

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

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### 6 Abstract

7 The new coronavirus pandemic, COVID-19, has resurrected a number of historical and  
8 sociological problems associated with naming and blaming collectives for the origin or  
9 transmission of infectious disease. The default example of the false accusation in 2020 has  
10 been the case of the charge of well poisoning against the Jews of Western Europe caus-  
11 ing the pandemic of the Black Death during the fourteenth century. Equally apparent is  
12 the wide-spread accusation that Asians are collectively responsible for the spread of the  
13 present pandemic. Yet querying group actions in times of pandemics is not solely one of  
14 rebutting false attributions. What happens when a collective is at fault, and how does the  
15 collective respond to the simultaneous burden of both false, stereotypical accusations and  
16 appropriate charges of culpability? The case studies here are of Ultra-Orthodox Jewish  
17 (Haredi) communities and the PRC during the 2020 outbreak of COVID-19.

18 **Keywords** COVID-19 · Pandemic · Ultra-orthodox jews · Chinese · Symbolic communities

### 19 Setting the problem

20 One of the tropes that has arisen with COVID-19 is that specific “out groups” have been  
21 unfairly targeted as bearing the responsibility for the pandemic.<sup>1</sup> The analogy drawn in the  
22 mass media today for such a false and damaging attribution is often to the Black Death/  
23 Bubonic Plague that raged in Europe from 1348 to 1351, which was blamed on Jewish  
24 communities. The Jews, accused of causing the plague, “intended to kill and destroy the  
25 whole of Christendom and have lordship over the world,” claimed a commentator in 1348  
26 as Jews were “dragged from their houses and thrown into bonfires” (cited in Tuchman  
27 1978, 109).<sup>2</sup> They poisoned “... rivers and fountains / That were clear and clean / They  
28 poisoned in many places...” according to the court poet Guillaume de Machaut (cited in  
29 Baron 1967, 160). These charges led to persecutions of Jews and resulted in massive deaths  
30 among a group already suffering and dying of the plague as much as their non-Jewish

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31 neighbors, no matter the contemporary claims for a Jewish “immunity” from infection as  
32 the basis for the antagonism against the Jewish communities (Pasachoff and Littman 2005,  
33 154).<sup>3</sup> Indeed a simple *Nexis* search from March 1, 2020 to the end of that year turned up  
34 well over 10,000 citations for “Jews,” “Black Death,” and “COVID,” showing a radical  
35 increase over the course of the year 2020, with virtually all of the mass media pieces evok-  
36 ing such false attributions. Attacks on Jews as the carriers of, the cause of, and the focus of  
37 COVID-19 were labeled as simply a modern version of the medieval myth about the Black  
38 Death.<sup>4</sup> Thus Mark Hay in *The Daily Beast* (September 8, 2020) notes the appearance of  
39 a right-wing meme advocating infecting Jews with the virus. It reads: “COVID-19. If you  
40 have the bug, give a hug. Spread the flu to every Jew. Holocaust.” He comments that: “A  
41 report by the Community Security Trust, a British group that works to stop the spread of  
42 anti-Semitism, cast the meme as the apex of far-right chatter ‘about getting infected, either  
43 deliberately or accidentally, and then going to synagogues and other Jewish buildings to  
44 try to infect as many Jewish people as possible.’” In this context he notes “anti-Semitic  
45 pandemic conspiracy theories and hate had already been bubbling up online for months.  
46 Conspiracy theories typically form and spread in times of confusion and upheaval, as peo-  
47 ple search for clear and easy answers, and for individuals to blame. They often pile on to  
48 established scapegoats—like Jewish populations, who have been wrongly blamed for pan-  
49 demics since at least the fourteenth century Black Death, and falsely accused of manipu-  
50 lating literally every major global event to benefit themselves and hurt others.” The myth  
51 framed most discussions of the false attribution of the virus to any group. Writing from  
52 India on August 10, 2020, Jayita Mukhopadhyay, writes in *The Statesman*: “In medieval  
53 Europe, the Jews were blamed for incurring God’s wrath thought to be causing the black  
54 death and in a similar way, certain communities have been blamed for the corona outbreak  
55 both in India and in other countries, thereby spreading other deadly viruses of superstition,  
56 prejudice, irrational hatred and concomitant violence.” Don’t blame the Jews for spreading  
57 infection, the trope now goes; they were the innocent victims then (and even more so now)  
58 and should not be targeted.

59 Likewise, the pandemic of COVID-19 has been laid at the feet of the Chinese. The his-  
60 tory of such attribution is equally fraught. As of the second half of the eighteenth century,  
61 the increasingly negative perception of China in the West helped to create the image of  
62 the “Sick man of Asia,” “the home of plague, famine, intrigue, flood, graft and corrup-  
63 tion” (Lentz 1920, 391). The Chinese would replace the Jews as the out group who were  
64 seen as a source of social ill and threat to the “health” of white Christian society over  
65 the course of the nineteenth century. In the last quarter of the nineteenth century, Chinese  
66 immigrants living on the Pacific coast of the United States as well as in Canada were regu-  
67 larly used as a scapegoat by local health officials for the failure of their sanitary programs  
68 (Markel and Stern, 2002). They blamed all epidemic outbreaks on the crowded living con-  
69 ditions among the Chinese as well as their “primitive,” hence unclean, habits. Indeed, the  
70 politics behind the exclusion of the Chinese as the “Yellow Peril” to white demograph-  
71 ics was to, no little degree, a factor of a pattern of eugenic thought that coupled Asians  
72 with illness.<sup>5</sup> In 1885, J. A. Chapleau, the Canadian Secretary of State, compared Van-  
73 couver’s Chinatown to “an ulcer lodged like a piece of wood in the tissues of the human  
74 body, which unless treated must cause disease in the places around it and ultimately to the  
75 whole body” (128). In the United State, a series of epidemics of smallpox in the 1870s and  
76 the Bubonic Plague in 1900 in San Francisco were used by authorities to justify the 1882  
77 Chinese Exclusion Acts (Shah 2001). Indeed, when we again turn today to *Nexis* for cita-  
78 tions including “China” and that nineteenth-century trope, the “Sick Man of Asia,” we also  
79 find well in excess of 10,000 citations, with a radical spike after March 1, 2020. When  
the

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

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

114 By the turn of the twenty-first century, with the radicalization of Islam in South Asia  
115 and Hindu Nationalism, the racist language and attitudes of the earlier colonial power  
116 reemerged with a certain viciousness. After a meeting of the Muslim missionary society  
117 Tablighi Jamaat in Delhi led to a COVID-19 outbreak in April 2020, Hindu nationalists  
118 blamed all Muslims for the virus. As one Hindu nationalist interviewed at the time noted:  
119 “These are dangerous people, these lockdown cheats. They have compromised us all”  
120 (Frayer 2020). Earlier in the pandemic Muslim pilgrims were blamed for spreading the  
121 disease around the world after the Chinese had supposedly “contained” it (Gu, Lu, and  
122 Yang 2020). As the COVID-19 pandemic progressed, Saudi Arabia banned Muslim pil-  
123 grims from outside the country from going to Mecca and Medina to perform Haj – one of  
124 the basic tenets of Muslim ritual practice.

125 If one of the most prominent examples of the trope of pointing to out groups as the  
126 source of infection, as we noted at the beginning of this essay, is the accusation that Jews  
127 poisoned wells and caused the Black Death during the fourteenth century, it is clear that  
128 today Ultra-Orthodox Jews (Haredim) in New York City, Israel, and parts of the United

129 Kingdom have been accused of spreading the COVID-19 virus (Dalsheim 2020). In Rock-  
130 land County, an hour's drive from New York City, which has the highest per-capita rate of  
131 Jews of any American county (more than 34% of the county's residents identify as Jewish),  
132 a funeral of a rabbi murdered during a home invasion at the beginning of April 2020 was  
133 seen as a "super spreader" event, and the Jews were seen as the source of local infections  
134 well beyond their community (Orecchio-Egresitz 2020). But, as we shall see, the charges  
135 were greater than the specific event, as Yossi Gestetner, co-founder of the Orthodox Jew-  
136 ish Public Affairs Council, observed: "People in the rest of the country are blaming New  
137 York for the nationwide problem, so then people in New York are trying to blame someone  
138 else. ... But those who don't understand that ... went out of their way to stalk, harass and  
139 discriminate against members of the community." The Jewish communities are thus inher-  
140 ently different from all others with higher rates of infection.

141 In the United States, American public health authorities labeled COVID-19 in January  
142 2020 as the "Wuhan Virus," as it traced the origin of the disease, not surprisingly, to the  
143 overcrowded central Chinese city and the city's dark, damp, and filthy seafood market as  
144 well as the Chinese's "despicable" habit of trading in and consuming wild animals. The  
145 same nineteenth century rhetoric of the new racial sciences was brought back to life in  
146 the twenty-first century. At the very same moment, Donald Trump trumpeted the success  
147 of "Phase One" trade talks with the PRC and soon thereafter congratulated the Chinese  
148 leadership for their handling of the spreading infection (Palmer 2020). As the trade deals  
149 faded into failure and thus obscurity and COVID-19 decimated the American economy  
150 months later, Trump loudly and often blamed the spread of the "Wuhan Virus" or the  
151 "China Virus" in the United States on the ineptitude or malevolence of the Chinese govern-  
152 ment. Globally, as a variety of interests intersected to replicate the horror of the pandemic  
153 in different contexts, the blame has fallen on the "Chinese" (labelled as "Patient Zero" as  
154 in the alleged "drug pandemic" that plagued the globe in the early twentieth century), and  
155 more broadly, anyone with "yellow" skin color who looks "Oriental," seeming randomly to  
156 include people of East Asia and Southeast Asia heritages. In Paris at the end of February  
157 2020, the Yuki Japanese Restaurant located in the Rue de la Michodiere was spray-painted  
158 with the words "coronavirus" and "virus" in large letters (*Straits Times* 2020)! More seri-  
159 ously, in San Francisco, attacks on Chinese Americans have spiked since the beginning of  
160 the pandemic. Russell Jeung, professor of Asian American studies at San Francisco State  
161 University, noted that "we're getting reports now from our reporting center. And 10, 15% of  
162 the reports are about physical assault of people getting either physically attacked or being  
163 spat upon or coughed at." In the UK, according to the Met data, twenty-one attacks against  
164 "Orientals" were recorded in January. This rose steeply as the pandemic spread. While it  
165 fell during the lockdown, since the easing of restrictions in May, violence against people of  
166 East Asia and Southeast Asia heritage has started to steadily rise, reaching fifty incidents in  
167 June and sixty in July. "It feels like the atmosphere after 9/11 towards Muslims, when any  
168 Muslim on the street was seen as a potential terrorist. Now any Chinese is [...] a potential  
169 existential threat to civilization," says Lu Gram, researcher at University College London  
170 who spearheaded a group called "End the Virus of Racism" (*The Guardian* 2020b). Data  
171 released under the American Freedom of Information Act also shows there were 261 hate  
172 crimes against Asians in April 2020, rising to 323 in May, 395 in June, and 381 in July.  
173 To no one's surprise, blame for COVID-19 is lodged against those familiar "out  
174 groups," a pattern that certainly has clear historical antecedents. All of these groups are  
175 "visible" within the cultures in which they live and, indeed, beyond them. Individuals have  
176 been attacked on the street as they seem to be easily identifiable by appearance or dress.  
177 Mary Douglas (1992) noted years ago:

