for-all, but central was the idea that the hoax was directed against the Jews and a sign of anti-Semitic bias on the part of local 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 seven hundred individuals (Goldstein 2020).

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 among other places in Borough Park, Brooklyn. Cuomo had used a ten-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. Some participants attacked the governor for using “‘irresponsible and pejorative’ rhetoric” (Stack 2020c). 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 unconsciousness 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” (Armos 2020). 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 expressly attacked Chirlane McCray, the wife of Bill de Blasio, as “retard woman, coon, whatever you are” (Miller 2020). While the health department officials were the new Nazis persecuting the Jews, according to Tischler, the Ultra-Orthodox were themselves 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. But the symbolic register of “Trump” during COVID-19 was also vital in redefining community boundaries, as ironically, given his role as head of the federal executive, he represents 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” (as cited in Peters 2007, 94–95). Religion, certainly in the United States, has almost always had its practices limited, for good or for ill, when it was perceived 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 as, for example, the renewed contestation of the “religious exception” to vaccination across a number of states. But the objections here were not to vaccination, which did appear to a limited extent when the vaccines were employed, but to social distancing, limitations on occupancy, and masking. The resistance to earlier vaccines among members of this community was cast in an opposition to the presence of pork gelatin as a stabilizer in vaccines. Naor Bar-Zeev, a professor of international health and vaccine science at the Johns Hopkins Bloomberg School of Public Health noted that Jews were permitted to use xenographs as well as insulin from pigs, “all

these complex laws apply to food ingested by mouth and are not in any way relevant to injected material.” (McNeil 2019) But the mRNA vaccines for COVID-19 do not present even this potential obstacle.

In Israel, as of April 2020, the Ultra-Orthodox Health Minister Yaakov Litzman 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 the movement of thousands of religious students from abroad, primarily from New York City Orthodox communities, into Israel. 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 isolating 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” (Halfbinger and Kershner 2020). This coincided with a radical spike in infection rates, to the point that Israel suddenly had one of the highest per capita rates in the world. Unable to control the situation, in September the government ordered another total lockdown to begin on the holiest week of the year, the Jewish New Year. The lockdown triggered an immediate response—it was seen as an attack on religious believers. Yaakov Litzman, now the minister of housing and construction, resigned his portfolio. He was concerned about the lockdown taking place during the most important religious holidays of the Jewish calendar (Rosh Hashana and Yom Kippur) and the limitations imposed on the capacity of places of worship. But, he argued, placing the blame on Israeli secular society, “the government had delayed acting earlier for fear of spoiling Israelis’ summer vacation plans” (Kershner 2020a). 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 rather used this claim as an ideological weapon aimed at Haredim by the majority secular Jews. Here he was echoing attacks on the police and health authorities in Mea Sharim, the Ultra-Orthodox neighborhood in Jerusalem during April, which labeled these forces as well as the then Minister of Health Litzman as “Nazis” (*Times of Israel* 2020). Given the projection of such images of the Holocaust and the “SS State” on to 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 (Reister 2020).

The public’s health or the neo-Nazis exercising power? 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 as either 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 part of such analysis? Earlier one of the authors of this essay wrote about the complexity of using “race” as a term within contemporary genetics.<sup>7</sup> Does not this present quandary lend itself to similar analysis?

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 need to begin by first defining what and where such communities are and how they define themselves, and secondly, 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 those 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" (Gutman 2020). The twelve Hasidic Rabbinic "courts" too are 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 lead by inherited rabbinic leadership to the world-wide 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. Agudath Israel (now the central organization of Haredi Jews in the United States) in Borough Park, Brooklyn, for example, distributed more than half a million masks, while in the same community, celebrations for Sukkot in 2020 brought together large numbers of unmasked worshippers for massive indoor services (Helfand 2020). The official organization advocated for adherence to the public health guidelines: "Simchos [celebrations] that spread illness and do not conform to local laws should not be allowed to jeopardize ... a return to a sense of normalcy" (Agudat Statement 2020). 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 the 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" (Jeffay 2020). Haredi Jews, he notes, in Israel and in the Diaspora, by their actions, come to represent all Jews. Yet on November 8, 2020, seven thousand unmasked revelers secretly celebrated the wedding of the grandson of one of the Satmar grand rabbis, Aaron Teitelbaum, in their Brooklyn synagogue, violating the guidelines of both the state and the city health departments.

In the United Kingdom, the largest communities are in Greater London and Manchester and consist of a wide-range of groups aligned with the Union of Orthodox Hebrew Congregations. All of these groups have taken a wide-range of positions, some articulated by the rabbi, some by members often in political positions of 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 has also been radical realignment 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” (Kavaler 2020). 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, 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” (*The Guardian* 2020c). 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 does also not simply consist of large 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” (Orecchio-Egresitz 2020). 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” (Shafran 2020). Yet there are clearly middle-class religious Jews 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 *Hasidische* 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.”

