

Nation (Un)masked: Imagined Immunities and Responsible Citizenship in a Postsocialist Pandemic¹

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Nation (Un)masked: Imagined Immunities and Responsible Citizenship in a Postsocialist Pandemic. The Covid-19 pandemic revealed a dramatic need for modes of solidarity and responsibility that take into account welfare of others and simultaneously stem from the recognition of global co-dependency and shared vulnerabilities. Using the concepts of 'imagined immunity' and 'competing responsibilities', this article examines the ways in which experiences, skills and discourses of the socialist past were mobilized during the first year of the pandemic in the Czech Republic in diverse, often contradictory ways to articulate the complexities of and hindrances to such modes of biopolitical solidarity.

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Introduction

On 19 March, 2020 the Czech Republic became the first European country to make it mandatory for people to cover their mouth and nose in public places to limit the spread of Covid-19. While this approach was at odds with the then official WHO advice (WHO 2020), the international public hailed the Czech Republic for exemplary pandemic management (e.g., Kashkett 2020). In contrast, in October 2020, the number of new infections grew rapidly, and the country's Covid-19 deaths rate became one of the world's highest. Central and Eastern Europe more broadly was labelled as the 'pandemic Pariah' (Sirotnikova et al. 2020).

Social science scholars were quick to read the pandemic through critiques of neoliberalism. For instance, Carlo Caduff reasons: '[i]t's a neoliberal pandemic [...] in the most neoliberalized countries [...] significantly more people have died [...] due to the kind of fragile health-care infrastructures and sidelining of

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public health' (Caduff – Bonilla 2020). Yet, neoliberal trends need to be contextualised – while the US and UK may appear as centres of neoliberal reforms, similar reforms have reverberated across the globe, manifesting differently in diverse geopolitical locations. Covid-19 pandemic calls for critical reflections of these specificities. The move from the 'exemplary country' to 'pariah' makes the Czech Republic a good case-study to explore how various modes of responsabilization correlate with ways of enacting the collective immunity.

Examining the pandemic from the vantage point of a postsocialist country characterized by—on the one hand—a lack of robust public health expertise and—on the other—massive infrastructure of public hospitals (Sagan et al. 2021) that survived neoliberal reforms, we highlight the complexity and ambivalent aspects of notions and practices of individualized and collective agency, responsabilization and citizenship.

Beyond neoliberal responsabilization

Theorisations of neoliberalism point to the increasing divestiture of obligations from the state onto individuals who are interpellated to independence, self-empowerment, and self-management in responsibly evaluating various risks (Rose 2007; Dean 2012; Dumont 2012). As Susanna Trnka and Catherine Trundle (2014, 2017) note, calls to be responsible pervade contemporary life. Indeed, the Czech Minister of the Interior explained in March 2020 that the state will not enforce the compliance with preventive measures. Each citizen must guide their behaviour knowing that 'someone might die because of [their] actions' (in Skoupá 2020). Then in October, when a group of experts considered the governmental measures inadequate, they implored the public to responsibility for the collective health and to initiate a 'personal lockdown' (#ZachraňmeČesko 2021).

These examples illustrate the move of responsibility from the state institutions onto the citizenry. And yet, they do not simply equal neoliberal individualism. Rather, they acknowledge that individual and collective vulnerability are co-dependent and position responsibility in direct relation to care for, and solidarity with others. Paying attention to different modes of social obligations, or as Trnka and Trundle name it—'competing responsibilities'—, can enrich the imaginary of social bonds as it draws attention to processes that 'extend, challenge, or coexist with neoliberalism's emphasis on [...] individual cultivation of the self' (Trnka – Trundle 2017: 3).

