

# Making bodies kosher

The politics of reproduction among Haredi Jews in England

Reviewed by Kaveri Qureshi

Ben Kasstan, *Making Bodies Kosher: The Politics of Reproduction among Haredi Jews in England*. New York: Berghahn Books, 2019. Hardback, 272 pp., \$135/£99. OA ISBN: 978-1-78920-230-4. OA download from: <https://berghahnbooks.com/title/KasstanMaking>.

In this novel ethnography, Ben Kasstan advances an illuminating perspective on public healthcare as a borderland for religious minority groups in England. The notion of maternity care and child health services as a ‘frontier zone’ allows for a subtle exposition of the fluid cultural crossings that take place over health and healthcare for an observant Jewish minority in Manchester: the Haredim. They constitute the fastest growing segment of the Jewish population in England and elsewhere, whose larger family sizes are deeply connected to their observance of *halachah* (religious law). Haredi is the term that such religious practitioners prefer to apply to themselves, literally meaning ‘those who tremble at God’s word’ (Haredim, pl.). Kasstan rejects the ‘ultra-Orthodox’ category imposed upon the Haredim by other Jews, wider society, and statutory bodies such as the National Health Service (NHS) and public health authorities, as a foil against which an imagined liberal British norm is worked out. Haredi Jews are nonetheless distinctive in their preference to be self-protective, a stance that Kasstan richly historicises by integrating archival and anthropological methods.

Kasstan’s ethnography highlights how healthcare has long been a borderland where bodily anxieties and sometimes opposing quests for protection emerge. Roberto Esposito’s (2015) approach to immunity provides an apt theoretical touchstone here. As Kasstan argues, Haredi Jews’ strategies of self-protection are aimed very literally at individual bodies as much as at the imagined collective. As they strive to protect themselves from culturally contaminating medical worldviews and practices, this sometimes leads, as Esposito warns, to self-implosion.

autoimmune responses – as seen, for example, in certain rabbinical objections to immodest NHS health promotion messages concerning women’s reproductive health, family planning, and domestic violence; despite some of Kasstan’s interlocutors recognising a need for these kinds of public education efforts. At the same time, where the values of state public health authorities appear so misaligned with sensitive and deeply held values, Kasstan rightly criticises the NHS’s failure to treat minoritised groups equitably.

A key strength of the ethnography is Kasstan’s problematisation of narratives about Haredi Jews as a bordered entity, summed up by the public health trope of a ‘hard-to-reach’ group. Chapter One explores the complex historical layering of Jewish Manchester, which became a reception zone for émigrés from Eastern and Central Europe from the mid-nineteenth century onwards. Increased Jewish immigration amplified social and medicalised prejudice in Manchester, leading to pronounced anxieties among the more established, anglicised Jewry, who sought to reform the foreign conducts of their more observant counterparts in the slum areas and push them to assimilate. It was not just anti-Semitism and the exercise of domination by the ethno-religious majority that led Haredim to dissimilate – to intentionally maintain their distinctness – but also the assaults on their lifeworld from the ‘English Jews’. Jewish Manchester emerges as internally fragmented by a multiplicity of worldviews whose interaction is perceived by Haredi Jews to be dangerous or contaminating.

As Chapter Two demonstrates, Haredi Jews’ desire to insulate their community from outside influences is very tangible in health and healthcare domains, and has been since the early twentieth century. The former Jewish Hospital was established by the anglicised Jewry as a means of improvement for their poor immigrant co-religionists, as well as consolidating their social position by providing care to non-Jewish neighbours. Yet the émigré beneficiaries of the hospital objected to certain aspects of the medical care that were provided, such as the practice of post-mortems, on the grounds of their interpretations of *halachic* imperatives. This emerges as a recurring dynamic in contemporary attempts by non-Haredi Jews who are employed by Public Health England to distribute NHS health information to their ‘hard-to-reach’ counterparts and bring them within the orbit of the health services – but whose efforts are viewed askance by Haredim. A Jewish community health intervention seeks to reform local diets and sedentary lifestyles, using Biblical Hebrew or Yiddish references, and yet Haredi locals object that ‘it’s obvious that it’s not been done by an Orthodox person’ (p. 120). Mistrust emerges concerning the pathologising medical narratives about schmaltzy culinary traditions that are offered by these supposed peer health advocates, as much as about their advocacy for childhood vaccinations. The historical particulars differ, but what endures is the ‘tendency to “culturalise” émigré and now Haredi Jews, and how attempts to “reach” out to the margins can have a recoiling effect – especially when the intended “targets” of intervention feel misunderstood or misrepresented’ (p. 127). Chapter Two also details the efforts of former

