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*(In)Security and Antisemitism*

Debates around antisemitism and Jewish (in)security in the UK intensified during the 2013–2019 period under research, and they remain a lived reality that influences the perceived need for self-protection among Haredim. Firstly it is worth mentioning that the UK has among the lowest levels of reported antisemitism in the world (Staetsky 2017: 5). That being said, reported anti-Jewish hate crimes have been reaching peak levels year-on-year (Community Security Trust 2015, 2017a, 2017b, 2018). Antisemitism remains a major source of political concern for the UK Government, which pledged to fund private security guards and apparatus in Jewish schools nationwide after a series of violent attacks and provocations against Jews in Europe.<sup>51</sup> The UK Labour Party, under the leadership of Jeremy Corbyn, has faced major and sustained allegations of institutionalised antisemitism, to the extent that Britain's three leading Jewish newspapers claimed in July 2018 that a Corbyn-led government would pose 'an existential threat to Jewish life in this country'.<sup>52</sup> Following the Pittsburgh synagogue massacre in October 2018, the Home Secretary Sajid Javid attended a high profile vigil in London co-organised by the Board of Deputies of British Jews (2018) to offer reassurance that 'the threat level for UK Jews had not changed' – though it remains at severe.

The international events of July and August 2014 provoked particular tensions for the Jews of Manchester. Worldwide demonstrations and global attention followed the Israel–Gaza conflict of July 2014, which was ignited by the kidnapping and murder of three Israeli teenagers in the Occupied Palestinian Territories in June 2014. To my consternation, news sources aired the protests and counter-protests that had been consuming Manchester's city centre. It seemed the conflict had been repositioned to King Street, right outside an Israeli cosmetics company called Kedem, which consequently dragged the nature and demographic of the field-site under media scrutiny. Images of polarised and opposing

groups – seemingly of Manchester’s Jewish minority on one side and demonstrators on the other – came to epitomise my issue with how the research context was re-presented. Jewish institutions as well as local and national media coverage portrayed a united and intertwined ‘community’ under assault, and this is an image I critically engage with in Chapter One.

Responses in Jewish Manchester to the 2014 Israel–Gaza conflict and the string of attacks committed against Jews in Europe varied between prayers of redemption or of mourning, or city centre demonstrations organised by local Israel advocacy groups (Figure 0.3).<sup>53</sup> These responses indicated how Jewish Manchester did not sit in isolation from, but in relation to, events in the broader Jewish and non-Jewish worlds. Jewish Manchester itself was not immune from hate crimes. Two local Jewish cemeteries were targeted over the course of my research, with vandals desecrating, damaging and tagging swastikas on headstones, which heightened perceptions of vulnerability (see BBC News 2014; Halliday 2016). In 2017 two popular kosher restaurants in Manchester were set ablaze, one of which was being investigated by local police forces for ‘antisemitic hate crimes’ (Sugarman 2017), and no doubt fuelled many apprehensions that Jewish Manchester would face an act of targeted terror.<sup>54</sup> The preference for self-protection (which has implications for the relation between the state and the Haredi minority) must be cast against this backdrop of perceived vulnerability and the local



FIGURE 0.3 ‘We say no to antisemitism’ demonstration staged in Manchester, October 2014. Photograph by the author.

anticipation of a targeted attack. Contextualising the current experiences of antisemitism and the (in)security concerns among Jews in Manchester offers a point of comparison with the historical confrontations and conflicts faced by émigré Jews, which often occurred in the context of healthcare (Chapters One and Two).

## **A Recent History of Jewish Immigration to England**

The UK became a significant destination for Ashkenazi Jewish immigration from Eastern and Central Europe during the years 1880–1914.<sup>55</sup> This period saw an exodus of up to three million Jews from the European continent, approximately 150,000–250,000 of whom settled in the UK (Dee 2012; Tananbaum 2004, 2015). Up to 30,000 of these émigré Jews had arrived in the already existing Jewish settlement in Manchester by 1914 – a time marked by growing resistance to ‘alien’ and Jewish immigration in the local area and country as a whole (National Archives n.d.).<sup>56</sup>

Whilst London has historically been the Jewish stronghold of England both in terms of size and its degree of civic life, congregations flourished in industrial and trade centres across provincial England. A Jewish presence in Manchester dates back to around 1770–1780 when the (then) growing town had become an attractive and perhaps profitable destination for peddlers, gradually developing into a permanent Jewish settlement by the end of the eighteenth century (Rubinstein, Jolles and Rubinstein 2011; Williams 1976). Industrialism and commerce were dawning in Manchester at this time, and ‘Manchester Jewry grew with Manchester’ (Williams 1976: vii).

Manchester became a hub for émigré Jews throughout the nineteenth and early twentieth centuries because it was a principal industrial centre between the European continent and Liverpool (which was then a leading transmigration port to the United States).<sup>57</sup> Whilst Manchester was renowned for its industrial prowess as a ‘cottonopolis’ at this time, attracting some notable Sephardi and German Jewish merchants, most of the nineteenth and twentieth century émigrés laboured in trades such as tailoring or waterproofing (Williams 1979). The economic potential of Manchester was one ‘pull factor’, but it is also the case that many émigrés were fleeing pogroms, marginalisation and conscription, from across Eastern and Central Europe, particularly in Roumania, Galicia,<sup>58</sup> and Tsarist Russia.