Modes of responsabilization in relation to health have so far been predominantly discussed in relation to genetics, disability, end-of-life decisions,

and through concepts of choice, management of risk and individualized health decisions (e.g., Bolt et al. 2020; Shildrick 2008; Rose 2007); and in the context of communicable diseases mostly in relation to specific social bodies, identities, and practices (e.g., Dean 2012; Zigon 2011). The Covid-19 pandemic offers an important insight into how ‘competing responsibilities’ materialise in the face of new viral agents. Trnka and her colleagues applied the concept of competing responsibilities to chart out ethical reasoning and affective experiences in New Zealand during the Covid-19 lockdowns. Even in the neoliberal context, they highlight, the needs of others and of the collectivities may be deemed paramount, while the conflicting notions of responsibility ‘pull actors in multiple directions’ (Trnka et al. 2021: 17) often beyond the narrow biomedical understanding of health, prevention and immunity.

Our paper offers a case-study into overlapping and conflicting modes of responsabilization. We use the notion of competing responsibilities to examine the pandemic dynamic in the Czech Republic as it mapped onto the post-socialist realities. In contrast to previous studies (Trnka et al. 2021; Schönweitz et al. 2022), we do not focus on the conflicts individuals negotiate in their moral reasoning of ‘what is right’ in the face of Covid-19. Rather, we map how moral rationales developed during the first year of the pandemic through negotiating relationship to the socialist past. We examine notions of responsibility as they were articulated in the public discourse and as they took shape through public and communal practices. Our dataset includes semi-structured questionnaires, public media production, personal blogs, as well as open letters and other public interventions.

The contribution of this paper thus lies in offering a view of how responses to acute threats are negotiated against sedimented histories. The competing views of the ethical response to Covid-19 hence also reflect competing embodied practices of negotiating tensions of postsocialism, and the present through different moralities of the past. Against this context, we trace how individual as well as collective responsibilities relate to embodied mutuality, and how competing visions of threats propose different understandings of health and health risks, and their distribution through the collective body. To that end we mobilize the concept of ‘imagined immunity’ developed by Priscila Wald (2008) to name the realization that our collectivities are construed through shared exposure and mutual susceptibility to communicable pathogens. Wald’s explorations into how medical and scientific framing of contagion are informed by cultural narratives and context, support our examinations of how the Covid-19 pandemic was subtly and contradictorily informed by social practices developed under state socialism and narratives of the ideological dangers of socialism. Wald focuses on notions of collective immunity and

vulnerability to engage with the paradoxical tension between the fantasies of collectivity and the impulse to oust ‘the stranger’. Following Wald’s reading of immunity as both unifying collectivity and exposing its outer edges, we provide complex readings of how collectivities are produced and with what externalities.

In this paper, we zoom in on the social negotiations and reconfigurations that were set off by obligatory mask-wearing during the first year of the pandemic in the Czech Republic. We acknowledge that other epidemiological measures, in particular lockdowns, and the restriction of movement across international borders played a very important role in how society lived through, perceived, and was reconstituted by the pandemic. We also recognize that compared to other major epidemiological measures, obligatory mask-wearing allowed for an active response from the citizenry, including a *collective* response, in the form of mask self-procurement, and for creativity in *public* communication through whether, what, and how masks were worn by people in their everyday activities. We argue that it is this particular aspect of obligatory mask-wearing that makes it a truly interesting case for a sociological study of how society was reconstituted as a collective through the pandemic experience.

The space that the obligation to cover one’s face created for a bottom-up citizen-driven reaction to the pandemic that emerged in the first weeks of the global crisis may also help us to think more creatively about how other measures might have been and may be enacted to mobilize and empower rather than overtly immobilize the citizenry. More importantly, it also helps us to think about the ways in which citizens could have taken and can take part in negotiating what values and interests of different social groups are to be prioritized throughout a major social crisis. In the context of the Czech Republic, relying predominantly on expert language to define the epidemiological goals and on expert-driven actions to detect and measure the various impacts of the virus *and* the epidemiological measures to be adopted, the case of mask wearing offers a space to consider alternative, participatory approaches to managing the pandemic and dissecting the sociomaterial factors of why they succeed and why they fail.