178 It may be a general trait of human society that fear of danger tends to strengthen  
179 the lines of division in a community. If that is so, the response to a major crisis digs  
180 more deeply the cleavages that have been there all the time. This will mean that if  
181 there is a big inequality of wealth, the poor will suffer more than if the distribution  
182 were more equitable. If there is violent xenophobia, the foreigners will be blamed  
183 and pogrommed more. (34).

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

187 During this so-unwelcome, unanticipated period of social distancing, protective  
188 masks, and lockdowns, the temptation to act out against others seen as responsible  
189 for our annoyances and aggravations can be almost overwhelming. But should we  
190 succumb to it, whatever biases we might already have held against our (imagined)  
191 enemies—whether because of their race, religion, or ethnicity—can eventuate in vic-  
192 tim-inspired, but nonetheless culpable, behaviors. In times of elevated stress, even  
193 subtle, dimly recognized prejudices can be blown out of all proportion, compelling  
194 us to react in unprecedented ways. (Seltzer 2020).

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

199 BUT what do we do when the charge is verifiable? How do we deal with the onerous  
200 and difficult question of mixing or working through obnoxious stereotyping with actual  
201 fact-finding? When what is called a category error made by lumping all individuals or  
202 communities into an overarching constructed classification, be it labeled “race” or “class”  
203 or “gender” turns out to be wrong in the generalization, but more or less correct in the par-  
204 ticular cases? When the hoary claim that stereotypes contain a “kernel of truth” suddenly  
205 seems to be accurate? How can we examine causation along with the analysis of stigma  
206 without falling into the trap of seeing all categories as “constructed” and then reading them  
207 as fictive? What happens when victims are simultaneously perpetrators? As the medical  
208 anthropologist David Napier has recently noted, commenting on a petition circulated by the  
209 United Nations Secretary-General António Guterres, “But ‘we’re all in this together’ rings  
210 hollow when so many feel we are not” (2020, 2).

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

## 213 **The complexity of accuracy in imagined communities**

214 When we look at placing the blame on these two populations, to use the standard term  
215 of art from public health authorities, we might first consider how we define a population.  
216 The role of public health at the very beginning of the twentieth century is seen as “the sci-  
217 ence and art of preventing disease, prolonging life, and promoting health through organ-  
218 ized efforts and informed choices of society, organizations, public and private, communi-  
219 ties, and individuals.”<sup>6</sup> Note the term population has not yet entered the field. The term  
220 “population” is taken from statistics and means merely the set of objects selected as linked  
221 by one or more common features (Hupert 2020, 253–256). Today we speak of population

222 health, which looks at the “the health outcomes of a group of individuals, including the  
223 distribution of such outcomes within the group” (Kindig and Stoddart 2003, 380–383). It  
224 is comprised of three main components: health outcomes, health determinants, and poli-  
225 cies (Nash et al. 2016). Such a definition, while functional, is often at odds with the sense  
226 of what such a designation means in practice, as the seeming scientific neutrality of these  
227 terms are experienced and understood in very different ways by those impacted. Let us  
228 rather layer these meanings with the term “community,” that appears in the early twentieth  
229 century definition of public health and has recently been used over and over in the discus-  
230 sions of COVID-19.

231 Here the political theorist Benedict Anderson is helpful. In his widely cited *Imagined*  
232 *Communities: Reflections on the Origin and Spread of Nationalism* (1983), he argues that  
233 communities as such arise when the national state becomes so large or so diffuse that a  
234 symbolic register, the flag, the leader, language, “race,” or indeed, health and illness come  
235 to be the focus of the newly constituted symbolic community (19). Anderson’s now clas-  
236 sic formulation holds that the very concept of the nation arises in the Enlightenment at the  
237 moment when there were no longer uniform symbolic registers, such as the divine right of  
238 kings, to define the national community. The symbolic nature of such new communities  
239 must seem as “natural” as did the older systems. Anderson writes: “in everything ‘natural’  
240 there is always something unchosen. The very exactness of the new nation-state provides a  
241 simulacrum of reality, as it is rooted, not in the supposed specificity of nationhood, but in  
242 the shared vocabulary of images, signs, and symbols that seem to define the state. In this  
243 way, nation-ness is assimilated to skin-colour, gender, parentage, and birth-era — all those  
244 things one cannot help. And in these ‘natural ties’ one senses what one might call ‘the  
245 beauty of *gemeinschaft*.’ To put it another way, precisely because such ties are not chosen,  
246 they have about them a halo of disinterestedness” (47). Here the symbolic overlay of the  
247 idea of collective health (or risk of illness) becomes yet one more seemingly “disinterested  
248 factor” which, of course, is, on the contrary, a highly invested manner of defining the com-  
249 munity. “Imagined” communities are created so that those disparate individuals can claim  
250 common ground.

251 Like Anderson, William Bloom (1999) stresses that “national identity ... is that par-  
252 adigm condition in which a mass of people have made the same identification with the  
253 national symbols — have internalized the symbols of the nation — so that they may act  
254 as one psychological group when there is a threat to, or the possibility of the enhancement  
255 of, these symbols of national identity” (52). But he also recognizes that as much as we  
256 identify with certain symbols, we also define ourselves against other symbolic registers.  
257 “The nation-state into which the infant is born as citizen is in a state of permanent com-  
258 petition with its international environment. Other countries are competitors in the great  
259 international game” (74). Here Bloom, like Anderson, makes clear that he is writing about  
260 the constitution not only of the nation-state but also of the very idea of a community in the  
261 post-Enlightenment era.

262 Such nation-states incorporated into themselves, sometimes forcefully, other communi-  
263 ties that defined themselves as alternative or indeed contradictory symbolic communities.  
264 Enlightenment thinkers, such as J. G. Herder, in his *Ideas for a Philosophy of the History of*  
265 *Mankind* (1784–91), denied that there could ever be a multicultural or multilingual nation,  
266 a nation that could incorporate other, competing symbolic vocabularies thus enabling a  
267 citizen to shift symbolic codes (Herder, 658). When an individual or a group is confronted  
268 with such inherent contradictions, when two symbolic systems defining identity clash, or  
269 seem to clash, the resulting double bind, as Gregory Bateson noted half a century ago,  
270 seeks alternative explanations. These then resolve the “paradoxes” that result when “two or

271 more messages —metamessages in relation to each other — ... [generate] a confusion of  
272 message and metamessage...” by providing a contingent answer that seems to resolve the  
273 paradox, but simply masks it (Bateson, et al., 1962, 154). When being blamed morphs into  
274 placing blame, it is important to understand such a process as being one of boundary build-  
275 ing within a symbolic (imagined) community. It is the identification with the collective, no  
276 matter how contradictory the responses nor how heterogenous such a collective actually is,  
277 that is at the center of this process. It is a flight into the symbolic realm rather than an act  
278 of rational choice.

279 During the Enlightenment there is the increased reliance on a specific code of symbols,  
280 forcing such “‘state within a state’ and ‘nation within the nation’,” to accommodate public  
281 life to the national symbolic register. For, as Hannah Arendt (1976) further observed, while  
282 the “Jews had no political ambitions of their own and were merely the only social group  
283 that was unconditionally loyal to the state, they were half right..., because the Jews, taken  
284 as a social and not as a political body, actually did form a separate group within the nation”  
285 (34). This desire for radical integration is often seen within such subsumed communities as  
286 an attack on the resilience of the communities that calls for a defensive posture reflecting  
287 community autonomy. Many German Jews, as Arendt notes, were quite happy in general  
288 to abandon parochial identity for a new national identity, meaning a new symbolic regis-  
289 ter for their sense of community, perhaps more than any other group in the new Germany  
290 (11). But there was resistance even within the various Jewish communities in what would  
291 become Germany after 1871. The symbolic register of nationalism that some German Jews  
292 adopted was an idealistic German nationalism as espoused in the Enlightenment by figures  
293 such as Herder and Schiller and which contained more than a slight amount of anti-Semitic  
294 rhetoric. The argument, most clearly stated by Conte de Clermont-Tonnere in 1789, was  
295 that civil rights could be granted to any individual (Jew) but not to the Jews as a “nation.”  
296 Modern Orthodox thinkers rebelled against these forms of identification that vitiated com-  
297 munity boundaries.

## 298 **The Ultra-Orthodox Jewish communities**

299 Among Ultra-Orthodox Jews, the diverse communities in which they live, the symbolic,  
300 for good or for ill, is central to their own definition of community. Leading up to the eco-  
301 nomic pause caused by the pandemic, much of the secular population in Israel saw the  
302 ultra-Orthodox as the cause of the virus spreading. In April 2020, Israeli police sealed off  
303 key intersections, and the army was called in to support residents of Bnei Brak when as  
304 many as 38% of the 200,000 residents were infected with coronavirus, significantly higher  
305 than the national average (Holmes 2020). The town was declared a “restricted zone.” As  
306 the Ultra-Orthodox Jews (Haredim) make up about twelve percent of the town popula-  
307 tion, their communities were overwhelmingly impacted by the virus. Together with the  
308 Arab population in urban areas, Haredim were seen as the major source for the spread of  
309 COVID-19.