Émigré Jews came to Manchester in waves. Immigration was presented as an issue around the 1840s when the poorer Polish Jews were increasingly considered to be a ‘burden’ to the settled minority (see Alderman 1992; Endelman 2002; Williams 1989). The pace of immigration picked up by the 1860s, continuing into the 1870s, and then increasing exponentially with the arrival of Jewish émigrés from the Tsarist empire between the years 1881–1914, the latter of which irrevocably changed the dynamics of the overall and local Jewish population (Rubinstein, Jolles and Rubinstein 2011). Russian and Polish Jews (Ashkenazim) already formed over half the minority population by 1875 and then over two-thirds by 1881 (Williams 1985; National Archive n.d.). It is important to note that, by 1875, the Jewish settlement was not divided between the established and the émigré Jews as two opposing groups, but a nuanced gradient formed of a ‘highly tessellated and exceptionally mobile social scene’ (Williams 1989: 91). Rather than one ‘community’, Jewish Manchester was historically produced by continuous flows of immigration that caused internal oppositions and inconsonance, which continues to resonate in the present day (Chapter One).

Moves to anglicise and assimilate ‘foreign Jews’ in England were typically spurred by their more established and integrated co-religionists who had achieved civil rights as a minority group in the UK in 1858 (coinciding with the period of increased immigration). The period of mass immigration then manifested in increasingly intensified strategies of assimilation and anglicisation (Williams 1989). Concerned with maintaining their improved position in English society, established Jews propelled and instituted deliberate strategies of socio-religious prophylaxis in order to convert “‘alien” refugees into young “Englishmen”” (Dee 2012: 328).<sup>59</sup>

Jewish Manchester was no exception to having a pro-anglicisation agenda for ‘foreign’ Jews, which, as will be discussed in Chapter Two, was achieved through Jewish health and welfare campaigns. The elite of the English Jews, and notably those who formed the Jewish Board of Guardians for the Relief of the Jewish Poor (inaugurated in 1867), mandated themselves to integrate émigré Jews and their children. Some Haredi Jews in Manchester resisted the assimilatory pressures of their anglicised co-religionists over the course of the nineteenth and twentieth centuries, often by establishing their own services and institutions of religious authority (see Williams 2011; Wise 2007).

The ‘foreign’ Jews and their children who arrived from Eastern and Central Europe had largely assimilated into Manchester’s

Jewish social body by the middle of the twentieth century, with the stark contrast between the elite and émigré Jews and social gradient diminished, as well as the gradual northwardly move of the Jewish settlement. The imperative of anglicising and integrating the 'foreign' social body in the nineteenth and early twentieth centuries should be viewed in the historical context of immigration seen as posing a threat to the body of the nation from within. This was especially the case for Jews in the UK, where immigration policies sought to reduce the flow of, and deport, Jewish 'aliens' at the time (Cesarani 1992).

The rise of Nazism caused the last wave of Ashkenazi Jewish immigration to the UK and Manchester during the 1930s (and to a lesser extent the post-war years), with immigration policies at this time allowing entry to 'desirable' Jews rather than being altogether exclusionary (Kushner 1989).<sup>60</sup> Jewish immigration during Nazism has been well discussed by Williams (2011), who has challenged the established interpretation that the Jewish narrative of immigration is a wholly successful one of integration aided by a liberal and hospitable British society.

Jewish immigration to England is a much more layered narrative than is presented in public discourse, with a history of assimilatory pressures (engineered by both the established Jewish classes as well as the broader English society) and implicit and explicit expressions of antisemitic hostility.<sup>61</sup> The Jewish population of the UK dropped from its estimated high of 420,000 in the 1950s to the current number of below 300,000, largely because of ageing, migration, assimilation and inter-marriage (Abramson, Graham and Boyd 2011; Waterman and Kosmin 1986). The growth of the Haredi population can be viewed as a counter-balance to this historical experience of assimilative pressures and practices, with self-insulation and self-protection now serving as a survival strategy. Chapters One to Four substantiate this introductory discussion by juxtaposing archival material with ethnographic research to illustrate the historical continuities (and also discontinuities) in how health has been negotiated alongside issues of assimilation, insulation and integration for the Jews of Manchester over time.