Below, we turn to three moments that enact the different modes of responsibility and doing immunity through the mask-wearing during the first year of the pandemic. Firstly, we chronicle the self-procurement and community-distribution of facemasks to highlight how these DIY practices materialise notions of shared vulnerability and illustrate how practices and affects of collective responsibility were mobilised. In its early articulations, imaginations of immunity bound the individual within larger vulnerable collectivity through the recognition that it is the susceptibility to the virus that binds ‘us’ together.

However, despite the collectivized ethos foregrounding care for each other, we propose that such modes of responsabilization are not in conflict with the neoliberal interpellations to self-governance. After all, the DIY procurement of masks was framed as citizens ‘helping out’ the ineffective state.

Secondly, as the political criticism of the epidemiological measures grew over the spring and summer 2020, it coalesced around facemask as the symbol of ‘maskocracy’ and repression of the (post)socialist state eager to constrict individual freedoms. Attending to such reproach, we map out formulations of a different version of imagined immunity, one more akin to the neoliberal focus on the individualized self. Prompted by the ideologies of postsocialist transformation, a considerable shift occurred away from responsibility as care for others. Yet, it would be an oversimplification to say that this shift meant an absolute renouncement of care for the collective immunity. Observing the nuances, we argue that it was the biomedical immunity that was newly individualized, while the critical voices articulated a competing collective vulnerability defined as *political immunity*. It was not the novel pathogen, but the re-activated ‘virus of totalitarianism’ that arguably poses the threat.

Finally, in autumn of 2020, the concept of ‘vulnerable groups’ came to the fore as the state failed to manage the Covid-19 resurgence. If ‘solidarity is [...] a practice that expresses the willingness to support others with whom we recognize similarity in a relevant respect’ (Prainsack 2020), we observe how the citizens articulated their increasing *differences* vis-à-vis the pandemic. Without functional procedures and institutions that would facilitate recognition and negotiation of such differences, the notion of shared vulnerability and immunity quickly dissipated. We examine how this development maps onto (post)socialist modes of responsabilization that both subscribe and push against neoliberal definitions.

Methods and data

This paper draws on a diverse body of qualitative data including media and document analysis, ethnographic fieldnotes, and thematically focused semi-structured questionnaires with open-ended questions. The questionnaires were filled in by our respondents in a written form and sent to us by email or were completed during a phone interview. They included six sections with 3-6 questions in each: imaginations of the virus; sources of information; attitudes towards the official epidemiological measures; viral agency and one’s embodiment; patterns of sociality; epidemic temporality; the impact of the pandemic on one’s livelihood. We aimed to gain a diverse sample of responses from people differing by place of residence, generations, socioeconomic status,

and gender (for demographic breakdown of respondents see Table 1 in Appendix). For the purpose of the present analysis we worked with 45 questionnaires collected between mid-April and mid-December 2020.

We also wrote extensive fieldnotes between 10 March and 15 June 2020 excerpts of which were published as a part of the blog series Curare Corona Diaries (Dispatches from Prague 2020). We systematically researched public TV and radio, other popular TV channels (e.g., DVTV, Nova, Prima), and a wide range of online and print media (excluding tabloids) representing diverse political affiliations (e.g., Deník N, Respekt, Reflex, Deník Referendum, Forum24). Further, we included personal blogs posted on the two largest national domains (blog.aktualne.cz; blog.idnes.cz). Lastly, we analysed the social media posts of public figures, most importantly epidemiologists, and other experts, and posts in open Facebook groups. The data analysed in this text cover predominantly the first year of the pandemic, before Covid-19 vaccines initiated new controversies and new variations of the topics discussed in this text.

Our data analysis, coding included, started with focus on the remarkable material, social and symbolic object of the facemask. We gradually moved to axial coding focused on concepts of responsabilization and imagined immunities. For theoretical saturation in line with grounded theory approach (Urquhart 2013), this in turn motivated generation of additional data. Fieldwork, data analysis and drafting of the manuscript has been an iterative process. We used Atlas.ti to support the data analysis.