310 Likewise, in New York City in April, restraints on the Ultra-Orthodox, whose death  
311 rates had spiked, were imposed, only to be flouted by the community which attended a  
312 funeral for Rabbi Chaim Mertz in mass numbers. “There is not a single Hasidic family  
313 that has been untouched,” said a member of the community, “it is a plague on a bibli-  
314 cal scale” (Stack 2020a). With over seven hundred deaths in the community by the fall of  
315 2020, touching a wide range of families, coronavirus had certainly plagued the community.

316 The mayor of New York City, Bill de Blasio, a longtime ally of the community, confronted  
317 local leaders. Warning that “my message to the Jewish community, and all communities,  
318 is this simple: the time for warnings has passed,” he stated that any violation of the social-  
319 distancing guidelines would lead to a summons or an arrest. He was then excoriated by  
320 Jonathan Greenblatt, the head of the Anti-Defamation League, who noted that “the few  
321 who don’t social distance should be called out — but generalizing against the whole popu-  
322 lation is outrageous especially when so many are scapegoating Jews,” he wrote on Twitter.  
323 “This erodes the very unity our city needs now more than ever” (Stack 2020b). All Jews or  
324 just some Jews; all people or just some people. Language matters, as we shall see.

325 By September 22, 2020, the pandemic, which had flattened radically in New York City,  
326 was spiking again in the Ultra-Orthodox Hasidic neighborhoods of Williamsburg, Mid-  
327 wood, Borough Park, and Bensonhurst in Brooklyn, as well as in Kew Gardens and Edge-  
328 mere-Far Rockaway in Queens. The positive rates were twice what they were elsewhere in  
329 the city. The city health department warned that “This situation will require further action  
330 if noncompliance with safety precautions is observed” (Goldstein 2020). Noncompliance  
331 with basic practices demanded during the pandemic, such as masking and social distanc-  
332 ing, especially during the opening of religious schools and the High (Jewish) Holiday cel-  
333 ebrations, were seen as the cause of the spike. *The New York Times*, however, also referred  
334 to earlier breaches of public health concerns in this context: “the Health Department has  
335 faced skepticism and sometimes defiance from the Hasidic community as public health  
336 officials responded to a measles outbreak and to sporadic herpes cases linked to a circumci-  
337 sion ritual.” The reaction to the former was initially hostile. The accusation that pork gela-  
338 tin was used in the preparation of the MMR vaccines exacerbated the general anti-vaccina-  
339 tion sentiment present in the greater society and lead to initial hesitation and in some cases  
340 rejection of the evident need to protect their own children from greater harm (Pager 2019).  
341 We shall return in detail to the latter.

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

360 In early October 2020, Tischler reappeared in a violent mass demonstration against  
361 the re-imposition by Andrew Cuomo, the governor of New York, of a partial lock-down  
362 for houses of worship because of rapid spikes in infection among other places in Borough  
363 Park, Brooklyn. Cuomo had used a ten-year-old stock photograph of a Hasidic funeral dur-  
364 ing the news conference announcing the lock-down to illustrate the dangers existing within

365 this community and showing why others beyond Brooklyn were at risk. Some participants  
366 attacked the governor for using “‘irresponsible and pejorative’ rhetoric” (Stack 2020c).  
367 During this demonstration, a proponent of masking and social distancing from within the  
368 community attempted to remonstrate with the crowd. He was pelted with rocks until uncon-  
369 sciousness and needed to be hospitalized. What is central is that he was shouted down by  
370 the crowd as a “Moyser,” a traitor, betraying the very nature of what they considered to be  
371 central to their community identity. Needless to say, the excoriation took a further aggres-  
372 sive turn when a Yiddish-speaking photographer for a local Jewish newspaper covering the  
373 scene was shouted down: “These were members of my own community with hatred in their  
374 eyes, flipping the finger toward me, calling me a Nazi, saying I deserve to die” (Armos  
375 2020). While it was Cuomo who locked down the Ultra-Orthodox community, de Blasio’s  
376 competing attempt simultaneously to rein in the explosion of cases meant the venom was  
377 aimed at the mayor as well, seeing him as an agent of a disabled and racially inferior under-  
378 class. Tischler expressly attacked Chirlane McCray, the wife of Bill de Blasio, as “retard  
379 woman, coon, whatever you are” (Miller 2020). While the health department officials were  
380 the new Nazis persecuting the Jews, according to Tischler, the Ultra-Orthodox were them-  
381 selves certainly better than other out groups impacted by the pandemic, such as Blacks.

382 The politics of the moment were clear as a community that had overwhelmingly sup-  
383 ported Donald Trump in 2016 and again in 2020 shouted his name over and over at the  
384 demonstration. Trump represented a set of conservative values that the Haredi share with  
385 most evangelical Protestants and Catholics that center on “freedom of religion,” which has  
386 come to be redefined as the “first freedom” by Trump’s executive order on “Advancing  
387 International Religious Freedom” (June 2, 2020). It has broadly redefined religious free-  
388 dom to include state support for religious establishments of all types as well as the free-  
389 dom of religious authorities from any interference in religious practice and belief. But the  
390 symbolic register of “Trump” during COVID-19 was also vital in redefining community  
391 boundaries, as ironically, given his role as head of the federal executive, he represents anti-  
392 authoritarianism, anti-science, and, most importantly anti-state control. Religion and state  
393 control were seen to be at odds. The legal exception even for those religious practices that  
394 refuse to employ allopathic medicine to treat ill co-religionists (and ultra-Orthodox Jews  
395 generally are not among them), such as Christian Science practitioners, has had its limits  
396 in regard to infectious diseases. Mary Baker Eddy herself stated in 1902 that “until public  
397 thought becomes better acquainted with Christian Science, the Christian Scientists shall  
398 decline to doctor infectious or contagious diseases” (as cited in Peters 2007, 94–95). Reli-  
399 gion, certainly in the United States, has almost always had its practices limited, for good or  
400 for ill, when it was perceived these practices violated community standards as in the case  
401 of the indigenous use of peyote, which needed a congressional exception in 1981 and then  
402 the passage of the American Indian Religious Freedom Act in 1994 or presented a risk  
403 to the public’s health beyond the bounds of the community as, for example, the renewed  
404 contestation of the “religious exception” to vaccination across a number of states. But the  
405 objections here were not to vaccination, which did appear to a limited extent when the vac-  
406 cines were employed, but to social distancing, limitations on occupancy, and masking. The  
407 resistance to earlier vaccines among members of this community was cast in an opposition  
408 to the presence of pork gelatin as a stabilizer in vaccines. Naor Bar-Zeev, a professor of  
409 international health and vaccine science at the Johns Hopkins Bloomberg School of Public  
410 Health noted that Jews were permitted to use xenographs as well as insulin from pigs, “all  
411 these complex laws apply to food ingested by mouth and are not in any way relevant to  
412 injected material.” (McNeil 2019) But the mRNA vaccines for COVID-19 do not present  
413 even this potential obstacle.

414 In Israel, as of April 2020, the Ultra-Orthodox Health Minister Yaakov Litzman refused  
415 to ban large religious meetings until he too was diagnosed with the virus. When imple-  
416 mented, the global lockdown in Israel reduced the infection rate radically, and by the end  
417 of the summer, the restrictions were removed when ultra-Orthodox leaders rebelled against  
418 the further restriction of religious practice and the movement of thousands of religious stu-  
419 dents from abroad, primarily from New York City Orthodox communities, into Israel. In  
420 April 2020, New York City remained the epicenter of the infection and the Orthodox com-  
421 munity a particular focus for city health officials. The demands for isolating and distancing  
422 promulgated by Israel’s newly appointed “COVID Czar,” Dr. Ronnie Gamzu, were quickly  
423 undermined, and he withdrew the most stringent of the controls when the Ultra-Orthodox,  
424 who make up an important part of the government, began to attack the Prime Minister,  
425 Benjamin Netanyahu. “The ultra-Orthodox point to the relative normalcy of life in Tel  
426 Aviv and complain that they are being singled out” (Halfbinger and Kershner 2020). This  
427 coincided with a radical spike in infection rates, to the point that Israel suddenly had one  
428 of the highest per capita rates in the world. Unable to control the situation, in September  
429 the government ordered another total lockdown to begin on the holiest week of the year,  
430 the Jewish New Year. The lockdown triggered an immediate response—it was seen as an  
431 attack on religious believers. Yaakov Litzman, now the minister of housing and construc-  
432 tion, resigned his portfolio. He was concerned about the lockdown taking place during the  
433 most important religious holidays of the Jewish calendar (Rosh Hashana and Yom Kippur)  
434 and the limitations imposed on the capacity of places of worship. But, he argued, placing  
435 the blame on Israeli secular society, “the government had delayed acting earlier for fear  
436 of spoiling Israelis’ summer vacation plans” (Kershner 2020a). What Litzman did was to  
437 identify the source of blame, the state, as motivated by Jewish anti-Semitism. The public  
438 health authorities were not attempting to control major sources of the outbreak but rather  
439 used this claim as an ideological weapon aimed at Haredim by the majority secular Jews.  
440 Here he was echoing attacks on the police and health authorities in Mea Sharim, the Ultra-  
441 Orthodox neighborhood in Jerusalem during April, which labeled these forces as well as  
442 the then Minister of Health Litzman as “Nazis” (Times of Israel 2020). Given the projec-  
443 tion of such images of the Holocaust and the “SS State” on to contemporary state public  
444 health actors, both in the United States and Israel, the appearance in Germany among the  
445 far-right followers of the *Alternative für Deutschland* of yellow mock “Jewish star” arm-  
446 bands with the word “Ungeimpft” (unvaccinated) seems apposite (Reister 2020).

447 The public’s health or the neo-Nazis exercising power? Anti-Semitism or a reason-  
448 able, measured response? Some people or all people? Here is the problem that we face:  
449 can you discuss pandemics without stereotypes being evoked as either a weapon against  
450 specific groups or as a defense for these groups? How do we see the categories that  
451 emerge in defining “populations” in the discourse of public health as separate from or  
452 part of such analysis? Earlier one of the authors of this essay wrote about the complex-  
453 ity of using “race” as a term within contemporary genetics.<sup>7</sup> Does not this present quan-  
454 dary lend itself to similar analysis?