## **Researching Historically-Situated Jewish Worlds**

The dialogue I construct between historically situated Jewish worlds in this book captures the narrative of my research and my narrative

as a researcher. The émigré Jews who arrived in Manchester tell the story of my own great-grandparents who migrated at the turn of the twentieth century to Paris, Liverpool and Dublin; where my grandparents were born and raised as French and British Jews. My grandmother was born in 1920s Dublin under the care of a local Jewish midwife, Ada Shillman, which sparked my interest in how cultures of maternity and infant care among Jews have shifted over time. My own experience of living with the Jews of Manchester as a Jewish (or Jew-ish) ethnographer, as I go on to discuss, reflects a conceptual critique of this book in that it disrupts the idealised image of a 'community' and how this category is deployed in public (health) discourse.<sup>62</sup>

Manchester became the focus of this book as it is home to a rapidly growing Jewish population, yet there is little ethnographic record tracing the on-going changes in the region's Jewish dynamics (with most attention focused on London). From 2014 to 2015 I lived on a street described by many as being in the *cholent* or *chamin* pot – a reference to a traditional dish stewed gently from Friday sundown and served on *Shabbos* or *Shabbat* afternoons.<sup>63</sup> Whilst this metaphor was made in reference to the neighbourhood's standards of piety, I instead saw how the imagery of pulses, brisket or meat, potatoes and grains sitting closely within a pot reflected the nuanced diversity and internal tensions in Jewish Manchester (Chapter One).

The home I shared with young Jewish people was a short walk from local synagogues (*shuls*),<sup>64</sup> kosher grocers and cafés, Jewish schools and community spaces and projects, which enabled me to become immersed in the social world of Jewish Manchester and develop a rapport with local families. I was soon invited for *Shabbat* meals and eventually earned the trust to childmind for some *frum* families, gaining close insights into processes of social reproduction and discussions around family health and childrearing. My research participants consisted of *frum* Jewish families and locals, male rabbinical authorities and *rebbetzins*,<sup>65</sup> and maternity carers (midwives, doulas and postnatal support). The majority of my interviews were semi-structured and conducted in English, often laced with Yiddish and Hebrew phrases. Interviews were recorded with permission and transcribed, and I made written notes when interlocutors preferred not to have their interviews recorded. The names of all participants have been changed to protect their identities.<sup>66</sup>

Married *frum* women were my main interlocutors because family health is considered to fall in their domain. Yet it was a constant challenge to comprehend what would be (un)acceptable to women



regarding the stringencies they applied to interactions with the opposite gender and whether they would prefer to meet in a private or public setting.<sup>67</sup> Enquiring about intimate areas of women's health was something that I was conscious, and at times, nervous about. The maternity carers (who form the core of Chapter Three) were sensitive and patient with my questions, but also assertive, with one midwife reminding me that 'no uterus means no opinion'. My relatively young age, twenty-six at the start of fieldwork, perhaps made *frum* women more open to meeting for an interview and I imagine that this can be explained by the context in which the encounters took place. The women I interviewed were all married with children or grandchildren, and I was likely granted a status akin to 'boy' or 'youth' considering the fact that I am an unmarried man and, at the time, was engaged in full time learning at Durham University – perhaps similar to their own boys who might be studying at prestigious *yeshivot* (or in *kollelim* if they were married) away from home.

My gender was less of an issue than my soul and blood, and the conflicts I did experience were rooted in opposing definitions of who is a Jew. Orthodox and Haredi Judaism determine a Jew as being born from a Jewish mother or through a conversion performed under a 'reputable' *Bet Din*.<sup>68</sup> The British Liberal and Reform movements are by contrast equilineal, meaning Jewish status is transmitted through either parent. In being a patrilineal Jew and active in Liberal Judaism, I presented an anomaly for the Jews of Manchester as I was not recognised by them as Jewish but could mobilise an understanding of law and customs, as well as the Hebrew language. My positionality in Jewish Manchester was determined by my mother's womb, despite my Jewish practice and patriline, and the fluidity of my multi-ethnic and multi-national family ties.

Liminality is often constructed as being 'dangerous, inauspicious, or polluting' (Turner 2002: 368), and it frequently seemed as if I embodied the threats which Haredi Jews seek to protect themselves from – integration, assimilation and most grievous of all, intermarriage. I became entangled in a conflict of what is constructed as internal and external to the Haredi Jewish cosmology: research participants would project their social-constructions of normative Judaism against me and, in turn, that which is cast as belonging to the external (and thus non-Jewish) world was then constructed through me as a medium. At the core of this is the aforementioned issue that Haredim regard themselves as the authoritative bearers of Judaism. I found that some research participants used particular

methods to reinforce their positioning of me. One such example was *Shabbat* observance and being used as a *Shabbos goy*,<sup>69</sup> or being referred to as a *Sheigetz* – a highly derogatory Yiddish word for a non-Jewish male meaning ‘impure’ or ‘abominable’.<sup>70</sup>

It is likely that some locals agreed to meet me because they assumed I was Jewish according to their exclusive definition. Whereas some Haredim accused me of being deceitful when I would later discuss my diverse family background, I instead argue that the issue rests in different conceptions of what constitutes Jewish belonging and identity. How I positioned myself as Jewish – and how I was positioned as Jew-ish or *goyish* – in Manchester became a continuous process of negotiating and navigation that was constantly in a state of flux, and was an experience that tested my own identity and perhaps those of my interlocutors too.