The first year of the Covid-19 Pandemic in the Czech Republic

Below, we offer a short overview of the development of the pandemic and of the epidemiological measures over 2020 to help to ground the following analysis. Like in most other European countries, coronavirus became an issue of imminent concern in late February. The Czech Republic declared a state of emergency on 12 March. A general curfew was in effect between 16 March and 24 April, limiting movement to essential shopping, travel to work, family care, and recreational walks. A general order for people to cover their nose and mouth in public spaces, both indoors and outdoors, was issued on 19 March. Like elsewhere, there was a lack of available *personal protective equipment (PPE)*. While the government rushed to secure PPE for medical staff and frontline workers, the general population started to produce and distribute homemade facemasks.

Most restrictions including obligatory mask-wearing and social distancing, were lifted by mid-May 2020. Cultural and sport events even those including

gatherings of thousands were allowed. Significant parts of society believed that the pandemic was over. The epidemiological strategy planned by the state for the possible ‘second wave’ was ‘smart quarantine,’ which involved a system of testing and tracing, centralized data management, and the smartphone ‘eMask’ application. The Prime Minister repeatedly reassured the citizens that blanket measures would never be re-introduced. In the end of August, in a population of roughly 10 million, there had been around 22,000 cases of SARS-CoV-2 infections confirmed by PCR. Less than 500 people had died from Covid-19 (Ministry of Health 2021).

However, the number of positive cases, hospitalizations and deaths started to rise sharply in September. Infection rate surpassed the testing and tracing capacities. Epidemiological measures tightened in October (the country-wide lockdown included the closure of all schools), but were again eased in November. The country went into another, prolonged, lockdown on 1 March 2021 as the healthcare system was swamped by the influx of patients in need of hospitalisation. As of mid-June 2021, when vaccination became widely available, over 1.6 million cases of SARS-CoV-2 infections were confirmed since the start of the pandemic and 30 280 people who tested Covid-19 positive had died (Ministry of Health 2021).

Sharing Vulnerability, DIY-ing Epidemiology

17 March: Yesterday, I ‘scolded’ my mom for not wearing a face mask [...]. She said she’d feel weird wearing a face mask [...], since no one else was wearing them. Today she shared instructions with me on how to make a mask without a sewing machine.

We skype with a friend in the evening and show off all our masks. She found an old respirator. She notes that wearing it outside makes people go out of their way to avoid her, assuming she is infected (and infectious). She also passed two men wearing masks too; they all exchanged a nod of recognition. Wearing a mask creates division. But it also functions as a new symbol of belonging and solidarity, a sign of the newly emerging collectivity.

The excerpts from fieldnotes highlight the simultaneity and overlap of the multiple and contradictory significations of face-masks—centrepiece of epidemiological measures in the Czech Republic—at the onset of the pandemic. The quotes also show that practices of mask-wearing were performative acts of ‘responsible citizenship’ constituting ‘imagined immunities’. Social practices formulated around face masks ‘illustrat[ed] the logic of social responsibility [attached to communicable diseases]: the mandate to live with a consciousness of the effects of one’s actions on others’ (Wald 2008: 22).

As a symbolic border, the mask draws attention to the individual, while it simultaneously facilitates new meanings and practices of collectivity. Furthermore, the mask has become an object that mediates conflicts that have arisen around the issues of collective and individual responsibility. Within a very short time, masks have come to signify collectivity rather than delineate borders between individual bodies or to stand for individualized responsibility not to get infected. If covering one's face at first marked the person as potentially infectious, within days it was the people *not* covering their faces who became a danger to others. As our respondents indicate, wearing a mask meant so much more than just fulfilling the ordinance. It became a gesture of responsibility and care, something that is understood as being done for and out of recognition of others and their vulnerability. Importantly, in the first weeks of the pandemic, this ethics of care was even captured by the state-supported motto—'I protect you, you protect me'—promoting the mask-wearing.