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

462 The general discourse about the pandemic lumps all Ultra-Orthodox communities and  
463 their members together and labels them as Haredim. In fact, these groups cover a very  
464 wide range of ideological positions, including those concerning the public's health. On  
465 the margin is the radical anti-Zionist and isolationist Neturei Karta, a religious group for-  
466 mally created in Jerusalem in 1938, who still sponsored crowded and unmasked marches  
467 in Jerusalem against the State of Israel in late November 2020. When the earlier outbreak  
468 occurred in the spring in Mea Shearim, the Jerusalem neighborhood where the majority of  
469 the Neturei Karta dwell, the admonition was to "follow the Torah": "Our rabbi said to con-  
470 tinue praying" (Gutman 2020). The twelve Hasidic Rabbinic "courts" too are diverse, from  
471 that of the highly political Ger (the largest community in Israel), to the Satmar and Bobov  
472 (the largest in New York City) communities lead by inherited rabbinic leadership to the  
473 world-wide group, the Lubavitchers (world-wide under the name Chabad), whose absence  
474 of leadership and desire for the resurrection of their late rabbi Menachem Mendel Schneer-  
475 son, who died in 1994, has led the sociologists Menachem Friedman and Samuel Heilman  
476 to see them as more closely aligned to Messianic Christianity awaiting a Second Coming  
477 than mainstream Ultra-Orthodox Jewry.

478 In Israel many of these Ultra-Orthodox groups align with specific political parties that  
479 have a wide range of opinions about the public's health. Agudath Israel (now the central  
480 organization of Haredi Jews in the United States) in Borough Park, Brooklyn, for exam-  
481 ple, distributed more than half a million masks, while in the same community, celebrations  
482 for Sukkot in 2020 brought together large numbers of unmasked worshippers for massive  
483 indoor services (Helfand 2020). The official organization advocated for adherence to the  
484 public health guidelines: "Simchos [celebrations] that spread illness and do not conform to  
485 local laws should not be allowed to jeopardize ... a return to a sense of normalcy" (Agudat  
486 Statement 2020). Yet such actions by some come to characterize the community in its total-  
487 ity. As Yehuda Meshi-Zahav, the head of ZAKA, Israel's voluntary emergency response  
488 organization, noted in October 2020: "I explain to people that others are looking at them,  
489 and saying that we're in this situation because of Haredim, and that the 12 percent is infect-  
490 ing the 80-plus percent, and that 'you' are 'stealing' the breathing machines. And I say that  
491 this hatred is terrible, but what people see is the continuation of singing, dancing, public  
492 prayers, and simchas [celebrations] — as well as continuation of protests. If Jews are say-  
493 ing the things ... about each other, of course others will say them. ... They will take the  
494 symbol of a man in Jewish dress, and connect it to the coronavirus" (Jeffay 2020). Haredi  
495 Jews, he notes, in Israel and in the Diaspora, by their actions, come to represent all Jews.  
496 Yet on November 8, 2020, seven thousand unmasked revelers secretly celebrated the wed-  
497 ding of the grandson of one of the Satmar grand rabbis, Aaron Teitelbaum, in their Brook-  
498 lyn synagogue, violating the guidelines of both the state and the city health departments.

499 In the United Kingdom, the largest communities are in Greater London and Manchester  
500 and consist of a wide-range of groups aligned with the Union of Orthodox Hebrew Con-  
501 gregations. All of these groups have taken a wide-range of positions, some articulated by  
502 the rabbi, some by members often in political positions of power, and some by lay leaders.  
503 These positions have ranged equally widely: from complete support of all public health  
504 measures to combat the pandemic, to total rejection, to modified acceptance of certain lim-  
505 itations at certain times and in certain contexts. There has also been radical realignment of  
506 such positions over time. As Nadav Davidovitch, director of the School of Public Health  
507 at Ben-Gurion University of the Negev, states: "the haredi community is not monolithic;  
508 it has many parts. ... Some of them have very good compliance [rates]. Some of them [at  
509 the same time] have a long history of defying the Zionist state" (Kavaler 2020). This is  
510 equally true in the United States and the United Kingdom. The key in the UK as well as in

511 Israel and in the United States is the conceptual structure of “community.” In a recent court  
512 case in London, focused on whether Agudat Israel, the Orthodox community charity, could  
513 limit occupation of its housing units to religious Jews, Rabbi Abraham Pinter, who was to  
514 die of COVID-19 in April 2020, stressed that “being part of a community, both physically  
515 and spiritually, is a prerequisite of fulfilling the life of an Orthodox Jew” (*The Guardian*  
516 2020c). What the term “community” means is central to any understanding of discussions  
517 about infection and group responses.

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

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

543 The other take on the uniform nature of such communities is that it is the religious,  
544 hence anti-modern and anti-science, leadership who manipulate their followers into  
545 destructive acts. Bad, ineffectual leadership of cowed communities without resources lead  
546 to the spread of the disease, the same as in Medieval Europe. No one articulated this with  
547 more vigor than Yitz Greenberg, the Modern Orthodox rabbi, and founder, chairman, and  
548 professor in the department of Jewish studies of the City College of the City University  
549 of New York, when he wrote in the *Jerusalem Post* that: “...by and large the religious  
550 leadership has been a drag on the efforts to contain the pandemic. Where it has not out-  
551 right encouraged policies that increased transmission, it often posed obstacles to needed  
552 actions. Rabbis both Haredi (ultra-Orthodox) and Hardal (nationalist Haredi), insisted that  
553 the yeshivot learning Torah should go on even though they were spreading the virus....  
554 The outcome is that Haredi and traditional religious communities have the highest rates of  
555 infection, other than Arabs, and disproportionate numbers of deaths and serious cases with  
556 damaging after effects” (2020). While explaining who was at fault, such arguments tend to  
557 lump all Ultra-Orthodox communities in Israel (and by extension elsewhere) as inherently  
558 corrupt because of the very nature of how the communities are constituted.

559 The condemnation of all rabbinic authorities in Israel was answered in a blistering  
560 editorial by Rabbi Avi Shafran, the Director of Public Affairs of Agudat Israel, claiming  
561 that it was the situation of the neighborhoods, not their leadership, that was to blame:  
562 “No, it wasn’t because of the density of many Haredi towns and neighborhoods. Nor  
563 were the regular interactions born of religious events, celebrations, and daily prayer ser-  
564 vices salient factors. And no, poverty, and the challenge of confining large families in  
565 small apartments were not the main things to blame. Jewish religious leaders, Rabbi  
566 Greenberg contends, are viewed by Haredim as infallible. This is nonsense. The reason  
567 Jewish religious leaders are respected is their sensitivity and Torah scholarship, and that  
568 is very different from blind obedience” (2020). There are certainly other, more impover-  
569 ished non-religious communities in Israel, for example Ethiopian (Beta Israel) neigh-  
570 borhoods in Netanya, Beersheva, and Ashdod, which have suffered from COVID-19  
571 but where the community leadership was more pro-active or at least not obstructionist.  
572 Indeed, immigration from Ethiopia was put on hold during the pandemic at a time when  
573 American and European yeshiva students were allowed into the country and reopened  
574 only on October 12, but at much reduced numbers (*The Economist* 2020).

575 If we acknowledge that transmission is simultaneously enhanced by poor living con-  
576 ditions and the encouragement to ignore voluntary or even required quarantine meas-  
577 ures, we are still left with the question of why these particular “out groups,” in all their  
578 diversity, are seen as a major source of infection, when many other analogous groups,  
579 with equally high or indeed higher infection rates, are not. Yossi Gestetner, co-founder  
580 of the Orthodox Jewish Public Affairs Council in New York, opined: “When there are  
581 disproportionate numbers of African-American deaths because of corona, there isn’t  
582 one reporter in any outlet that suggests that anything is wrong with African-Americans  
583 as a community because of their behavior,” he said. “It’s about disparities, institutional  
584 racism, and poverty; which is fine because the idea to take people who are victimized  
585 of a problem and make it about them is unheard of bigotry” (Orecchio-Egresitz 2020).  
586 Anti-Semitism focuses attention on otherwise ignored conditions of transmission. Now,  
587 we need to note here that especially in the United States, the extraordinarily higher rate  
588 of infection present among the Black and Latinx population, defined often by poverty,  
589 poor, and crowded living conditions, subsistence “essential” occupations (garbage col-  
590 lectors, shop attendants, workers in slaughter houses, healthcare personnel), pre-existing  
591 health conditions, including mental health, directly caused by marginalization, has quite  
592 correctly been seen as the reason for higher rates of infection (Golden 2020). This is  
593 equally true in Great Britain where studies show hospitalization and death rates among  
594 what are labeled “black, Asian and ethnic minority (BAME) communities are dispropor-  
595 tionately higher than white British people. This appears to stem from a complex mixture  
596 of factors, and no one factor alone can explain all of the difference. Contributing factors  
597 range from being poorer, where people live, overcrowded housing, types of job, other  
598 illnesses, and access to health services” (Mamluk and Jones 2020).

599 That poverty and more generally social inequality are seen as coterminous is gener-  
600 ally true but is no more universal in these communities than in the Haredi world. The  
601 economic status of Black women in the United States and the United Kingdom, for  
602 example, has been increasing over the past decades, yet, it is clear that such communi-  
603 ties within the predominately white western nations with their “shameful” history of  
604 slavery and colonialism may well not be called out as sources of infection because of  
605 anxieties about labeling in an age of “Black Lives Matter” despite the general acknowl-  
606 edgement that infections rates in these communities are among the highest recorded.