Understanding the shifting dynamics of Jewish Manchester required a close consultation of the rich history of Jewish immigration to the region, and my research involved delving into historical records at the Manchester Archives & Local History and listening to hours of oral histories housed in Manchester’s Jewish Museum. The majority of archival documents explored were annual reports and records of various Jewish welfare groups originating from the peak period of Ashkenazi Jewish immigration and up until watershed periods such as the establishment of the NHS in 1948. Like previous ventures of historical anthropology I have sought to examine archival ‘documents themselves as the equivalent of field notes’ (Ovesen and Trankell 2010: 3). Yet archival documents are not immune from critical-engagement, and most pertaining to Manchester’s former Jewish Quarter are written from the perspective of the Anglo-Jewish elites and clearly narrate their assimilatory agenda, with little trace of the perspectives of ‘foreign’ Jews and Jewish women (see also Williams 1979). The oral histories instead offered an invaluable narration of the émigré experiences. The purpose of placing archival documents and oral histories alongside my own ethnographic field-notes is to juxtapose historically-situated contexts and illustrate how healthcare emerges as a recurring area of intervention.

Healthcare provision in England has, of course, changed radically from the period when émigré Jews settled in a pre-welfare state to the current scope of NHS care, which is among the largest employers in the world. Thus émigrés and Haredim today also encounter remarkably different systems of healthcare. Émigré Jews in the nineteenth and early twentieth centuries often had to contend with small-scale, fee-paying and voluntary-led services that ran along

religious lines, and the poorest would have to negotiate the coercive tactics of Christian missionaries (Chapter Two), which is a therapeutic landscape that Haredi Jews do not tread through today. The proliferation of biomedical technologies has recalibrated maternal health and infant survival since the mid-twentieth century, which, on the other hand, presents contemporary Haredim with unprecedented moral dilemmas around motherhood and reproductive decision-making. While the context of care has certainly shifted across these historically-situated periods of time, my comparative approach pinpoints how healthcare remains a borderland where anxieties around integration, assimilation and protection are continuously performed.

### *(Re)Presentation*

Many locals were concerned with the implications of my research and the way in which Jewish Manchester would be represented in this book. How (Jewish) minority groups are represented is a particularly sensitive issue as my critical reflections could be misappropriated and used to propagate antisemitic or xenophobic vitriol in Britain's post-Brexit climate. Fader has remarked on the challenge of representing Hassidic Jews in Brooklyn within 'the politics of contemporary ethnography where the "informants" are literate, politically active, and engaged in their own representation' (2009: 17; also Arkin 2014). In the UK there are established Jewish bodies that represent and re-present the minority's public image at the national and regional levels. It is also worth noting that there are Haredi-specific representative and security bodies, even though the Haredim may rely or cooperate with services from the broader Jewish population. The settlement in Manchester was not politically impotent, and there is indeed access to professional skillsets such as legal and media representation within (or within reach of) the Haredi social body. An issue I became mindful of was how representations of Haredi Jews in my research could conflict with the way in which they articulate their own representations, with the difference being that ethnography 'does not speak *for* others, but *about* them' (Comaroff and Comaroff 1992: 9 [emphasis in original]).

Locals warned me on many occasions that I had a responsibility to ensure that my research would not endanger 'the community', or fuel an exposé of Jewish Manchester. Some locals also asserted that my outsider-status meant that I would be unable to reach particularly protective parts of the settlement, signalling that my research might not be representative of all Haredi Jews in Jewish

Manchester. In both of these instances, it was clear to me that many locals were concerned with how the Haredim (as a collective) would be represented in the public domain through this book.

Several issues explored by the book offer important implications for healthcare delivery strategies, such as understanding the role of religious authorities in determining access to birth spacing technologies and health information (Chapters Two and Three). As a Jewish (or Jew-ish) ethnographer I felt a personal conflict about how to discuss such issues, which could well be misappropriated and 'used against the community', as some locals feared, perhaps also resulting in accusations that I had 'aired dirty laundry in public'. Some areas of my research also challenged my own position as an active participant in feminist struggles for gender justice as well as sexual and reproductive rights. I ultimately decided to discuss health encounters that may appear controversial as it is essential to produce a substantiated representation of the Haredim, and the diverse ways in which sensitive areas of healthcare are approached in order to avoid propagating the narrative of a homogenous 'ultra-Orthodox Jewish community' in public health discourse. As an anthropologist, however, how I wrote this book also had to be constantly balanced against the contemporary climate of xenophobia, which, as mentioned, has had significant implications for ethnic and religious minority groups in the UK.

## **Outline of the Chapters**

Part One critically engages with a public health discourse which represents Haredi Jews as a monolithic 'ultra-Orthodox Jewish community' at the 'hard to reach' margins of the state. Whilst the social fabric of Jewish 'community' life might appear tightly-woven from the outside, in Chapter One I unravel the historical layers of dissent and difference which demonstrate how representations of a Jewish 'community' are not only a romanticised figment of the imagination but also have the effect of concealing nuanced differences of need. Historical material exposes how increasing Jewish immigration amplified social and medical racism in Manchester, creating anxieties around the positionality of the broader and established Jewish population. Chapter One goes on to set out how internal fragmentation is often caused by a multiplicity of worldviews whose interaction can be perceived as dangerous or contaminating, and addresses how aspirations of self-protection are manifested.