Effectively, the threat of the pandemic and the perception of shared vulnerability destabilized the established notions of self and other. It was no longer clear where the boundary lies between interests of oneself and those of the collective. The pandemic allowed for an *exceptional* experience of mutuality and interconnectedness in vulnerability that sanctioned, albeit temporarily, articulations of belonging founded in notions of intertwined embodiment. In that sense, covering one's face turned into an act of collective care and doing responsible citizenship based in solidarity. As one man explained in conversation with us:

I don't think that the mask will protect me. [...] it will protect others if I happen to be infected. I also find the symbolic meaning important – by wearing the mask I'm signalling that I care, that there is something that we all share, this in itself [...] can move society towards something better. (emphasis added)

Mask-wearing as a practice of collectivity was underwritten by an overwhelming insecurity and ignorance about the new virus. Wearing masks acts on this insecurity and became a practice through which the wearer can assume agency. This belief in protecting others in a situation of a lack of knowledge about the viral agent appears as an important motivation to wear the mask. As our respondent explained: 'I believe that it might have *some, even small*, preventive effect. Because the preventive effect *is possible*, I do not mind wearing [the mask]' (emphasis added). Rather than following a state order, people assumed responsibility because they recognized vulnerability of others as much as their own.

The Czech case is interesting not only for the speed with which the mask ordinance was implemented, but primarily, for the public's ability to obtain the required masks. When, on 19 March, the Czech government issued the ordinance that people cover their mouth and nose, a deputy minister of health appealed 'to the citizens to improvise so as to make up for the lack of PPE at the moment' (Česká televize 2020).

Commentators have repeatedly expressed puzzlement with the fact that the Czech state required its citizens to wear masks without providing them with any, and with the fact that the people not only followed the ordinance but even came together in a collective effort to produce masks and other protective equipment. A Facebook group called 'Czechia Sews Face Masks' was set up on 15 March, even before the mask-wearing ordinance was issued, and the group 'went viral [...] drawing 24,000 members in two days' (AFP 2020). It was founded as a platform to organize people who were sewing masks 'pro bono,' primarily for the first responders and healthcare providers with no PPE. Many people sew masks for their local communities. New off-line ways of distribution such as a 'mask-tree' (*rouškovník*) came to life [Picture 1 in Appendix]. It relied on a shared moral economy: you only take as many masks as you need, and you contribute to the collective resources by the means you can.

In no unsubstantial way, this collective effort was made possible by the specific legacies of the postsocialist context.⁵ Many households own 'the means of production' and the skills necessary to sew masks because the various forms of self-supplying were not only a common but in many ways an essential part of the grey state-socialist economy. Alongside the many 'DIY' practices that have their roots in Czech self-provisioning, sewing was a prominent one. The legacies of state-socialist self-supply networks proved important not only as a material factor reflected in the practical skills and availability of sewing machines, but an affective source of pride and sense of self-reliance on the part of the 'nation' able to provide for itself in conditions of scarcity and governmental failure (Tabery 2020). Even male politicians proudly donned homemade masks. Enacting their belonging to the nation, they dramatized the new significance of the home (notably a heteronormative one) as the place of social resilience. A woman involved in this collective process of 'doing' protection against the virus noted in an interview with us that her voluntary participation in these activities allowed her to feel a part of a larger social body and—importantly—play an active role in reinforcing such collective.

⁵ Martinelli et al. (2021) report similar efforts in postsocialist Slovenia.

These efforts helped to ensure that PPE reached vulnerable people, but as importantly, they represented networks of newly (self-)responsibilized citizenry that took pride in managing the pandemic despite the state's inaptitude. Yet, these performances of interpersonal solidarity cannot be reduced to acts of individualized neoliberal responsibility. Much more these acts speak of affective attachments to visions of civic collectivities.