607 If negative images of resistance to state authority are seen as part of Ultra-Orthodoxy's  
608 response to the pandemic, it is equally true that there is also an assumption of the spe-  
609 cific nature of resilience in such self-contained communities. In London's Ultra-Orthodox  
610 community in Stamford Hill, according to *The Guardian*: "The virus has shone a light on  
611 cracks in every community, but it has also unearthed resilience. The close-knit way of life  
612 in Stamford Hill meant lockdown presented previously unimaginable challenges and many  
613 were at risk. Everybody knows people who have died. Equally, those [...] who needed sup-  
614 port in a moment of need have undoubtedly received it. Moses Gluck, the undertaker, ech-  
615 oed so many I spoke to when he told me his work was not just business; 'there has to be  
616 heart to it'" (*The Guardian* 2020a). Indeed, in Israel, the confrontation with state author-  
617 ity during the second lockdown in October 2020 was seen by some in terms of alterna-  
618 tive forms of resistance and resilience. The Israeli government, which has defined itself as  
619 Jewish (not merely Israeli) since 2018, locked down the nation for a second time until 17  
620 October 2020, and thus came to be defined as the enemy. This led to a form of resistance  
621 among some Ultra-Orthodox Jews in Mea Sharim, an Ultra-Orthodox section of Jerusalem,  
622 who refused to test symptomatic people through the state public health mechanisms, turn-  
623 ing rather to a private charity, Hasdei Amram, to deal with their treatment and isolation.  
624 The Ministry of Health denounced such measures, labelling them as "dangerous" and most  
625 probably illegal. as the infections are not reported to the state and quarantine rules could  
626 not be monitored (Kershner 2020b). Resistance and resilience as seen from beyond and  
627 within such communities differ widely and are interpreted accordingly.

628 Such symbolic actions, as the attribution of resistance or resilience to a community, has  
629 its roots in the modern attempt to redefine the borders between specific communities, spe-  
630 cifically religious ones, and the national state. Anderson quite rightly sees the Enlighten-  
631 ment as the moment when what is understood by most citizens as a reasonable accom-  
632 modation to a national symbolic register is seen within "out group" communities as an  
633 attack on the resilience of the communities and calls for a defensive posture stressing com-  
634 munity autonomy. It is the moment when religious communities are delimited in the light  
635 of Lockean notions of citizenship's relationship to religious practice. Indeed, recently, with  
636 the second spike of COVID-19 in Israel and their renewed resistance to the public health  
637 authority, the Ultra-Orthodox have been dismissed by Gilad Malach at an independent  
638 think tank who specifies their community as being "a state within a state," for "if 50% of  
639 the sick are Haredim, it affects the whole country" (Kershner 2020b). The rejection of con-  
640 flicting symbolic identification with a single "imagined" community, already discussed by  
641 Hannah Arendt as the goal of Enlightenment integration, reappears here with a vengeance.

642 John Locke's 1689 "Letter Concerning Toleration" aimed its barbs at the Hobbesian  
643 notion that homogeneity in religion was a necessary presupposition to a functioning state.  
644 Identification with a powerful symbolic system such as religion could only undermine  
645 any identification with the totality of the state. Locke not only advocated pluralism but  
646 demanded a border between religious belief and state function, "to distinguish exactly the  
647 business of civil government from that of religion and to settle the just bounds that lie  
648 between the one and the other. If this be not done, there can be no end put to the contro-  
649 versies that will be always arising between those that have, or at least pretend to have, on  
650 the one side, a concernment for the interest of men's souls, and, on the other side, a care of  
651 the commonwealth." While anxious about extending Catholics civil rights in Great Britain,  
652 he even imagined these rights being extended if the Roman church abdicated its claims  
653 on civil authority. Religious belief has as its boundaries in the secular state, which cannot  
654 regulate the soul; the secular state's civil powers, however, were universal over the citizen's  
655 actions, not the citizen's beliefs. The key was the demand that each religion tolerates the

656 state's authority and that the state tolerates a diversity of religious views (excluding, of  
657 course, atheism — even Locke would not have tolerated that).

658 Within the Enlightenment tradition, Jewish reformers, following Moses Mendelsohn,  
659 made the distinction between religious practice within the community and civil actions  
660 in the greater society. Here they followed the classic definition of the Enlightenment as  
661 stated by Immanuel Kant, who, however, was loathe to include the Jews (at least the Polish  
662 Jews) in a world in which the individual was able to abandon the “the guidance of another”  
663 because of the “lack of the resolution and the courage to use it without the guidance of  
664 another. *Sapere aude!* Have the courage to use your own understanding! is thus the motto  
665 of enlightenment!” ([1784] 1996, 58). The Jews saw this as a call to reexamine the assump-  
666 tions not only of religious practice but also the very notion of the symbolic language of  
667 their community, in Anderson's sense. As Jonathan A. Jacobs (2020) notes, as a result of  
668 these shifts “many Jews have chosen not to accept the responsibility to fulfill the com-  
669 mandments ... while still identifying strongly as Jews, as members of the Jewish people,  
670 committed to democratic values” (181). Such an identification with the symbolic vocabu-  
671 lary of the post-Enlightenment nation-state may also drive other Jews, more strongly iden-  
672 tifying with their existing “imagined” religious community, to be conflicted between its  
673 existing symbolic definition and that of the new public sphere, which as Jacobs correctly  
674 argues, demands a certain neutrality vis-à-vis what we have come to call the symbolic reg-  
675 ister of the state.

676 Such a re-examination, of necessity, led as Antoon Braeckman (2008) notes to “the plea  
677 for the emancipation of thinking” but also to modifications of religious practice, when such  
678 practice contradicted civil society's rules, rules that were also being formulated as “man-  
679 ners” at the same moment for the rising middle-class of all faiths during the Enlightenment  
680 (286). Thus, religious practice and civil society were mutually self-defining. Religious  
681 societies, such as Catholics, Jews, and Muslims, who understood no boundary between  
682 civic society and religious practice, were forced to choose between the two (Gilman 2020,  
683 369–375). Some chose to remain isolated from secular society, as did the Church after the  
684 Risorgimento, at least after 1871, locking the gates of the Vatican until the Lateran treaty  
685 of 1929 between Pius XI and Mussolini's fascist government allowed the establishment of  
686 a new nation-state, Vatican City, with its own symbolic values.

687 Jews, in Western Europe, approached such adaptation gingerly. Some reformed Jews  
688 advocated abandoning those practices, such as ritual slaughter of animals and infant male  
689 circumcision, that were an anathema in (Christian) secular Europe.<sup>8</sup> At the same moment  
690 in Eastern Europe, the Haskalah, the Jewish Enlightenment, confronted not secularizing  
691 states but rigidly defined monarchies, indeed after Catherine the Great refused to amend  
692 civil law in Russia following an Enlightenment model, the Jews, very few of whom became  
693 Russified, remained in homogenous settlements, socially and culturally isolated from their  
694 urban neighbors. The boundaries were established by the state in 1791 through the so-  
695 called “Pale of Settlement,” where Jews were permitted to live and in the limitations of  
696 official Jewish residence in urban areas.

697 By the end of the nineteenth century, a reaction to such radical acceptance of civil  
698 boundaries in the West led to modern Orthodoxy, with Samuel Raphael Hirsch's evocation  
699 of the ancient trope of “Torah im Derech Eretz,” which more closely limited the relation-  
700 ship between observant Jews and secular society. For Hirsch in his *Religion Allied to Pro-*  
701 *gress* (1854):

702 Judaism is not a mere adjunct to life: it comprises all of life. To be a Jew is not a  
703 mere part, it is the sum total of our task in life. To be a Jew in the synagogue and the

704 kitchen, in the field and the warehouse, in the office and the pulpit ... with the needle  
705 and the graving-tool, with the pen and the chisel—that is what it means to be a Jew.  
706 (Mendes-Flohr 1995, 201).

707 But he also stressed the need to acquire secular knowledge and to use such knowledge  
708 to function as a Jew in the greater world; no compromise of religious practice but some  
709 accommodation with secular demands, a clear answer to the Reformers' view of a "Jew  
710 at home; a citizen on the street." Hirsch's relationship to the first modern age of biological  
711 medicine can be seen in his statement that Jewish ritual practice concerning infectious dis-  
712 eases (such as Hansen's Disease) did not imply any hygiene enforcement from those "offi-  
713 cials in the service of ... sanitation." For Hirsch acknowledges the fact that Jewish inter-  
714 pretation did not distinguish among a wide range of infectious "diseases of the skin" from  
715 "leprosy" to "the diseases of modern Europe," such as measles and scarlet fever (1957, 86).  
716 Yet Jewish ritual law on the isolation of Jews with such diseases did not extend to those  
717 non-Jews in the same community. Religion and the public's health were to be two separate  
718 aspects of the symbolic register for modern Orthodoxy. It is of little surprise that Hirsch's  
719 granddaughter, Rahel Hirsch, became one of the first women physicians trained in the Ger-  
720 man-speaking world in 1903. For what today is seen as the bulwark of "Ultra-Orthodoxy,"  
721 centered in the rabbinic courts of Eastern Europe, even modern Orthodoxy's moderate rap-  
722 prochement to secular society was one step too far. For many of them, the boundaries to  
723 secular society became ever more rigid.

724 The Romanticization of this enclosed, arcane world in the West began with Martin  
725 Buber's retelling of the tales of Hasidic masters at the very beginning of the twentieth cen-  
726 tury, a time when Eastern European Jews were urbanizing and entering into the working  
727 class. Some Western acculturated Jews, such as Franz Kafka and his friend Jiri Langer,  
728 were suddenly exposed to such social structures when Rabbinic courts, such as that of the  
729 "Miracle Rabbi" of Godeck, moved to Prague during WWI (Gelber 2004, 38). Kafka was  
730 fascinated; Langer became a follower. After the Holocaust's systematic destruction of Jew-  
731 ish communal life and all of its religious, ethical, and cultural approaches, the notion of  
732 a boundary between the state and the community as a means of resistance became even  
733 stronger. Boundaries to the secular state that had become fluid in the aftermath of WWI  
734 became the means by which such communities reestablished their sense of integrity. Com-  
735 munal activities, always at the heart of such religious life, came to define the very essence  
736 of the survivor-community.

737 What form that resistance to the dissolution of the boundary between the national state  
738 and the religious community takes is exactly what Locke had objected to: it becomes the  
739 focus of the political power of the community within and beyond its membership. And  
740 here is the rub: how can such communities negotiate the ever-shifting boundaries between  
741 themselves and the state? One way is to assume that the state is illegitimate and has no  
742 power over them, such as the anti-Zionist Ultra-Orthodox groups in Israel, or to organ-  
743 ize as a political structure to compete in the marketplace of the secular state, as we see in  
744 the expansion of Ultra-Orthodox communities into the counties around New York City,  
745 in towns such as the new Satmar town of Kiryas Joel in Orange County, and in Rockland  
746 County the Squarer Hasid village of New Square, where the new majority now success-  
747 fully competes for state resources with the "locals." By the beginning of October 2020,  
748 such suburban communities north of New York City were also seeing a massive spike in  
749 COVID-19 cases and were being shut-down systematically. What was closed were the  
750 evident sources of transmission: the synagogues and religious schools (Nir and Otterman  
751 2020).