In Chapter Two I discuss the implications for healthcare delivery strategies that emerge from the heterogeneity of Jewish Manchester and the preference for self-protection among Haredi Jews. Rather than being 'hard to reach', healthcare is contextualised as a frontier area in which Haredi Jews and the state interact, and thus the site of 'immunitary reactions' (cf. Esposito 2015). I establish a dialogue between archival material and ethnographic research to illustrate the recurring ways in which mainstream healthcare requires negotiating in order to uphold the *halachic* guardianship of Jewish bodies – or the interpretations that are propagated by religious authorities. Health and bodily care are presented as marking a struggle of integration, insulation and assimilation for the Jewish settlement in Manchester. My aim in Chapter Two is to articulate how Jews in Manchester have specific needs as well as expectations of health and bodily care that remain poorly understood over time, which prompts institutionalised and increasingly creative responses to meet the shortfall of state services. However, the autonomy to provide culturally-specific care within the Haredi settlement can have the repercussion of obscuring and over-ruling individual needs in order to protect the social body as a whole. This chapter contrasts the 'hard to reach' label that is imposed on Haredi Jews with the emic constructions of health and bodily care to introduce how multiple expectations around healthcare exist in Jewish Manchester.

Part Two explores how maternity and infant care bring the individual body into a contest of guardianship between the biomedical and Judaic cosmologies and how certain health interventions are negotiated by Haredi Jews. Chapter Three illustrates how reproduction and maternity care are positioned in the gaze of both the biomedical and Judaic cosmologies, and more specifically as areas of intervention. This chapter focuses on the maternity care provided by pious doulas (and to a lesser extent midwives), who attempt to birth the Jewish social body within the mainstream biomedical culture and moderate the dominance of biomedically-oriented care. I frame reproductive 'interventions' as having opposing conceptualisations – being enacted by both the biomedical authority, but also the Haredi doulas, who protect the social body by negotiating potentially disruptive areas of biomedical maternity care, such as antenatal screening surveillance, caesarean sections and birth spacing technologies ('contraception').

Chapter Four cross-examines an international public health discourse that represents Haredi Jews as having a low uptake of childhood immunisations, and uses the context of Manchester to discuss

the issues that underlie responses to vaccinations. The chapter challenges the reductionist representation that the ‘ultra-Orthodox Jewish community’ has a uniform issue with ‘compliance’ by narrating the complex ways in which local Haredi mothers navigate this sensitive arena of child health. The focus of this chapter is on critiquing the representation of Haredi Jews as being opposed to vaccinations because of their ‘religious beliefs’ or ‘cultural factors’. Vaccine hesitations are informed by parental concerns of safety as well as experiences of ‘adverse reactions’, which the public health authority is viewed as failing to address. Haredi Jewish parents consequently view public health guidance with mistrust, thus echoing many studies previously conducted in the UK. The concerns observed in Jewish Manchester are not dissimilar to vaccination anxieties across the ‘general’ population of the UK, suggesting that modes of acceptance, delay and outright opposition to immunisations on the part of Haredi Jewish parents should be understood in the context of them constituting a minority group in the UK – where public controversies have previously occurred. I use this chapter to critically engage with public health discourse by reflecting on the work of Esposito (2015).

The last word or *sof davar* of this book concludes with a discussion of the opposing constructions of protection and immunities that exist for the Haredim of Manchester and the state, and which become intensified around reproduction. A view from the vineyard exposes how antonymic strategies to preserve the collective lives of the social body and that of the nation are sanctioned.

## Notes

1. The term ‘authoritative knowledge’ is borrowed from Jordan (1997).
2. Kosher: acceptable or permissible according to the codex of dietary laws (*kashrus* or *kashrut*).
3. To avoid confusion, I henceforth use ‘immunity’ to refer to the biomedical construction of the term, and italicise the term to indicate the social construction of *immunity* in the Haredi context. I use ‘immunities’ (plural) to refer to opposing uses of the term. References to Esposito’s (2015) paradigm of immunity (*‘immunitas’*) are clearly made in text.
4. An ‘émigré’ is a person who has left their own country in order to settle in another, typically for political reasons. In my opinion the term émigré is more appropriate than ‘immigrant’ or ‘refugee’ to describe the broader context of Ashkenazi Jewish relocation to the UK and

Manchester over the course of the nineteenth and twentieth centuries due to persecution and socioeconomic marginalisation in Europe (see Chapter One).