The other take on the uniform nature of such communities is that it is the religious, hence anti-modern and anti-science, leadership who manipulate their followers into destructive acts. Bad, ineffectual leadership of cowed communities without resources lead to the spread of the disease, the same as in Medieval Europe. No one articulated this with more vigor than Yitz Greenberg, the Modern Orthodox rabbi, and founder, chairman, and professor in the department of Jewish studies of the 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” (2020). 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, 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” (2020). There are certainly other, more impoverished non-religious communities in Israel, for example Ethiopian (Beta Israel) neighborhoods in Netanya, Beersheva, and Ashdod, which have suffered from COVID-19 but where the community leadership was more pro-active 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 (*The Economist* 2020).

If we acknowledge that transmission is simultaneously 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,” he said. “It’s about disparities, institutional racism, and poverty; which is fine because the idea to take people who are victimized of a problem and make it about them is unheard of bigotry” (Orecchio-Egresitz 2020). 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 the Black and Latinx population, defined often by poverty, poor, and crowded living conditions, subsistence “essential” occupations (garbage collectors, shop attendants, workers in slaughter houses, healthcare 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 (Golden 2020). This is equally true in Great Britain where studies show hospitalization and death rates among what are labeled “black, Asian and ethnic minority (BAME) communities are disproportionately higher than white British people. This appears to stem from a complex mixture of factors, and no one factor alone can explain all of the difference. Contributing factors range from being poorer, where people live, overcrowded housing, types of job, other illnesses, and access to health services” (Mamluk and Jones 2020).

That poverty and more generally social inequality are seen as coterminous is generally true but is no 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 increasing over the past decades, yet, it is clear that such communities within the predominately white western nations with their “shameful” history of slavery and colonialism may well not be called out as sources of infection because of

anxieties about labeling in an age of “Black Lives Matter” despite the general acknowledgement that infections rates in these communities are among the highest recorded.

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’” (*The Guardian* 2020a). 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 17 October 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 (Kershner 2020b). Resistance and resilience as seen from beyond and within such communities differ widely and are interpreted accordingly.

Such symbolic actions, as the attribution of resistance or resilience to a community, has its roots in the modern attempt to redefine the borders between specific communities, specifically religious ones, and the national state. Anderson quite rightly sees the Enlightenment as the moment when what is understood by most citizens as a reasonable accommodation to a national symbolic register is seen within “out group” communities as an attack on the resilience of the communities and calls for a defensive posture stressing community autonomy. It is the moment when religious communities are delimited in the light of Lockean notions of citizenship’s relationship to religious practice. Indeed, recently, with the second spike of COVID-19 in Israel and their renewed resistance to the public health authority, the Ultra-Orthodox have been dismissed by Gilad Malach at an independent think tank who specifies their community as being “a state within a state,” for “if 50% of the sick are Haredim, it affects the whole country” (Kershner 2020b). The rejection of conflicting symbolic identification with a single “imagined” community, already discussed by Hannah Arendt as the goal of Enlightenment integration, reappears here with a vengeance.

John Locke’s 1689 “Letter Concerning Toleration” aimed its barbs at the Hobbesian notion that homogeneity in religion was a necessary presupposition to a functioning state. Identification with a powerful symbolic system such as religion could only undermine any identification with the totality of the state. Locke not only advocated pluralism but demanded a border between religious belief and state function, “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 controversies 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 as 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 tolerates the state's authority and that the state tolerates 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 as 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 “the guidance of another” because of the “lack of the 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!” ([1784] 1996, 58). The Jews saw this as a call to reexamine the assumptions not only of religious practice but also the very notion of the symbolic language of their community, in Anderson's sense. As Jonathan A. Jacobs (2020) 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” (181). Such an identification with the symbolic vocabulary of the post-Enlightenment nation-state may also drive other Jews, more strongly identifying 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 (2008) 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 (286). 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 (Gilman 2020, 369–375). 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, that were an anathema in (Christian) secular Europe.<sup>8</sup> 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 evocation of the ancient trope of “*Torah im Derech Eretz*,” which more closely limited the relationship between observant Jews and secular society. For Hirsch in his *Religion Allied to Progress* (1854):

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. (Mendes-Flohr 1995, 201).

But he 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." For Hirsch acknowledges the fact that Jewish interpretation did not distinguish among a wide range of infectious "diseases of the skin" from "leprosy" to "the diseases of modern Europe," such as measles and scarlet fever (1957, 86). Yet Jewish ritual law on the isolation of Jews with such diseases did not extend to those non-Jews in the same community. Religion and the public's health were to be two separate aspects of the symbolic register for modern Orthodoxy. It is of little surprise that Hirsch's granddaughter, Rahel Hirsch, became one of the first women physicians trained in the German-speaking world in 1903. For what today is seen as the bulwark of "Ultra-Orthodoxy," centered in the rabbinic courts of Eastern Europe, even modern Orthodoxy's moderate rapprochement to secular society was one step too far. For many of them, the boundaries to secular society became ever more rigid.

The Romanticization of this enclosed, arcane world in the West began with Martin Buber's retelling of the tales of Hasidic masters at the very beginning of the twentieth century, 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 Groddeck, moved to Prague during WWI (Gelber 2004, 38). 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. Communal activities, always at the heart of such religious life, came to define the very essence of the survivor-community.