752 Our focus here is one arena, that of public health, which exemplifies how dif-  
753 ficult the now seemingly fixed, but in fact ever-fluid, boundaries between symbolic  
754 communities can be. We can think of no better example in which this is contested.  
755 For infectious diseases have no borders, no boundaries, except those superimposed  
756 by the state. Health seems to be a neutral sphere but, as with all such elements,  
757 has intensive symbolic value defined by and defining the community. Indeed, this  
758 has been specifically true in the Ultra-Orthodox communities where the symbolic  
759 boundaries of the community are explicit. Such communities, whether in Israel, the  
760 United States, or the United Kingdom are literally bounded by a symbolic border, an  
761 *eruv* (Hebrew for “mixture”), drawn usually with a virtually invisible wire suspended  
762 high above neighborhoods and delineating the area where one can “carry” forbidden  
763 items, such as a cane or a stroller, on the Sabbath and holidays. In the United States,  
764 the establishment of such symbolic boundaries has been both highly contested and  
765 defended (Siemistycki 2005).

766 Given that we are focusing on politically organized communities in regards to public  
767 health questions, one previous case in New York City can provide a parallel to the case of  
768 COVID-19. This debate focused on an Ultra-Orthodox religious practice and the attempt of  
769 public health authorities to control it. Ritual *metzitzah b'peh* among Ultra-Orthodox Jews  
770 has been blamed for infant deaths from herpes. After an outbreak that infected a number of  
771 infants with herpes, leading to seventeen cases, brain damage, and two deaths since 2000,  
772 the New York City Board of Health passed a regulation on September 12, 2012 to require  
773 parental notification of risk, a demand that has been vociferously opposed by religious  
774 authorities who note that the procedure is never the cause of any possible danger to the  
775 health of the infant.

776 Here one needs to add the political dimension that is shaped by and shapes the sym-  
777 bolic register. When Bill de Blasio ran for mayor for the first time in 2013 as a Democratic  
778 candidate, his positions were generally considered to be “liberal,” reflecting his time on  
779 the city council. He “viewed Ultra-Orthodox New Yorkers as a key political constituency”  
780 (Grynbaum 2015). Needing broader support across ideological lines, he found that in  
781 2013 in the form of the Ultra-Orthodox community to which he committed resources, for  
782 example, for child care stripped from them by the sitting mayor, Michael Bloomberg. The  
783 choice to deal with what had become both a medical and a communal question concerning  
784 the herpes infection became quickly colored by *Realpolitik* in New York City. De Blasio  
785 packed the city health department with allies and shifted the reporting mechanism: “His  
786 aides spent months attempting to reach a compromise, one which when finally instituted,  
787 basically abandoned any direct outlawing of the practice and stressed only a reporting  
788 mechanism that was honored in the breach.” Only *after* a child was infected would the  
789 herpes virus be tested for its DNA, and if the mohel, ritual circumciser, was found to be  
790 infected, he would be struck off the roles. This demanded, of course, that the Board of  
791 Health report such findings (even if after the fact), and they then refused to do so, nul-  
792 lifying the public health demands (Berger 2015). Needless to say numerous children were  
793 infected following this ruling. Circumcision as politics mediated the clear public health  
794 concern with infection.

795 When in 2014 de Blasio sees the problem in terms of an enclosed community with a  
796 local public health problem that probably cannot spread beyond that community, he is at  
797 ease about suppressing information about its spread. We need not note here that while any  
798 given action may spread a disease, the spread of a disease is never limited to that single  
799 practice. Oral herpes can and does transcend the boundaries of the Ultra-Orthodox com-  
800 munity in many and complex ways, as did conterminous outbreaks of measles in religious

801 schools in 2019, which was laid at the feet on an anti-vaccination movement that certainly  
802 transcended this community. When COVID-19 appeared, the very notion of the boundary  
803 vanished. Indeed, one needs to state that the symbolic boundaries of such communities, the  
804 *eruv*, which allows certainly activities otherwise outlawed on the Sabbath and holidays,  
805 was valid only when such banned activities (the so-called thirty-nine *melachot* or forms of  
806 work) were not necessary for the preservation of human life (*pikuach nefesh*). The politics  
807 of containment trumped the symbolic politics of community, at least from the point of  
808 view of the public health authorities, whose blinkered approach to the herpes epidemic  
809 suddenly vanished in the light of COVID-19 transmission. The community defended itself,  
810 aware of the earlier case, by seeing the violation of the boundary, established in the case  
811 of herpes, between the self-policing of the community with the ability to set public health  
812 standards for the community, as state sanctioned anti-Semitism. De Blasio and his public  
813 health figures, who had been the champions of the community in 2105, suddenly were  
814 “Nazis.”

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

830 So, we have the instrumentalization of anti-Semitic stereotypes by which the Ultra-  
831 Orthodox communities defend themselves occurring simultaneously with attacks on Jews  
832 by the ultra-right in a wide-range of nation-states from Poland to Hungary to the United  
833 States employing the vocabulary of classic anti-Semitism. The attacks on the financier  
834 George Soros as the Rothschild of today manipulating the world to establish Jewish hegem-  
835 ony and the Neo-Nazis in Charlottesville, Virginia, in August 2017, shouting that the “Jews  
836 will not replace us” with racial inferiors frame the debates about COVID-19 and placing the  
837 blame. It is not incidental that the image of “well-poisoning” becomes the go-to image of  
838 radically false accusations of blame, including against Ultra-Orthodox communities. The  
839 difficulty we have is that exactly those communities, having struggled with their political  
840 boundaries, use then this very atmosphere as the protective camouflage to defend the com-  
841 munity’s autonomy.

842 Placing the blame is thus a double-edged sword. It provides for some in the nation-state  
843 a well-worn and comfortable enemy, already clearly defined as pernicious and vile, and for  
844 those communities so identified, provides a means to defend their own boundaries against  
845 state encroachment. Even, or especially, where encroachment is so vital, such as in the area of  
846 the public’s health, where no boundaries can exist among symbolically defined communities.  
847 The virus is “symbol-blind.”

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

895 outbreak because acknowledgment would threaten their political legitimacy and eco-  
896 nomic interests. Furthermore, to admit the presence of a major disease outbreak would  
897 run the risk of social dissolution.

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

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

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

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

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

993 In the meantime, in China, rapid modernization accompanied by unrestricted deforesta-  
994 tion and unprecedented scales of urbanization have threatened the capacity and resilience  
995 of the country's ecosystems. The ever-increasing human efforts to exploit land, from agri-  
996 cultural expansion and intensification — including an animal husbandry industry focused  
997 on the production of high protein foods for human consumption with the rise in living  
998 standards — to the construction of roads, railways, mining, and other large scale mod-  
999 ernization projects such as the Three Gorges Dam, contributed to a loss of habitats that  
1000 drove much wildlife into populated areas. This led to closer contact between livestock and  
1001 wildlife. This has also increased human exposure to new pathogens that threaten the pub-  
1002 lic's health. South of Yangtze, including the regions around Wuhan, as well as China's  
1003 southwest, have become a "golden triangle," the ideal environment for the emergence and  
1004 transmission of a number of infectious diseases, from SARS to the highly pathogenic avian  
1005 influenza (HPAI) and the COVID-19, all of which are zoonotic in origin. Fully aware of the  
1006 problem, the Chinese government has done little to mitigate the risks, nor have they made  
1007 much effort to educate the public to such present dangers. Yet, in December 2019, to cover  
1008 up for the country's mis-managed health system, they did not hesitate to reenact the nine-  
1009 teenth century Western racist rhetoric that was used by American authorities to justify the  
1010 Chinese Exclusion Acts of 1882 and placed the blame on those "corrupt" Chinese traders'  
1011 "dirty habit" of trade in wildlife as well as overcrowded market stalls and their vendors'  
1012 unhygienic habits (China CDC 2020).

1013 Having identified the "danger," the rest is to dispel it through collective "exorcism" that  
1014 involves political or moral acts mixed with forms of public health intervention. Two weeks  
1015 had passed, and the Chinese New Year was approaching when millions would be on the  
1016 move, potentially spreading the virus across the entire country and even the globe. Then,  
1017 the central authority in Beijing grasped that the failure to control the COVID-19 would  
1018 cost them their political legitimacy and damage China's global image. The state authori-  
1019 ties quickly launched a political campaign to combat the disease. China's highest political  
1020 body, the Central Political and Legal Affairs Commission, not the CDC, gave the order to  
1021 lockdown Wuhan, a city of eleven million. Mass lockdowns provided a feared yet politi-  
1022 cally compelling administrative option. When the lockdown in Wuhan proved impotent in  
1023 stopping the virus spreading to other Chinese provinces and beyond China's borders, the  
1024 authorities proceeded to close all borders and increased the level of surveillance and police  
1025 power within China, targeting those disputed and troublesome border regions such as  
1026 Xinjiang in the Northwest, Yunnan in the Southwest, and Fenghe in the Northeast, where  
1027 systematic repression of minorities had already begun in earnest well in advance of the  
1028 outbreak in Wuhan. The geographic location of the blame-game would gradually move  
1029 from Wuhan to these border regions inhabited by ethnic minorities as well as to beyond the  
1030 borders of the PRC.