5. Following past studies in the field (Greenough, Blume and Holmberg 2018) I use vaccination and immunisation interchangeably.
6. Public Health England is an ‘executive agency’ sponsored by the Department of Health. It is entrusted with several responsibilities regarding the health of the nation, and supporting citizens to ‘protect and improve their own health’ (Public Health England n.d. A). Previous studies, for instance, have remarked how there is a ‘huge cultural gulf’ between Haredi groups and health services in Manchester, the latter of which is apparently in need of a ‘crash course in Judaism’ (Wineberg and Mann 2015). It is also important to note that in critically engaging with public health and biomedicine, I do not deny the need and merits of these services.
7. In this book I use the term ‘public health authority’ (or authorities) interchangeably with Public Health England and international counterparts by virtue of their mandate to formulate authoritative knowledge (cf. Jordan 1997), guidelines, and schedules pertaining to maternity care and child health interventions.
8. For examples of public health discourse and studies that make reference to Haredi Jews, see Anis et al. (2009); European Centre for Disease Prevention and Control (2012); Henderson, Millett and Thorogood (2008); Lernout et al. 2009; Local Government Association and Public Health England (2013); Muhsen et al. (2012); Public Health England (n.d. B; 2016); Stein-Zamir et al. (2008); World Health Organization: Regional Office for Europe (2013, 2016).
9. Lay authorities in Haredi lifeworlds can take the form of informal ‘helpers’ or ‘doers’, known as *askonim* (vernacular) or *askanim*, as well as maternity carers (Chapters Two and Three).
10. Throughout this book the terms ‘ultra-Orthodox’, ‘community’ and ‘hard to reach’ appear in quotation marks to critique their common yet problematic usage, particularly in public health discourse.
11. Scott (2009) cites Benjamin and Chou (2002) for coining and applying the term ‘dissimilation’ in the context of social groups in the ‘Malay world’. I prefer Scott’s (2009: 173–174) elaboration of ‘dissimilation’ as ‘the more or less purposeful creation of cultural distance between societies’. All references to dissimilation in this book are made in reflection of Scott’s (2009) use of the term.
12. Rather than propagating the term ‘community’ (critiqued in Chapter One), I use ‘settlement’ to reflect the experience of émigré Jews settling in the UK and the aspirations of Haredim for a lifeworld that is as self-protective and autonomous as possible. My specific interpretation of the term settlement should not be conflated with use of the term settlements in other contexts.

13. Instrumental to this argument is Foucault's (2006) paradigm of 'governmentality' as well as a broader body of work focusing on power relations between the state and minorities and marginalities (such as Das and Poole 2004; Lock and Farquhar 2007; Ong 1990; Scott 1985, 2009), which offer a backdrop to most appropriately conceptualise responses to public health interventions. The paradigm of immunitary protection and reactions spearheaded by Esposito (2015) enriches my reflections on marginality and minority-state relations in the context of health and bodily care.
14. Use of the term 'hard to reach' in public health literature has attracted little critical reflection among anthropologists. I interpret the 'hard to reach' label as warranting an intervention of the body politic on the part of the public health authorities, which attempts to survey and control the individuals that constitute a social body – with the ultimate aim of assimilating differences and incorporating this social body within the body of the nation.
15. Studies have articulated how these social groups, including homeless persons in urban areas of France, can view the health authority with mistrust and thus require the careful outreach of health services in order to enable social inclusion through the institution of medicine (Sarradon-Eck, Farnarier and Hymans 2014).
16. See Jakobson (2013: 356–357) who discusses the English dominance of British historical consciousness. The reference to 'imagine' is taken from Anderson (2006).
17. See Mahmood (2016: 60), who charts the historical relation between minority rights in Europe and regional, national, and geopolitical security. She describes minority rights and religious liberties as 'strategies of secular liberal governance aimed at regulating and managing difference (religious, racial, ethnic, cultural) in a national polity'.
18. The margins of the state have been conceptualised as 'both a lived reality and a site of intervention' (Nijhawan 2005; Das and Poole 2004).
19. Lock's analysis of the body offers a useful point of departure to critically reflect on the relation between minority groups and public health interventions. In her words, 'The body, imbued with social meaning, is now historically situated, and becomes not only a signifier of belonging and order, but also an active forum for the expression of dissent and loss, thus ascribing it individual agency. These dual modes of bodily expression – belonging and dissent – are conceptualized as culturally produced and in dialectical exchange with the externalized ongoing performance of social life' (Lock 1993: 141).
20. As Ong (1990) has discussed in the context of Malaysia's Muslim population, who form a national majority.
21. See Farquhar and Lock (2007: 2), who note that 'in law it [the body] has been seen as the only possible basis for the citizen's responsibility to act and to choose'.



22. I use the term 're-present' to underscore how images are articulated again or anew for particular effect.
23. Many anthropological studies narrate how the intended beneficiaries of global public health interventions respond in unexpected ways. See, for example, Jolly (1998); Root and Browner (2001); Parker, Allen and Hastings (2008).
24. 'Concordance' has instead been suggested as an alternative term that realigns patient–practitioner relations to resemble an agreement over treatment regimes (Ballard 2004). Yet the limitations of concordance (as an agreement) are seen when there is an expectation to follow rigid or 'routine' schedules, as is the case for vaccinations. Parents who choose to negotiate acceptance of vaccinations by delaying uptake or selective acceptance are nonetheless regarded as 'non-compliant' in studies of child health in England (see for example Cassell et al. 2006: 786), which therefore demonstrates the limits of a negotiated 'concordance' in certain arenas of healthcare. In this regard, 'concordance' and 'compliance' become interchangeable.
25. See also Harper (2010), who discusses how global public health legislation may entail the use of possible sanctions in order to 'ensure' (or what might be regarded as coercing) 'compliance' with regimes to control forms of drug-resistant tuberculosis.
26. The term 'hard to reach' is also used to describe Haredi Jews in Israel in the context of vaccination coverage (Stewart-Freedman and Kovalsky 2007). Concerns about vaccination uptake among Haredi Jews are not specific to the UK, but also Israel, where apathy and hostility towards public health services 'result in a failure to vaccinate' (Anis et al. 2009). However, important differences between the Haredi contexts of Israel and England remain (Chapter Four).
27. See Abu-Lughod (2002), who critiques the emphasis placed on the socio-religious construction of gender in Afghanistan that warrants intervention and 'saving' rather than the historical or political production of context.
28. The triple antigen immunisation against measles, mumps, and rubella (MMR), see Chapter Four for a more detailed discussion.
29. In Foucault's words, 'Discipline was never more important or more valorized than at the moment when it became important to manage a population; the managing of a population not only concerns the collective mass of phenomena, the level of its aggregate effects, it also implies the management of population in its depths and its details' (2006: 141).
30. Quoted from Geoffrey Alderman ([*The Jewish Chronicle*] 2012).
31. Ashkenazi is generally a reference to 'ethnic' background for Jews of Eastern and Central European origin.
32. Small town with a large Ashkenazi Jewish population, historically in Eastern and Central Europe.