#TogetherWeWillComeThrough became the motto of the first pandemic wave. Altogether 40 percent of Czech citizens over the age of 18 participated in mask-sewing (Čadová 2020). Interestingly, these performatives of 'doing the nation' spotlight the efforts of (ethnic) minority groups—for instance, the Vietnamese and Roma communities, who often face social exclusion and discrimination. Their mask-making efforts were often presented in reports as becoming model citizens. The moral imperative to accept responsibility for one's and the nation's health was exemplarily performed by those who are often excluded from the collective body.

By taking their own and their fellow citizens' safety into their hands people assumed their agency in terms of (self)responsibilization and—importantly—care. This responsabilization has been predominantly set against a backdrop of (romanticized) national identity and belonging. Collaborations cut across the public and private sector, included municipalities, companies, universities as well as completely informal initiatives. Regardless of the party politics, they all acted *in support*, not rejection, of the (inapt) state.

These efforts drew upon, but also differed, from the citizens' relation to the socialist state. On the one hand, the DIY skills, technologies and habitus activated during the pandemic were developed under conditions of scarcity of the socialist economy (Gibas et al. 2020). As such, they have little to do with the neoliberal state's withdrawal from the social. However, the practices of self-subsistence acquired new relationship to the collective immunity during the pandemic. While the DYI ethos under state socialism developed mostly as a mode of caring for one's own family and social circle, during the pandemic it was deployed as a practice of care for the collective at large. Simultaneously, even if the government did not present a specifically neoliberal management, its ineptitude to effectively deal with the pandemic without the massive help from the civil society was partly caused by neoliberal underinvestment in the public health sector and the relative neglect of public health as a medical specialisation.⁶

⁶ For instance, one the three faculties of Charles University dedicated to public health and hygiene before 1989 was transformed into the faculty for general medicine shortly after the regime change.

National unity even in the first pandemic wave was never, however, as seamless as it might have seemed from the above accounts. Despite the emphasis on the shared nature of the threat and the civic agency, the performances of citizenship manifested important omissions that proved significant. Moreover, the public discourse called specifically on women to participate in the mask production. Volunteers who offered their help to the public also record how gendered expectations combined with a broader sense of having to be available for others' needs. An owner of a small shop in a regional town sew masks for seniors' homes and people unable to make masks themselves. In an interview with us she later expressed her frustration that 'people started to take it for granted that I sew [masks for free] [...] as if it was my duty. One younger woman said to me she had to stay home for three days because I still hadn't sewn her a mask'.

The tensions that challenged the romanticized view of national unity signalled that social divisions (old and new) erupted after the first weeks of the intense labour of 'doing collective belonging.' As the quarantine measures continued, the social consent supporting the preventive measures began to dissipate. This not only brought into play larger cultural and ideological frameworks, giving new meanings to the mask, but also shifted the articulations of agency, responsibility, and imaginations of immunity and health.

The haunting masked spectre of totalitarianism

The meanings of facemasks changed rapidly as the initial national consensus dissipated and the support of the government's handling of the pandemic decreased rapidly (Tuček 2020). While the rate of infection remained rather low during the spring and summer, the resistance to epidemiological measures gradually intensified. Not only did the voices doubting the preventive measures strengthen, but they also gained a new ideological framing that drew explicitly on the country's 'postsocialist condition'.

Despite the relative social agreement that wearing masks is an important epidemiological measure, facemasks have become an ambivalent object. The sociological survey from late April 2020 confirms this. When asked about what the masks meant to them, the first association among most respondents was positively coded (61% vs. 27%) with responses such as 'protection from the infection'. However, the second association critical (38% vs. 45%). Masks were regarded as an enforced obligation, 'muzzle', or to cause difficulty breathing (Šafr et al. 2020). Initially mediating solidarity, masks turned into an object that for many recalled the past totalitarian state.