1031 On February 7, 2020, with the entire population of China locked in-doors, Dr. Li Wen-  
1032 liang, one of the original whistle blowers, tragically died after being infected by the virus.  
1033 This event had initially raised hope amongst many for political changes in China. Such  
1034 hope was quickly crushed by an intense propaganda campaign by the official media, cou-  
1035 pled by an even tighter control of information. Anyone who put up posts about the COVID-  
1036 19 on social media platforms such as WeChat that contradicted the official narrative ran  
1037 the risk of having their account being closed or even being arrested by the Public Security  
1038 (Zhong 2020). On February 26, the *Lancet* received a letter from Chinese medical officials  
1039 asking the journal to retract their earlier appeal for international medical assistance to fight  
1040 the COVID-19 outbreak in Wuhan. The initial appeal by physicians on the front-line, made  
1041 on January 24, had suggested how devastating the situation was in Wuhan's health sectors:

1042 “The conditions and environment here in Wuhan are more difficult and extreme than we  
1043 could ever have imagined.” The authors wrote, and “in addition to the physical exhaus-  
1044 tion, we are also suffering psychologically. While we are professional nurses, we are also  
1045 human. Like everyone else, we feel helplessness, anxiety, and fear” (Zeng and Zhen 2020).  
1046 The retraction came at a moment when the authorities were turning the war on the COVID-  
1047 19 into a mass politicized public health campaign, and the official narrative began to paint  
1048 a picture of national triumph. The escalating pandemic around the world and many western  
1049 countries’ failures to control their local transmission was contrasted with China’s purported  
1050 success. A catalyst for this nationalist propaganda campaign was the increasingly xenopho-  
1051 bic, anti-Chinese discourse in some Western countries and the anti-China campaign waged  
1052 by the Republican administration in the United States aimed at diverting voters’ attention  
1053 away from the Trump administration’s local mismanagement of a now exploding commu-  
1054 nity transmission. It allowed the official propaganda in China to turn COVID-19 into a  
1055 menace from abroad. COVID-19 became the new “opium plague” that the West, in par-  
1056 ticularly the United States, was using to hobble China’s global rise. (In China, the Opium  
1057 Wars of 1839–42 and 1856–60 continue to serve as supreme reminder of how the British  
1058 imperialists enforced a shameful trade in opium, which reduced China to a state of opium  
1059 slavery: as Britain gradually extended its control over various ports in China, the opium  
1060 plague turned China into a nation of hopeless addicts, smoking themselves to death while  
1061 their civilization descended into chaos [Dikötter, Xun, and Laaman 2018; Lovell 2011]).  
1062 By evoking the memory of this “National Humiliation” that China had suffered under the  
1063 western imperialists, the communist party of China managed, with some success, to rally  
1064 support from a large section of the population in China as well as overseas Chinese. The  
1065 War on COVID-19 has become the twenty-first century’s new “opium war,” and by involv-  
1066 ing the entire Chinese population, China has emerged “triumphantly”: the “Sick man of  
1067 Asia” has become the global leader in the battle against the deadly virus under the CCP  
1068 leadership and President Xi, in particular, the Strong China Dream has indeed been real-  
1069 ized. Nationalism is on the rise. On October 8, 2020, the PRC became the first major world  
1070 economy to pledge massive support for the globalization of a COVID-19 vaccine through  
1071 COVAX when it was developed. China again placed its medical expertise in a way as to be  
1072 seen as coming to the aid of underdeveloped economies as it did with the exportation of the  
1073 “Barefoot Doctors” scheme in the 1970s (Zhou 2020, 279–285).

1074 In April 2020, as Wuhan as well as most of China gradually came out of the lockdown,  
1075 large sections of the Chinese population began to face the grim reality of an economic  
1076 recession and increased levels of social inequality. The lockdown had deprived millions  
1077 of their livelihood as well as their mental health. Competing for resources, lacking sup-  
1078 port, fearing for the continuing pandemic, and driven by the official discourse that focused  
1079 on the COVID-19 as a menace imported from outside, there was a greater need to place  
1080 the blame for the pandemic. Racism mainly targeting African populations as well as some  
1081 Muslims groups living in China — many who had come to China under the illusion of  
1082 “friendship” offered by the Chinese government to those “Third World” countries after the  
1083 Cold War — has been on the rise. In China, placing blame has indeed become a double-  
1084 edged sword.

1085 From the late nineteenth century, the language of race has been an integral part of  
1086 nationalistic discourse in China (Dikötter 2015; Dikötter 1998). Armed with then fashion-  
1087 able Social Darwinism, the founders of the Chinese revolution such as Sun Yatsen argued  
1088 that racial nationalism was the only vehicle capable of unifying the Chinese people and  
1089 saving China from “National Humiliation.” In their nationalistic project of making China  
1090 strong again, it was believed that the Chinese population — conceived as the Han race

1091 — must be taught how to be modern citizens so that they would be able to participate in  
1092 this dream of a strong China. (It would be revived in the twenty-first century by the current  
1093 leadership under President Xi except this Chinese Dream would extend to include Africa  
1094 [Qian 2013]). The modern Chinese citizen, accordingly, would have a nationalistic con-  
1095 sciousness and at the same time live a clean and orderly life fit for a modern nation. (This  
1096 was no different among the Jewish Enlighteners in Eastern Europe for whom the health  
1097 of “ghetto Jews” was the key to their becoming full citizens as well as for Zionists such  
1098 as Theodor Herzl and Max Nordau in the late nineteenth century, who argued for a “New  
1099 Muscle Jew.”) In other words, a strong modern Chinese nation would consist of a healthy,  
1100 politically enlightened, and productive population. Eugenics was cherry picked by the new  
1101 Nationalist government, the first modern republic in Asia, as a solution to China’s multitu-  
1102 dinous social problems. It was believed that by practicing racial improvement, it would in  
1103 turn enable the Han/Chinese race to survive and strive.<sup>9</sup> Even after the Post-World War II  
1104 West had gradually abandoned eugenics in the wake of the crime of racial genocide carried  
1105 out in Nazi-ruled Europe, the then newly founded People’s Republic China (PRC) contin-  
1106 ued to implement selective breeding by giving it the post-war public health label of “family  
1107 planning” or “quality birth control.” The PRC’s public health and population experts, many  
1108 of whom had been trained in the United States or the Soviet Union, saw selective breeding  
1109 as a means of controlling population growth and allowed them to gloss over the complex  
1110 historical ethnic tensions that had begun under the Qing (Manchu) emperorship beginning  
1111 in the eighteenth century.

1112 After the Manchu took over China in the 1640 s, it first imposed categories of Qi (the  
1113 eight banners which defined the Manchu military) and Min (all non-Manchu civilians) to  
1114 separate the original Manchu units from the rest of the population. As the Qing Empire  
1115 grew ever larger, by the eighteenth century including what is now called Xinjiang and  
1116 Tibet in Central Asia as well as Taiwan in Southeast Asia, the Qing court moved to impose  
1117 formal demarcations among the different peoples living in various parts of this colossal  
1118 empire, largely for legal and tax purposes. In the eyes of the Qing emperors and the court,  
1119 the Han, the name first used by some central Asia nomadic groups for anyone who lived  
1120 along their southern frontier, was only one ethnic category among many others. It was  
1121 only in the late nineteenth century that Chinese nationalist thinkers, many of whom were  
1122 southerners who remained loyal to the previous Ming dynasty and rejected the Qing order,  
1123 called for an ideal China out of an organic relationship between their imagined state China  
1124 with the Chinese people. The latter, according to them, were the Han. And for them, the  
1125 Han was no longer an ethnic category but a race (Crossley 2000).

1126 After the Chinese Communist Party (CCP) became the new ruler of this vast empire  
1127 originally created by the Manchus, it adopted the Soviet and Eastern European ethnic  
1128 model of nation with an emphasis on hereditary or community of birth and (native) cul-  
1129 ture. China was reconfigured into a multi-ethnic state with the Han being the majority eth-  
1130 nic group, and the rest of the population divided into fifty-six minority groups who would  
1131 become the permanent underclass or subalterns, often depicted in the official discourse as  
1132 backward thinking, ignorant, primitive, unhealthy, superstitious, and needing to be enlight-  
1133 ened through socialist cultural revolution. Race, culture, and class were conflated. Pub-  
1134 lic health interventions centered on allopathic medicine that included family planning and  
1135 were used as tools to bring the socialist cultural revolution into these communities, thus  
1136 enforcing political hegemony and consolidating the CCP’s control in these regions (Ma  
1137 2006).

1138 As part of the public health education and family planning program, Chinese citizens  
1139 have been taught that it is for the greater good of the whole society and their patriotic

1140 duty to practice “healthful” marriage and “superior” birth. When this is translated into lay  
1141 language, it becomes one’s duty to choose a “genetically” intelligent and healthy partner.  
1142 In popular discourse, Chinese peasants together with Chinese citizens of ethnic minori-  
1143 ties who have darker skins as well as Blacks — the latter had traditionally been viewed in  
1144 China as semi-human hovering on the edge of bestiality — were often depicted as racially  
1145 inferior. Their inferiority was often “evidenced” by their “superstitious,” translated as  
1146 unscientific, practices and “unclean” habits, but was also marked by their darker skin. In  
1147 1995, a eugenic law was officially adopted in China. Forced sterilization as well as discrim-  
1148 ination against disabled people and anyone with so-called hereditary diseases was legalized  
1149 to ensure “physical wellbeing of the nation” and the “quality of future generation.” The  
1150 definition of “disability” however is less clear. It could apply equally to anyone who was  
1151 considered too “short” or to have “low intelligence.” Dubious scientific studies have been  
1152 carried out suggesting that the “barbaric” marriage and reproductive habits as well as the  
1153 unhealthy lifestyle of Chinese peasants and minority ethnic groups as well as Blacks from  
1154 Africa determined their “genetic limitation” (Zhou 2002, 110–112).