33. Some Haredi Jews may describe themselves as ultra-Orthodox, often to distinguish themselves from Jews positioned as less religiously observant (according to Haredi standards of piety).
34. Ephraim Mirvis currently holds the position of 'Chief Rabbi of the United Hebrew Congregations of the Commonwealth', which represents the anglo-Orthodox Jewish consortium (United Synagogue) and allied institutions.
35. Court of Jewish law, *Beis Din* was the vernacular in Manchester among Ashkenazi Haredim.
36. Noun, Litvak (Litvish was the vernacular adjective in Manchester) descend from Jews in the historical region of the Grand Duchy of Lithuania (which now spans several states including Lithuania, Belarus, Latvia, and parts of Poland). Litvak Jews maintained a *shtark* (strict or pious) culture of scholarship and study of religious texts, and Litvish *yeshivot* continue to form the elite and socio-religious hegemony in Israel (see, for instance, Hakak 2012). Although Litvish and Hassidish Jews constitute major branches of the Ashkenazi Haredim, there are also other sub-groups such as *Yeshivish* and *Yekke* (German origin).
37. 'Hassidish' was the vernacular term in Jewish Manchester, and is used throughout this book.
38. Hassidish groups (or 'dynasties' as they are often referred to) are typically named after the towns in Central and Eastern Europe from which they originate (e.g. Belz, Ger, and Vishnitz). Manchester was home to a range of Hassidish groups including Satmar, Belz, and Chabad Lubavitch.
39. *Yeshivah* (sing.), *yeshivot* (pl.) are institutions for the immersive study of religious text, which can begin from as early as fourteen years of age in some Haredi circles.
40. Sephardi Jews are of Spanish and Portuguese (Iberian) origin. Following the expulsion of the Jews from Spain in 1492, Sephardi Jews were broadly dispersed and were eventually the first Jews to re-settle in England. The term Mizrahi is also used by Jews who trace their origin to the Middle East, such as Iran and Iraq.
41. Side-locks that men are religiously mandated to maintain. Whereas Litvish Jews usually have discreet *peyos* (also *peyot*) that are tucked behind the ears, Hassidish Jews generally have long and dangling *peyos* but short hair.
42. In some cases I have also changed the particulars of participants to prevent them from being internally identifiable.
43. It is also important to note that some Haredi groups in Israel can be framed as 'extremist' or 'fundamentalist', in part, because they oppose Zionism and do not recognise the authority of the state of Israel – which they view as contrary to the Judaic cosmology (Chapter Four). The specific context in which Haredi Jews are portrayed as 'extremist'

- in Israel (such as opposition to Zionism) is not be transferrable to the UK context.
44. To a similar extent the representation of Haredi Jews as being ‘non-liberal’ (such as Fader 2009) is in danger of binding a group as one defined category, when what is true of any ‘community’ is its diversity. Fader (2009: 221) states that the term ‘nonliberal’ necessitates a juxtaposition of religious movements with socio-cultural constructions of liberalism as well as the politics of modernity – with these often being entangled amongst each other – as has been discussed and critiqued in the past (see Abu-Lughod 1998). The term ‘nonliberal’, for instance, has also been used to describe the position of Muslim women in what Mahmood (2005) regards as a ‘politics of piety’ in Egypt.
  45. The term ‘liberal’ has been critiqued in anthropological discourse, and Asad views it as comprised of values that are ‘more contradictory and ambiguous than is sometimes acknowledged’ (2011: 36).
  46. Brexit is a common reference to the United Kingdom’s 2016 Referendum to withdraw from the European Union, the result of which was (at least in part) inspired by xenophobic and anti-immigrant discourse and resulted in public displays of racism towards minority groups (Kasstan 2016; Stein 2016; Sayer 2017). Record levels of hate crimes were observed across the UK in the first three months after the Brexit referendum (BBC News 2017), including anti-Jewish hate crimes (Community Security Trust 2017).
  47. See Statesky and Boyd (2015). This approximate figure is taken from analysis of the 2011 census, but should be viewed with caution as detailing religious affiliation is not compulsory in the UK census and may therefore not record the total figure of people who self-identify as Jewish.
  48. Manchester is used as a reference point and collective shorthand by Jews in the UK for what is actually a broad area spreading across different administrative areas and local authorities.
  49. Wise reported in Manchester University News (2007).
  50. Demonym of (and colloquial reference to) somebody originating from Manchester. Burman (1982) uses the term ‘Jewish Mancunians’ to denote differences between Manchester’s populations, yet I found that the term ‘Mancunian’ was used explicitly in reference to non-Jews.
  51. These attacks included the unleashing of a Kalashnikov rifle at the Jewish museum of Belgium, Bruxelles, killing four people in May 2014; the siege of a Parisian kosher supermarket in January 2015 that saw multiple Jewish hostages held, four of whom were executed; and the fatal shooting of a Jewish security guard outside the Great Synagogue of Krystalgade, Copenhagen, in February 2015. In December 2017 a masked gang launched Molotov cocktails at a synagogue in Gothenburg, Sweden, days after the President of the United States officially recognised Jerusalem as the capital of Israel.