What form that 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 here 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, or 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 Kiryas Joel in Orange County, and in Rockland County the Squarer 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 shut-down systematically. What was closed were the



evident sources of transmission: the synagogues and religious schools (Nir and Otterman 2020).

Our focus here is 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 specifically 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 (Siemistycki 2005).

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. This debate focused on an Ultra-Orthodox religious practice and the attempt of public health authorities to control it. Ritual *metzitzah b'peh* among Ultra-Orthodox Jews has been blamed for infant deaths from herpes. After an outbreak that infected a number of infants with herpes, leading to seventeen cases, 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.

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” (Grynbaum 2015). Needing broader support across ideological lines, he found that in 2013 in the form of the Ultra-Orthodox community to which he committed resources, for example, for child care 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.” 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 demanded, 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 (Berger 2015). 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 sees the problem in terms of an enclosed community with a local public health problem that probably cannot spread beyond that community, he is 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 on 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 boundaries of such communities, the *eruv*, which allows certainly activities otherwise outlawed on the Sabbath and holidays, was valid only when such banned activities (the so-called thirty-nine *melachot* or forms of work) were not necessary for the preservation of human life (*pikuach nefesh*). The politics of 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, established in the case of herpes, between the self-policing of the community with 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 to control community spread, well prior to the second national closing in September 2020 (Halfbinger and Kershner 2020). This followed his 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 (Hendrix 2020). 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 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, provides a means to defend their own boundaries against state encroachment. 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.”

## China and the Chinese

Until January 2020, Wuhan, a mega-city with hyper-modern infrastructures from colossal road networks to high-speed railways, had served as a tangible symbol and shining example of China's ever-growing economy as well as the country's seemingly unstoppable rise. It had impressed visitors around the world: the once "Sick man of Asia" had ascended to a global economic giant. Such growth was coupled by an unprecedented scale of urbanization, driving millions of rural villagers into cities. Such growth was however dwarfed by a fragmented and overloaded health system that was largely "self-policing." In the meantime, cities such as Wuhan continuously created greater health risks from air pollution to flu pandemics. Rhetorically, the Chinese authorities acknowledged that an efficient health system was pivotal to China's overall social and economic development, the country's stability, and the communist party's political legitimacy, as well as China's image on the world stage. As of the late 1990s, Chinese authorities had begun to introduce various health reforms including adopting the American CDC system. But the lack of financial commitment from the State Council and the lack of resources and enthusiasm at the grassroots level meant the ambitious plans on paper were not implemented on the ground. The SARs outbreak in 2003 exposed grave deficiencies in the Chinese health system and coincided with China securing funding from the World Bank to carry out a number of ten-year public health projects to control infectious diseases. This led to the opening of new local CDCs throughout China, replacing those old and mostly crumbling disease control units that had been set up during the Mao era (1949–1983). Much of the money from the World Bank was used to upgrade the appropriate areas of medical science and build a high-tech internet system for disease surveillance and reporting. Yet a systematic prevention program remained absent. As the political importance of SARS evaporated and the World Bank funded public health projects came to an end, Chinese authorities put little money and less effort into making them sustainable and developing an autonomously robust disease control program. The disease control program remained and remains largely ad hoc. It has constantly failed stress tests and was unable to cope with major disease outbreaks. In the meantime, the continuing debates in global public health over the horizontal approach versus the vertical approach to health as well as the complex legacy of the Maoist approach to health left the Chinese policy makers and public health experts struggling to come up with a model that would cope with the country's ever growing and changing health demands (Zhou 2020). Prior to 2019, the Chinese health system was already overloaded, plagued by vaccine scandals, subject to physician overcharging and frequent medical accidents. With an increasing number of dissatisfied, angry patients taking out their frustrations by violence against health professionals, the enrollment in medical schools fell sharply in recent years. The Chinese CDC that had been given the responsibility to control diseases had neither the money nor the power to implement disease control. The local health providers who need to sustain their livelihood by making profits on their enterprises were not obliged to comply with the CDC recommendations. At the same time, effects of infectious disease outbreaks were often made worse by weak, vertical lines of communications between local and higher-level health bodies in China. When the frontline health worker or the local CDC reported a potential health threat, like the dead rat in Albert Camus's *Plague*, it was often kicked to the side by local Dr. Bernard Rieuxs (Zaretsky 2020, 297–300). Like most authorities, the Chinese authorities have shown repeated reluctance to accept and acknowledge a major disease

outbreak because acknowledgment would threaten their political legitimacy and economic interests. Furthermore, to admit the presence of a major disease outbreak would run the risk of social dissolution.

Since the late 1980s, the PRC government has opted for a market model to finance health services. This quickly led to the problem of urban access to healthcare, where decentralized systems were inappropriate and centralized systems expensive and hence unaffordable for those displaced rural migrants in the cities. Their lack of access to urban healthcare made the majority of rural migrants more vulnerable to disease outbreaks such as SARs in 2003 and more recently in Wuhan during the coronavirus outbreak. These rural migrant workers often live in squalid and crowded conditions with no access to clean water and washing facilities. Their workplaces became a hotbed for the spread of a number of infectious diseases well in advance of 2019.