1155 While in the PRC, from the Mao era to the current leadership, the political signifi-  
1156 cances of its commitment to African nations have been ever growing, and coupled with  
1157 China’s increasing dependence on African raw material and the commercial importance of  
1158 a potential Africa market, the “Blacks” have continued to be placed at the bottom of racial/  
1159 genetic hierarchy in the official and popular discourse in China. Southern port cities such  
1160 as Guangzhou, where historically there had been large Muslim and Black communities and  
1161 which boasts one of China’s oldest Mosques, there has been a growing number of Afri-  
1162 can as well as Muslim (mostly from Southeast Asia) immigrants. As with their forerun-  
1163 ners, they came to Guangzhou because it offered attractive commercial and employment  
1164 opportunities. For the very same reason, Guangzhou also drew a huge number of internal  
1165 migrants from all over China. The latter’s lack of access to urban welfare, from housing to  
1166 healthcare, as well as the discriminations many of them suffered under the existing urban  
1167 population, who blamed these new migrants for competing for resources as well as making  
1168 “their” city dirty, thus unhealthy, led to some taking out their grievances against African  
1169 and Muslim migrants from abroad. This was made worse by authorities who blamed many  
1170 of the existing societal problems on the Africans and Southeast Asian Muslims living in  
1171 China: they brought the drug problem to China; they brought diseases from AIDS to Swine  
1172 flu — known in China as African Swine flu — to China; they brought prostitution and the  
1173 resultant explosion of STIs to China. When the western world mocked China for its faked  
1174 goods, the Chinese authorities blamed this on the Africans: it was not US but THEM who  
1175 flooded the global market with fake goods and spoiled OUR image. In the wake of 9/11  
1176 when the West began to wage a “war against terror,” China joined the rally to label all  
1177 Muslim groups, from the Uyghur in China’s northwest to immigrants from different parts  
1178 of Southeast Asia as “terrorists,” even though these groups shared no common language  
1179 (except for their children being compulsorily schooled in Mandarin — the official language  
1180 of the PRC), culture, and indeed practiced very different strands of Islam. In a 2017 rec-  
1181 ommendation to the Chinese government on cracking down on black African immigrants  
1182 and traders in Guanzhou, Pan Qinglin, a member of Chinese Political Consultative Confer-  
1183 ence — the political advisory body of the PRC — argued that the black Africans brought  
1184 many security and health risks: “[the Blacks] travel in droves; they are out at night out  
1185 on the streets, nightclubs, and remote areas. They engage in drug trafficking, harassment  
1186 of women, and fighting, which seriously disturbs law and order in Guangzhou... Africans  
1187 have a high rate of AIDS and the Ebola virus that can be transmitted via body fluids [...] If  
1188 their population [keeps growing], China will change from a nation-state to an immigration

1189 country, from a yellow country to a black-and-yellow country.”<sup>10</sup> On different Chinese  
1190 social media platforms, people overwhelmingly supported Pan’s recommendation. One  
1191 commenter called on Chinese people to prevent letting “Chinese blood become polluted.”

1192 As of late March 2020, the official media campaign to propagate China’s victory over  
1193 the COVID-19 grew ever louder and was coupled by the Ministry of Foreign Affairs and  
1194 National Immigration Administration’s announcement to temporarily suspend the entry by  
1195 foreign nationals holding valid Chinese Visas or residential permits. Chinese authorities in  
1196 Guangzhou launched a campaign to forcibly test Africans for COVID-19 and ordered them  
1197 to quarantine in designated hotels. Chinese landlords also began to evict African residents,  
1198 forcing many to sleep on the street. In the meantime, as hotels, shops, restaurants, and even  
1199 taxis turned away African customers, so too did the city’s hospitals (*Human Rights Watch*  
1200 2020). Elsewhere in China, there have been reports of Africans and immigrants from  
1201 some Southeastern Asia counties, many of them students funded by the Chinese govern-  
1202 ment to study in China, being harassed by the police and the local Chinese population.  
1203 In the meantime, Pan Qinglin’s 2017 recommendation has been re-circulating on Chinese  
1204 social media platforms such as WeChat, fueling popular nationalism. “Look at them. They  
1205 don’t wash themselves, and they smell. They are so dirty and as black as chalk.” “They  
1206 are crowding together again, while WE are keeping social distance. WE have worked so  
1207 hard to control the virus, but they will spread it and contaminate OUR city again.” People  
1208 complained. “Tell them to go away” some cried in their WeChat comments. “They form,  
1209 on their arrival, a community within a community, separate and apart, a foreign substance  
1210 within but not of our body politic, with no love for our laws or institutions; a people that  
1211 cannot assimilate and become an integral part of our race and nation. With their habits of  
1212 overcrowding, and an utter disregard for all sanitary laws, they are a continual menace to  
1213 health.” These are words from the 1902 Report of the Canadian Royal Commission on Chi-  
1214 nese and Japanese Immigration (*Report of the Canadian Royal Commission 1902, 277*).  
1215 Once more, the early rhetoric used by the North American authorities to justify their racial  
1216 policies against the Chinese immigrants has been re-appropriated by the in-group, the Chi-  
1217 nese in this sense, to project their own anxieties and misfortunes on the visible but imag-  
1218 ined out-group, the Africans, and Muslims with darker skin colors. Like nationalism, rac-  
1219 ism too has a life of its own and can be constantly recreated and re-appropriated, adapted  
1220 for diverse contemporary political uses.

1221 Health and illness are always part of the symbolic register that defines a community’s  
1222 boundaries. Thus the very idea of the public’s health is intertwined with the self-under-  
1223 standing and self-definition of the imagined community. “Out groups” look at their  
1224 image in the public sphere and try to redefine themselves as neither at risk or at less risk  
1225 than other subaltern out groups. What is vital that each member of the group is forced to  
1226 acknowledge and reinterpreted the boundaries that they have generated between them-  
1227 selves and the greater society. Thus, no general rule can be applied if these boundaries  
1228 are seen as impermeable by some and flexible by others. The rigid boundaries created  
1229 by the national state in defining health as a quality of good citizenship, has meant that  
1230 accepting “blame” turns out to be virtually impossible without projecting it beyond the  
1231 group. This may take the form of a structure of self-defense while casting the state as the  
1232 enemy; it may take the form of seeing the state as having been infiltrated by the enemy.  
1233 While it remains a cliché, the public’s health even in times of peril is always a political  
1234 entity and is always part of the collective using a symbolic register that has echoes in  
1235 a communal sense of shared meaning. As much as lockdown or quarantine and other  
1236 public health practices are necessary means of controlling epidemics and public anxiety,  
1237 placing the blame is needed even when one is endangered and endangering others. As

1238 with many such public health interventions, placing blame can often inspire in some a  
1239 false sense of protection through the creation of an implied boundary between one com-  
1240 munity and another, which turns out be dangerous to the public's health for the cogni-  
1241 tive dissonance created within such groups diverts individuals and groups from taking  
1242 the appropriate precautions to guard their health. David Napier warned us in 2017 that  
1243 "there is today an especially urgent need to rethink the relationship between epidemics  
1244 and xenophobia" given "the human tendency to take bad meaning over no meaning, as  
1245 Nietzsche so aptly put it, reverting to scapegoat narratives that should have no place or  
1246 register in the multicultural settings that world populations increasingly inhabit" (2017,  
1247 60). By 2020 it is clear that, augmented by the global media and social media, placing  
1248 blame facilitates and enforces both the drawing of boundaries using the symbolic regis-  
1249 ters available and the identification of others to blame. Placing blame in times of stress  
1250 is not only triggered by social inequalities as argued by Marxist and functionalist his-  
1251 torians alike, but, as we learn over and over again, while public health measures, from  
1252 building sanitary cordons and enforcing maritime quarantine to locking down cities and  
1253 closing borders, may be necessary measures to prevent epidemics, they also build psy-  
1254 chological obstructions and reinforce existing boundaries. They may indeed save lives,  
1255 but what kind of life? and whose life?

#### 1256 Endnotes

1257  
1258 <sup>1</sup>Beginning in the 1980s, one of the authors of this essay wrote a number of articles on "placing the blame"  
1259 for pandemics. See Gilman (1987; 1988; 1989; 2000; 2008; 2009; and 2010).

1260 <sup>2</sup>See more recently Barkai (1998); Foa (2000); Einbinder (2002); Schabel and Pedersen (2014); Heß (2015);  
1261 and Bergdolt (2019).

1262 <sup>3</sup>"However, Jews regularly ritually washed and bathed, and their abodes were slightly cleaner than their  
1263 Christian neighbors. Consequently, when the rat and the flea brought the Black Death, Jews, with better  
1264 hygiene, suffered less severely ..." One of the authors of this essay has spent a great deal of effort trying  
1265 to contextualize these claims about Jewish immunity from infectious diseases which began in allopathic  
1266 medicine in the nineteenth century and were attributed to claims about Jewish ritual sanitary practices as  
1267 well as their racial predisposition. Both turned out to be false (see Gilman 1995, 169–228). As early as the  
1268 nineteenth century historians of medicine refuted the very notion that Jews were "immune" to the Black  
1269 Plague, see as early as Justus Hecker's first comprehensive study of the Black Death in 1832, it was clear  
1270 that the Jews suffered from the pandemic as greatly as their non-Jewish neighbors (Hecker 1832, 52–53;  
1271 Hecker 1885, 26). See also Jacobs (1891, viii–ix) for a number of sources and, more recently, Bell (2008, 41)  
1272 on Jewish demography during the plague.

1273 <sup>4</sup>On the instrumentalization of the Black Death in the history of anti-Semitism see Voigtländer and Voth  
1274 (2012).

1275 <sup>5</sup>On eugenics, disease, and the politics of the "Yellow Peril" see, Kuo, Tchen, and Yeats (2014, 285ff), and  
1276 Shimakawa (2002, 236–41). For the Yellow Peril discourse in European scientific racism see De Gobineau  
1277 (1983–1987, xl, xlvi–xlvi) and Schemann (1910).

1278 <sup>6</sup>Historically see Winslow (1920, 23–33).

1279 <sup>7</sup>Gilman ed., *The New Genetics and the Old Eugenics: The Ghost in the Machine* (2002).

1280 <sup>8</sup>Proto-anthropologists of the Enlightenment, such as the professor of anatomy, physiology, surgery, and  
1281 obstetrics at the University of Tübingen, J. H. F. Autenrieth, saw ritual circumcision as a primitive act prac-  
1282 ticed by culturally inferior peoples, in the context of the Pauline rejection of circumcision. For Autenrieth,  
1283 in 1829, as for others, circumcision was a surrogate for child sacrifice as in the *Akeda* (the binding of Isaac).  
1284 Such substitutions were seen as analagous to *shechita*, the ritual slaughter of animals. After conquering  
1285 China, the Manchu were claimed to have abandoned human sacrifice and substituted animal (pig) sacrifice  
1286 to the Heavens. By the late eighteenth and early nineteenth, this came to be considered "barbaric" and was  
1287 eventually abandoned. Yet the practice of sharing boiled pork after the sacrifice survived as a popular culi-  
1288 nary practice enjoyed across society.

1289 <sup>9</sup>Note: This data is mandatory. Please provide.

1290 <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，<http://news.wenweipo.com/2017/03/03/INT703030063.html>

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