52. See *The Jewish Chronicle* (2018).
53. The 'Say no to antisemitism' demonstration (October 2014) was organised by 'The North West Friends of Israel', an Israel advocacy group.
54. Central Manchester became the focus of international attention on 22 May 2017 when a suicide bomber attacked a music concert killing twenty-two people and injuring over one hundred. Shortly after the arson of Manchester's kosher restaurants in June 2017 a mosque was torched in what was considered to be an anti-Muslim hate crime, indicating a concerning pattern of targeted arson attacks against ethnic and religious minority groups in the Manchester region.
55. In this book I focus on the historical waves of Jewish immigration to England, and Manchester during the nineteenth and early twentieth centuries, but Jewish history in England traces as far back as the medieval period. The medieval narrative is dominated by bloody massacres and accusations of blood-libels until England became the first sovereign state in Europe to expel its Jewish minority in 1290. Jews were not able to resettle in England until the seventeenth century, under the authority of Oliver Cromwell. Sephardi Jews were among the first to resettle in the UK, but now constitute a marginalised minority of the Jewish population in the UK (Chapter One).
56. The Jewish population of Manchester had numbered around 1,800 Jewish people in the 1850s, twenty-five per cent of which were of Eastern European origin (see Alderman 1992; National Archives n.d.). The majority of Jews were of German and Sephardi origin (see Archives Plus n.d.). By 1881, eighty-three per cent of Jewish heads of household in Red Bank, Manchester, were born abroad (see Vaughan and Penn 2006).
57. Immigration to Manchester reoccurred in the 1930s due to the rise of Nazism in Germany and the '*anschluss*' (Nazi annexation of Austria), (see Williams 2011).
58. Galicia has historically had a substantial Jewish population. This region in Eastern Europe was formally under the Austro-Hungarian Empire until 1914, and now sits within the borders of Poland and Ukraine.
59. Sport was used as a particular strategy to anglicise (often male) Jewish children (see Dee 2012).
60. Resistance to Jewish immigration was a political demand and agenda of the British Union of Fascists at the time, and can be situated in a broader historical narrative of antisemitism in the UK (see Chapter One where I discuss this in relation to the medical establishment). Similar to the internment of 'enemy aliens' during 1914–1918, many German (and Austrian) Jews became classed as 'enemy aliens' upon the outbreak of the Second World War irrespective of their refugee status (see Kushner and Cesarani 1992).
61. UK politicians describe the Jewish 'community' as a 'model of integration' (Board of Deputies 2016; UK Government 2012), which should be understood against a historical backdrop of social exclusion.

62. A revised version of Kasstan (2016a).
63. Ashkenazi, *cholent*; Sephardi, *chamin*. The preparation of *cholent/chamin* avoids prohibitions of cooking on *Shabbat*.
64. Yiddish, synagogues. Used vernacularly in place of synagogue, also in some local Sephardi circles.
65. Yiddish, wife of a rabbi.
66. I have not anonymised names discussed in archival records and oral histories, as this material is essentially ‘open access’ by virtue of being openly accessible to the public.
67. To interview or even meet informally alone with an unmarried woman, particularly those attending seminaries (often shortened to sem), however, would be unacceptable in the Haredi worldviews. Young Haredi Jewish women in England attend sem around the age of sixteen to eighteen for one to two years as a preparatory stage before marriage, or university for modern Orthodox girls.
68. Reference to ‘reputable’ taken from The United Synagogue (n.d.). A *giyur* or ‘conversion’ performed under one *Bet Din* is not unanimous and does not mean recognition by another *Bet Din* or denomination.
69. Goy(im), sing/pl. Literally ‘nation(s)’, the term ‘goy’ (singular masculine) or ‘goyim’ (plural) is generally used pejoratively to describe a non-Jew and their conducts (*goyish*). *Shabbos goy* means using somebody positioned as a non-Jew (by definition of *halachah*) to perform tasks that a Jewish person is prohibited from doing on *Shabbat*.
70. *Sheigetz* is derived from the Hebrew word ‘*sheketz*’.

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