On December 8, 2019, the first case of Covid-19 was recorded in Wuhan, but it was only by late December when the disease had begun to spread across the Chinese border that the authorities in Hubei province (Wuhan being the capital) began slowly to acknowledge there was community transmission happening in the city. Still, they withheld crucial information that provided clues that the virus was spreading amongst humans, nor did they communicate with residents about the seriousness of the situation or attempt to educate the public to take precautions and try to mitigate the spread of the outbreak. Instead, authorities silenced those health professionals such as Dr. Li Wenliang who had raised the initial alarm. Local public security officers — the equivalent of the police—knocked on Dr. Li’s door and forced him to sign a confession for spreading “false information.” Having controlled the information, the authorities quickly placed the blame on the poor migrant vendors working out of Wuhan’s Huanan seafood market, even though only a small number of vendors were infected compared to a much bigger cluster of infection throughout the city. Knowing the Western world’s fetishistic disgust over the Chinese and indeed Asian trade in wildlife, authorities traced the disease to the seafood market and symbolically shut down and disinfected the market, depriving the livelihood of those stall owners. This echoed the debates concerning the origin of the SARs infection seen as stemming from the consumption of flesh from wild animals and which led to the closing of virtually all of the open-air markets in Hong Kong and the fetishistic imposition of Western standards of “hygiene” through moving the vendors into what in all intents and purposes were purpose-built parking garages (Enserink 2003). One can note that when Westerners arranged massive shoots to kill innumerable wild quail, pheasant, and boar for their consumption, in Europe or in China, this was seen as part of the civilizing process (Michie 1890, 127–128). It is not actually what one eats, but the symbolic register that is determinant.

The European aversion to the others’ unfamiliar dietary practices dates back to the fourteenth century when the period of peace under the Mongol rule allowed them to travel beyond their immediate horizon. Overwhelmed by a world so different from their own, many of them were simultaneously exhilarated and frightened by their experiences. Among these earlier European travelers, a great number of them were Catholic emissaries on papal missions to explore opportunities to bring Christianity to China. The east, according to some of them, was the “tree of paradise” that at the same time was full of “monstrous” serpents—the roots of “the transgression of our first parents” (De Marignolli 1932, 665–666). The Portuguese Franciscan friar Odoric of Pordenone, a near contemporary of Marco Polo of Venice, was sent to the east on papal business and travelled extensively across the Mongol-ruled China for three years beginning in 1320. In the southern port city of Canton, he marveled at the abundance and wide variety of high-quality foods available but also noted “here too, there be serpents bigger than anywhere else in the world, many of which are

taken and eaten with relish. These serpents [have quite a fragrant odour and] form a dish so fashionable that if a man were to give a dinner and not have one of these serpents on his table, he would be thought to have done nothing” (cited in Yule 1866, 107). Odoric’s account circulated widely in manuscript; at least one hundred copies of manuscripts survived and were plagiarized in the widely read fourteenth century English romance, *The Voyage and Travels of Sir John Mandeville, Knight*. Odoric’s amazement of this culinary delight of inhabitants of southern China however horrified some English and European readers. The adjective “monstrous” was added to the noun “serpents” in a number of translations. (However, the French sinologist Jacques Gernet, who has used these and other Chinese sources, points out that these were not “serpents” but brushwood eels which are still a culinary delight consumed in China today although the eels are mostly farmed just as salmon are farmed in Europe [1962, 142n49]. Eels and elvers were and remain, of course, widely consumed throughout Western Europe.) With the advent of European and British expansions to new and unknown territories as of the fifteenth century, growing sickness amongst European settlers caused by the hot (rendered “unhealthy”) climates in the south began to be viewed as a barrier to European expansion as well as a drain on manpower (Lind 1768). At the same time, a growing number of accounts in both popular and medical literature began to paint an image of such newly acquired lands, seen as culturally alien and environmentally distinct, as “tropics” filled with beasts and naked men who consumed human flesh and who lived with snakes, lizards, and horrifying diseases. They contributed to the shifting image of “tropics” from that of an earthly paradise to that of a terrestrial hell (Staden [1557] 1929; Thevet cited in Elliot 1976, 20). Such dark images of the “tropics” as the place where diseases originated would harden in the nineteenth century when increased contact brought epidemic diseases such as cholera to European cities threatening white populations. The new discipline of “tropical diseases,” developed as part of the “white man’s burden” to make colonial subjects into worthwhile laborers and preserve the health of colonial settlers, emerged to fuel imperial ambition and expansion. The “tropics,” “divided equally between jungle, tigers, cobras, cholera and sepoy” (Kipling 1899, 53) had to be tamed and transformed by the white Europeans with their modern bio-medicine and hygiene. When the advances of European bio-medicine failed to conquer diseases that continue to ravage the “tropics” to this day, such as malaria and schistosomiasis, they placed blame on the Asians for their “dirty” and “primitive” habits of trade and their consumption of wild animals.