The sense of biological precarity and microbiological threat translated into a political debate that warned against the danger of state's encroachment on civil rights. Most commentators based their critique on the collective memory of state socialism. The Club for the Defense of Democracy, for instance, called the pandemic the 'biggest challenge [to democracy] since WWII' (KOD 2020). In this line of argument, the obligations of citizenship were defined by historical lessons of socialist 'totalitarianism'. Wald's analysis of cultural reactions to pandemics points out how 'the biologically transformative power' of the deadly disease dramatizes the ways in which the 'ostensible connection to the past combined with the uncertainty of the future [...] inflects communal transformation with preternatural, often religious, significance' (Wald 2008: 53). In Czech Republic, it is the socialist past that defines the present, the meanings of the pandemic and the nature of its 'moral' lessons.

Thus, in a matter of months, the facemask, celebrated as a manifestation of the nation's enlightened reaction and to teach the world how to survive the pandemic, transformed into a symbol of an ideological 'muzzle,' unthinking obedience, and even a 'declaration of loyalty to the [Communist] Party and [socialist] government' (Pečinka 2020). In an act of rhetorical hyperbole, facemasks were named to lay foundations to a new style of authoritarian governance, a 'maskocracy' (Pečinka 2020). A former high-ranking politician went as far as to paraphrase Reagan's call of 1987 to tear down the Berlin Wall to call on the Czech government to 'Tear off the masks!' (Šafr 2020).

The political critique of the epidemiological measures utilized the supposed pathology of socialist past as the symbolic signpost to navigate the current pandemic. It is worth noting that such sentiments run across the political spectrum, connecting political opponents who found themselves united in scepticism about epidemiological measures that they saw as dangerously reinforcing the state's power at the expense of individual freedoms. While similar concerns were raised in other countries, in the Czech Republic they were articulated specifically with reference to the haunting traces of the country's socialist past.

Even the then relatively low numbers of infections and deaths were re-interpreted to pose a caution. Arguably, rather than being the result of collective solidarity and recognition of the shared vulnerability vis-à-vis the viral agent, the low numbers of infection in the spring 2020 were seen as a result of 'unprecedented willingness to comply' (Pehe 2020) with the state's measures. Written in mid-April when the death numbers were still very high in many global locations, this popular liberal commentator, close collaborator of the former President Havel, surprisingly coded 'survival' as subjection to the state, and an abdication of civic agency. What thousands defined as their active way

of creating an interconnected collectivity, and their agency in coping with existential threat is reinterpreted as resignation to act.

The conflict over masks, civic agency, and responsibility turns out to be overdetermined by the burdensome legacy of the socialist past. Discourses of health and healing constituted a very important part of the process of post-socialist transformation which was then conceived of as a project of moral and in fact literal ‘rehabilitation’. This ‘rehabilitative citizenship’ was constituted by a moral responsibility to overcome the ‘deviance’ and sickness of the socialist past (Kolářová 2024). In the context of the pandemic, the persistent workings of the postsocialist rehabilitative citizenship introduced a competing notion of the threat to national body, and of responsibility for the collective health. Arguably, ‘covidism’, not Covid-19, represented the true danger as it revived the (moral) pathologies of the socialist past: the nation’s vulnerability to state pressure, ideology and collective compliance with the totalitarian state.

In these performatives of rehabilitative citizenship, the epidemiological measures warranted caution: observing them might be an expression of acknowledgement of a relationship to one’s neighbour and vulnerability that defines such relationship, yet they might also be a *barrier* to such relationality: ‘[U]nder the guise of strict epidemiological measures, [the government] is trying to turn Czech society into a *powerless mass of individuals isolated from each other.*’ (KOD 2020) Some of the critics of the measures highlight their own ‘past involvement in the resistance to the communist regime’ (KOD 2020), which symbolically legitimizes their rejection of preventive measures. They make it their moral responsibility to warn the nation that masks resemble the ‘gagged mouth and legal incapability’ (KOD 2020) that the socialist regime enacted on its citizens.