émigré, now Haredi Jews to target medical care with immunitary interventions, where Kasstan explores the provision of lay *askonim* (helpers/advisers), the desire for separate Haredi primary healthcare centres, the relay between Haredi GPs and rabbinical authorities, and the *Hatzolah* ambulance brigade as efforts to ‘kasher’ healthcare (p. 106) by providing culturally specific care. Kasstan warns that these can obscure and overrule individual needs in pursuit of protection for the social body as a whole.

Kasstan explores this conundrum further in Chapter Three, through his ethnography of Haredi midwives and doulas (birth advocates/attendants) who mediate in NHS maternity provision and are favoured by locals because, as one doula explained, maternity services are among the few spaces when the Haredim ‘touch the outside world’ (p. 136). They bridge between Haredi couples and NHS maternity services and advocate against interventions that could potentially present a contest to *halachah* or religious worldviews, such as prenatal screening, c-section rather than vaginal birth, and particular postpartum and infant care practices. Contemporary Jewish doulas and midwives see their role as supporting mothers in overstretched NHS maternity services, which are seen as only able to ‘safeguard’ births. Yet at the same time, there are dangers of Haredi birth practitioners overextending their authority as spokespersons and asserting their own perceptions of what might be in the best interests of the individual mother or the social body, toeing an undefined line between realising culturally specific care and coercion. Maternity intermediaries emerge as significant gatekeepers of the social body, acting on NHS services to make bodies kosher and prevent the diffusion of reproductive interventions or knowledge that are perceived to carry negative consequences for the Haredim.

Chapter Four, on childhood vaccinations, crystallises the book’s arguments about healthcare borderlands and the public health bias about the Haredim as a ‘hard-to-reach’ group. Haredi mothers, as Kasstan shows, have highly diverse standpoints towards childhood immunisations, ranging from outright refusal to cautious, selective, delayed, and complete acceptance. When mothers refuse to comply with public health prerogatives concerning vaccination, it is not the result of prevailing religious sentiments or the proscriptions of *halachah*, for Jewish legal frameworks allow potentially multiple interpretations for parents deciding whether to vaccinate. Rabbinical authorities are both consulted and circumvented in parents’ efforts to determine what is right for their children. Kasstan depicts the reservations of Haredi parents as similar to those of other vaccine-hesitant parents in England, heightened by Haredi Jews’ status as a minority group, which ‘shapes both their trust in the state and in its health authority’ (p. 222), as powerfully outlined earlier.

Kasstan’s writing offers a fine weave of historical and contemporary ethnographic data and is clear and accessible. It will be a valuable teaching and learning resource: I am setting it straight away as a core reading on ‘cultural competency’, multicultural accommodation, and cultural

claims-making on healthcare resources. The book offers an important theoretical resource for others who are uncomfortable with the 'hard-to-reach' descriptor, particularly those of us who are working with economically marginalised minority populations or in the context of hard-hitting gender inequalities. These wider structural contexts shape Haredi navigations of health and healthcare, and allow us to push beyond this ethnographic case to broader arguments about how the 'hard-to-reach' designation may masquerade for inequitably designed health services. The notion of healthcare as a borderland frontier zone is another far-reaching message, and thankfully, the open access format of the book should facilitate a wide net of scholars and advocates in engaging with these insights.

### About the author

Kaveri Qureshi is Lecturer in Global Health Equity at the University of Edinburgh. She works on health and social inequalities in the UK and Pakistan, with a focus on migration, 'race'/ethnicity, gender, and the management of health and illness in families.

### References

Esposito, Roberto. 2015. *Immunitas: The Protection and Negation of Life*. Cambridge: Polity Press.