Zoonotic diseases are transmitted from animals to humans and stem from bacterial, viral, parasitic, or fungal infection of an animal host that spreads to humans through bites, scratches, or ingestion. They are known throughout the world and have impacted human health throughout history (Blancou and Meslin 2000, 15–22). Similarly, some so-called “tropical” diseases, such as malaria, were indigenous in Europe well into the twentieth century (and reappeared with a vengeance after the collapse of the USSR). While malaria has ceased, at least for the time being, to be a public health problem in the West, a number of newly emerged zoonotic diseases are presenting increasing threats to the West due to growing contact and trade between the West and the rest of the world. In the meantime, with the growing anxiety over the loss of wildlife, a mixed legacy of earlier European expansion and the post-World War development projects as well as population growth, China and other developing Asian countries have been targeted by western wild life conservation organizations, even though the natural “paradise” imagined by Europeans never existed in China and the problem of loss of wildlife in the United States and Europe is as bad if not worse than in parts of Asia. It is not an accident that the logo of the World Wildlife Fund is the panda.

In the meantime, in China, rapid modernization accompanied by unrestricted deforestation and unprecedented scales of urbanization have threatened the capacity and resilience of the country's ecosystems. The ever-increasing human efforts to exploit land, from agricultural expansion and intensification — including an animal husbandry industry focused on the production of high protein foods for human consumption with the rise in living standards — to the construction of roads, railways, mining, and other large scale modernization projects such as the Three Gorges Dam, contributed to a loss of habitats that drove much wildlife into populated areas. This led to closer contact between livestock and wildlife. This has also increased human exposure to new pathogens that threaten the public's health. South of Yangtze, including the regions around Wuhan, as well as China's southwest, have become a “golden triangle,” the ideal environment for the emergence and transmission of a number of infectious diseases, from SARS to the highly pathogenic avian influenza (HPAI) and the COVID-19, all of which are zoonotic in origin. Fully aware of the problem, the Chinese government has done little to mitigate the risks, nor have they made much effort to educate the public to such present dangers. Yet, in December 2019, to cover up for the country's mis-managed health system, they did not hesitate to reenact the nineteenth century Western racist rhetoric that was used by American authorities to justify the Chinese Exclusion Acts of 1882 and placed the blame on those “corrupt” Chinese traders' “dirty habit” of trade in wildlife as well as overcrowded market stalls and their vendors' unhygienic habits (China CDC 2020).

Having identified the “danger,” the rest is to dispel it through collective “exorcism” that involves political or moral acts mixed with forms of public health intervention. Two weeks had passed, and the Chinese New Year was approaching when millions would be on the move, potentially spreading the virus across the entire country and even the globe. Then, the central authority in Beijing grasped that the failure to control the COVID-19 would cost them their political legitimacy and damage China's global image. The state authorities quickly launched a political campaign to combat the disease. China's highest political body, the Central Political and Legal Affairs Commission, not the CDC, gave the order to lockdown Wuhan, a city of eleven million. Mass lockdowns provided a feared yet politically compelling administrative option. When the lockdown in Wuhan proved impotent in stopping the virus spreading to other Chinese provinces and beyond China's borders, the authorities proceeded to close all borders and increased the level of surveillance and police power within China, targeting those disputed and troublesome border regions such as Xinjiang in the Northwest, Yunnan in the Southwest, and Fenghe in the Northeast, where systematic repression of minorities had already begun in earnest well in advance of the outbreak in Wuhan. The geographic location of the blame-game would gradually move from Wuhan to these border regions inhabited by ethnic minorities as well as to beyond the borders of the PRC.

On February 7, 2020, with the entire population of China locked in-doors, Dr. Li Wenliang, one of the original whistle blowers, tragically died after being infected by the virus. This event had initially raised hope amongst many for political changes in China. Such hope was quickly crushed by an intense propaganda campaign by the official media, coupled by an even tighter control of information. Anyone who put up posts about the COVID-19 on social media platforms such as WeChat that contradicted the official narrative ran the risk of having their account being closed or even being arrested by the Public Security (Zhong 2020). On February 26, the *Lancet* received a letter from Chinese medical officials asking the journal to retract their earlier appeal for international medical assistance to fight the COVID-19 outbreak in Wuhan. The initial appeal by physicians on the front-line, made on January 24, had suggested how devastating the situation was in Wuhan's health sectors:

“The conditions and environment here in Wuhan are more difficult and extreme than we could ever have imagined.” The authors wrote, and “in addition to the physical exhaustion, we are also suffering psychologically. While we are professional nurses, we are also human. Like everyone else, we feel helplessness, anxiety, and fear” (Zeng and Zhen 2020). The retraction came at a moment when the authorities were turning the war on the COVID-19 into a mass politicized public health campaign, and the official narrative began to paint a picture of national triumph. The escalating pandemic around the world and many western countries’ failures to control their local transmission was contrasted with China’s purported success. A catalyst for this nationalist propaganda campaign was the increasingly xenophobic anti-Chinese discourse in some Western countries and the anti-China campaign waged by the Republican administration in the United States aimed at diverting voters’ attention away from the Trump administration’s local mismanagement of a now exploding community transmission. It allowed the official propaganda in China to turn COVID-19 into a menace from abroad. COVID-19 became the new “opium plague” that the West, in particularly the United States, was using to hobble China’s global rise. (In China, the Opium Wars of 1839–42 and 1856–60 continue to serve as supreme reminder of how the British imperialists enforced a shameful trade in opium, which reduced China to a state of opium slavery: as Britain gradually extended its control over various ports in China, the opium plague turned China into a nation of hopeless addicts, smoking themselves to death while their civilization descended into chaos [Dikötter, Xun, and Laaman 2018; Lovell 2011]). By evoking the memory of this “National Humiliation” that China had suffered under the western imperialists, the communist party of China managed, with some success, to rally support from a large section of the population in China as well as overseas Chinese. The War on COVID-19 has become the twenty-first century’s new “opium war,” and by involving the entire Chinese population, China has emerged “triumphantly”: the “Sick man of Asia” has become the global leader in the battle against the deadly virus under the CCP leadership and President Xi; the Strong China Dream has indeed been realized. Nationalism is on the rise. On October 8, 2020, the PRC became the first major world economy to pledge massive support for the globalization of a COVID-19 vaccine through COVAX when it was developed. China again placed its medical expertise in a way as to be seen as coming to the aid of underdeveloped economies as it did with the exportation of the “Barefoot Doctors” scheme in the 1970s (Zhou 2020, 279–285).

In April 2020, as Wuhan as well as most of China gradually came out of the lockdown, large sections of the Chinese population began to face the grim reality of an economic recession and increased levels of social inequality. The lockdown had deprived millions of their livelihood as well as their mental health. Competing for resources, lacking support, fearing for the continuing pandemic, and driven by the official discourse that focused on the COVID-19 as a menace imported from outside, there was a greater need to place the blame for the pandemic. Racism mainly targeting African populations as well as some Muslims groups living in China — many who had come to China under the illusion of “friendship” offered by the Chinese government to those “Third World” countries after the Cold War — has been on the rise. In China, placing blame has indeed become a double-edged sword.

From the late nineteenth century, the language of race has been an integral part of nationalistic discourse in China (Dikötter 2015; Dikötter 1998). Armed with then fashionable Social Darwinism, the founders of the Chinese revolution such as Sun Yatsen argued that racial nationalism was the only vehicle capable of unifying the Chinese people and saving China from “National Humiliation.” In their nationalistic project of making China strong again, it was believed that the Chinese population — conceived as the Han race

— must be taught how to be modern citizens so that they would be able to participate in this dream of a strong China. (It would be revived in the twenty-first century by the current leadership under President Xi except this Chinese Dream would extend to include Africa [Qian 2013]). The modern Chinese citizen, accordingly, would have a nationalistic consciousness and at the same time live a clean and orderly life fit for a modern nation. (This was no different among the Jewish Enlighteners in Eastern Europe for whom the health of “ghetto Jews” was the key to their becoming full citizens as well as for Zionists such as Theodor Herzl and Max Nordau in the late nineteenth century, who argued for a “New Muscle Jew.”) In other words, a strong modern Chinese nation would consist of a healthy, politically enlightened, and productive population. Eugenics was cherry picked by the new Nationalist government, the first modern republic in Asia, as a solution to China’s multitudinous social problems. It was believed that by practicing racial improvement, it would in turn enable the Han/Chinese race to survive and strive (Dikötter 2015, 130–133).<sup>9</sup> Even after the Post-World War II West had gradually abandoned eugenics in the wake of the crime of racial genocide carried out in Nazi-ruled Europe, the then newly founded People’s Republic China (PRC) continued to implement selective breeding by giving it the post-war public health label of “family planning” or “quality birth control.” The PRC’s public health and population experts, many of whom had been trained in the United States or the Soviet Union, saw selective breeding as a means of controlling population growth and allowed them to gloss over the complex historical ethnic tensions that had begun under the Qing (Manchu) emperorship beginning in the eighteenth century.

After the Manchu took over China in the 1640s, it first imposed categories of Qi (the eight banners which defined the Manchu military) and Min (all non-Manchu civilians) to separate the original Manchu units from the rest of the population. As the Qing Empire grew ever larger, by the eighteenth century including what is now called Xinjiang and Tibet in Central Asia as well as Taiwan in Southeast Asia, the Qing court moved to impose formal demarcations among the different peoples living in various parts of this colossal empire, largely for legal and tax purposes. In the eyes of the Qing emperors and the court, the Han, the name first used by some central Asia nomadic groups for anyone who lived along their southern frontier, was only one ethnic category among many others. It was only in the late nineteenth century that Chinese nationalist thinkers, many of whom were southerners who remained loyal to the previous Ming dynasty and rejected the Qing order, called for an ideal China out of an organic relationship between their imagined state China with the Chinese people. The latter, according to them, were the Han. And for them, the Han was no longer an ethnic category but a race (Crossley 2000).

After the Chinese Communist Party (CCP) became the new ruler of this vast empire originally created by the Manchus, it adopted the Soviet and Eastern European ethnic model of nation with an emphasis on hereditary or community of birth and (native) culture. China was reconfigured into a multi-ethnic state with the Han being the majority ethnic group, and the rest of the population divided into fifty-six minority groups who would become the permanent underclass or subalterns, often depicted in the official discourse as backward thinking, ignorant, primitive, unhealthy, superstitious, and needing to be enlightened through socialist cultural revolution. Race, culture, and class were conflated. Public health interventions centered on allopathic medicine that included family planning and were used as tools to bring the socialist cultural revolution into these communities, thus enforcing political hegemony and consolidating the CCP’s control in these regions (Ma 2006).

As part of the public health education and family planning program, Chinese citizens have been taught that it is for the greater good of the whole society and their patriotic



duty to practice “healthful” marriage and “superior” birth. When this is translated into lay language, it becomes one’s duty to choose a “genetically” intelligent and healthy partner. In popular discourse, Chinese peasants together with Chinese citizens of ethnic minorities who have darker skins as well as Blacks — the latter had traditionally been viewed in China as semi-human hovering on the edge of bestiality — were often depicted as racially inferior. Their inferiority was often “evidenced” by their “superstitious,” translated as unscientific, practices and “unclean” habits, but was also marked by their darker skin. In 1995, a eugenic law was officially adopted in China. Forced sterilization as well as discrimination against disabled people and anyone with so-called hereditary diseases was legalized to ensure “physical wellbeing of the nation” and the “quality of future generation.” The definition of “disability” however is less clear. It could apply equally to anyone who was considered too “short” or to have “low intelligence.” Dubious scientific studies have been carried out suggesting that the “barbaric” marriage and reproductive habits as well as the unhealthy lifestyle of Chinese peasants and minority ethnic groups as well as Blacks from Africa determined their “genetic limitation” (Zhou 2002, 110–112).

While in the PRC, from the Mao era to the current leadership, the political significances of its commitment to African nations have been ever growing, and coupled with China’s increasing dependence on African raw material and the commercial importance of a potential Africa market, the “Blacks” have continued to be placed at the bottom of racial/genetic hierarchy in the official and popular discourse in China. Southern port cities such as Guangzhou, where historically there had been large Muslim and Black communities and which boasts one of China’s oldest Mosques, there has been a growing number of African as well as Muslim (mostly from Southeast Asia) immigrants. As with their forerunners, they came to Guangzhou because it offered attractive commercial and employment opportunities. For the very same reason, Guangzhou also drew a huge number of internal migrants from all over China. The latter’s lack of access to urban welfare, from housing to healthcare, as well as the discriminations many of them suffered under the existing urban population, who blamed these new migrants for competing for resources as well as making “their” city dirty, thus unhealthy, led to some taking out their grievances against African and Muslim migrants from abroad. This was made worse by authorities who blamed many of the existing societal problems on the Africans and Southeast Asian Muslims living in China: they brought the drug problem to China; they brought diseases from AIDS to Swine flu — known in China as African Swine flu — to China; they brought prostitution and the resultant explosion of STIs to China. When the western world mocked China for its faked goods, the Chinese authorities blamed this on the Africans: it was not US but THEM who flooded the global market with fake goods and spoiled OUR image. In the wake of 9/11 when the West began to wage a “war against terror,” China joined the rally to label all Muslim groups, from the Uyghur in China’s northwest to immigrants from different parts of Southeast Asia as “terrorists,” even though these groups shared no common language (except for their children being compulsorily schooled in Mandarin — the official language of the PRC), culture, and indeed practiced very different strands of Islam. In a 2017 recommendation to the Chinese government on cracking down on black African immigrants and traders in Guangzhou, Pan Qinglin, a member of Chinese Political Consultative Conference — the political advisory body of the PRC — argued that the black Africans brought many security and health risks: “[the Blacks] travel in droves; they are out at night out on the streets, nightclubs, and remote areas. They engage in drug trafficking, harassment of women, and fighting, which seriously disturbs law and order in Guangzhou... Africans have a high rate of AIDS and the Ebola virus that can be transmitted via body fluids [...] If their population [keeps growing], China will change from a nation-state to an immigration

country, from a yellow country to a black-and-yellow country.”<sup>10</sup> On different Chinese social media platforms, people overwhelmingly supported Pan’s recommendation. One commenter called on Chinese people to prevent letting “Chinese blood become polluted.”

As of late March 2020, the official media campaign to propagate China’s victory over the COVID-19 grew ever louder and was coupled by the Ministry of Foreign Affairs and National Immigration Administration’s announcement to temporarily suspend the entry by foreign nationals holding valid Chinese Visas or residential permits. Chinese authorities in Guangzhou launched a campaign to forcibly test Africans for COVID-19 and ordered them to quarantine in designated hotels. Chinese landlords also began to evict African residents, forcing many to sleep on the street. In the meantime, as hotels, shops, restaurants, and even taxis turned away African customers, so too did the city’s hospitals (*Human Rights Watch* 2020). Elsewhere in China, there have been reports of Africans and immigrants from some Southeastern Asia counties, many of them students funded by the Chinese government to study in China, being harassed by the police and the local Chinese population. In the meantime, Pan Qinglin’s 2017 recommendation has been re-circulating on Chinese social media platforms such as WeChat, fueling popular nationalism. “Look at them. They don’t wash themselves, and they smell. They are so dirty and as black as chalk.” “They are crowding together again, while WE are keeping social distance. WE have worked so hard to control the virus, but they will spread it and contaminate OUR city again.” People complained. “Tell them to go away” some cried in their WeChat comments. “They form, on their arrival, a community within a community, separate and apart, a foreign substance within but not of our body politic, with no love for our laws or institutions; a people that cannot assimilate and become an integral part of our race and nation. With their habits of overcrowding, and an utter disregard for all sanitary laws, they are a continual menace to health.” These are words from the 1902 Report of the Canadian Royal Commission on Chinese and Japanese Immigration (*Report of the Canadian Royal Commission 1902, 277*). Once more, the early rhetoric used by the North American authorities to justify their racial policies against the Chinese immigrants has been re-appropriated by the in-group, the Chinese in this sense, to project their own anxieties and misfortunes on the visible but imagined out-group, the Africans, and Muslims with darker skin colors. Like nationalism, racism too has a life of its own and can be constantly recreated and re-appropriated, adapted for diverse contemporary political uses.

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 neither at risk or at less risk than other subaltern out groups. What is vital that each member of the group is forced to acknowledge and reinterpreted 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 and 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 to 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" (2017, 60). 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?

#### Endnotes

<sup>1</sup>Beginning in the 1980s, one of the authors of this essay wrote a number of articles on "placing the blame" for pandemics. See Gilman (1987; 1988; 1989; 2000; 2008; 2009; and 2010).

<sup>2</sup>See more recently Barkai (1998); Foa (2000); Einbinder (2002); Schabel and Pedersen (2014); Heß (2015); and Bergdolt (2019).

<sup>3</sup>"However, Jews regularly ritually washed and bathed, and their abodes were slightly cleaner than their Christian neighbors. Consequently, when the rat and the flea brought the Black Death, Jews, with better hygiene, suffered less severely ..." One of the authors of this essay has 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 ritual sanitary practices as well as their racial predisposition. Both turned out to be false (see Gilman 1995, 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 Black Death in 1832, it was clear that the Jews suffered from the pandemic as greatly as their non-Jewish neighbors (Hecker 1832, 52–53; Hecker 1885, 26). See also Jacobs (1891, viii–ix) for a number of sources and, more recently, Bell (2008, 41) on Jewish demography during the plague.

<sup>4</sup>On the instrumentalization of the Black Death in the history of anti-Semitism see Voigtländer and Voth (2012).

<sup>5</sup>On eugenics, disease, and the politics of the "Yellow Peril" see, Kuo, Tchen, and Yeats (2014, 285ff), and Shimakawa (2002, 236–41). For the Yellow Peril discourse in European scientific racism see De Gobineau (1983–1987, xl, xlvi–xlvi) and Schemann (1910).

<sup>6</sup>Historically see Winslow (1920, 23–33).

<sup>7</sup>Gilman ed., *The New Genetics and the Old Eugenics: The Ghost in the Machine* (2002).

<sup>8</sup>Proto-anthropologists of the Enlightenment, such as the professor of anatomy, physiology, surgery, and obstetrics at the University of Tübingen, J. H. F. Autenrieth, saw ritual circumcision as a primitive act practiced by culturally inferior peoples, in the context of the Pauline rejection of circumcision. For Autenrieth, in 1829, as for others, circumcision was a surrogate for child sacrifice as in the *Akeda* (the binding of Isaac). Such substitutions were seen as analagous to *shechita*, the ritual slaughter of animals. After conquering China, the Manchu were claimed to have abandoned human sacrifice and substituted animal (pig) sacrifice to the Heavens. By the late eighteenth and early nineteenth, this came to be considered "barbaric" and was eventually abandoned. Yet the practice of sharing boiled pork after the sacrifice survived as a popular culinary practice enjoyed across society.

<sup>9</sup>Yuehsen Juliette Chung, *Struggle for National Survival: Eugenics in Sino-Japanese Contexts, 1896–1945* (New York, London: Routledge, 2002), pp. 72–85; Frank Dikötter, *Imperfect Conceptions: Medical Knowledge, Birth Defects, and Eugenics in China* (London: Hurst and Company 1998), pp. 64–104; Zhou Xun, "Discourse of Disability in Modern China," *Pattern and Prejudice*, 36 no. 1 (2002): 106–110.

<sup>10</sup>潘慶林：從嚴從速全力以赴解決廣東省非洲黑人群居的問題，[Pan Qinglin, Urgently and stringently resolve the problem of the black African population living in herds in Guangdong]. <https://chinadigitaltimes.net/chinese/553471.html> (Accessed December 16, 2020)

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