This reliance on narratives of rehabilitation had important repercussions on understandings of responsibility and thus also on notions of health, risks and vulnerability to the viral agent. Whereas the nationwide masking up conjoined the individual and the collective bodies through the recognition of shared vulnerability to the SARS-CoV2, these new demands on individual and collective responsibility were articulated vis-à-vis presumed sickness of socialist totalitarianism. The following quote illustrates the shift: ‘Masks can only be rehabilitated from their reputation of being a muzzle [...] when people take responsibility back into their own hands. Only then will there be space for thoughtfulness and solidarity’ (Šafr 2020). Two important moments are superimposed here: the individual responsibility must be assumed independently of the state, and is primarily a responsibility for the abstract idea of health of the nation that needs to rehabilitate itself from socialism. Hence invoking the tainted socialist past operates as a shift that re-centres the debate

towards the neoliberal notions of autonomous individual and reactivates the postsocialist moral responsabilization. At the same time, these modes of responsabilization are not fully devoid of collective dimension which is however no longer related to the biomedical vulnerability, but to a political one. In these articulations of rehabilitative citizenship, the civic and individual responsibilities are detached from materiality of the virus.

Differing vulnerabilities, disintegrating collective

In early September, the viral agency once again took central stage and resolutely refused to be omitted. In spite of striving to consolidate its public health expertise and further develop protocols that emerged bottom-up during the spring, the state found itself unprepared to tackle the intensifying pandemic, and in particular its social dynamic. Bringing together the above discussion of tensions between modes of responsabilization and visions of immunity, this section zooms on their re-articulations during the pandemic autumn wave. A significant number of lives was claimed and competing notions of collective health and immunity came forward that seem to both reinforce and push against neoliberal definitions.

In October, against the intensifying level of infection and insufficient state epidemiological measures, a group of experts issued a call to ‘personal lockdown. It interpellated everyone to responsibility: ‘[w]hat we do or do not do now will decide how many people will get seriously sick [...], or how many will die’. The call acknowledged the unpredictability of the viral agency and asked that people do not ‘play Russian roulette with fate of fellow humans’ (#ZachraňmeČesko 2021). Even if the experts criticised the government for failing to introduce social and economic measures that would have enabled people to behave responsibly, the appeal to ‘personal lockdown’ turns to the public, not the state.

However, notions of blanket protections were rejected by large sections of the public as ‘we need to learn how to live with the virus’ became the motto of the autumn. This assumed that the population can easily be divided into two categories depending on susceptibility to the virus, ‘the healthy’ and ‘the vulnerable.’ ‘The vulnerable’ (the elderly, and/or people with pre-existing conditions) need *targeted* protection. Contrastingly, the immunity of ‘the healthy’ (young, able-bodied) would be arguably *reinforced* through the viral interaction, thus the ‘business-as-usual’ for the ‘healthy’ majority need not be disturbed.

The proposals, often voiced by physicians, that the supposedly able-bodied majority be let encounter the virus had a significant impact on both the public

discourse and governmental policies. Their proponents leaned against the Great Barrington declaration (2020) and similar international initiatives. Therefore, the epidemiological measures were reintroduced in October only with hesitation and significant delay, and were eased in November, despite the high rate of new infections. By mid-January 2021, the country again topped the international tables of daily infections and deaths.

Given the spring wave of solidarity, such development may seem surprising. Yet, it reflects a version of imagined immunity that was seeded—in both expert and lay discourses—already in spring. In April, medical experts, including the rector of Charles University, appealed to the government to promptly ease pandemic restrictions stressing that ‘80 % of population infected with SARS-CoV-2 suffers only mild symptoms’ (Výzva 2021). Such voices further strengthened in October amidst the full-blown spike of Covid-19 infections. A group of physicians initiated a petition rejecting the epidemiological measures (Otevřený dopis 2021). By end of the year it gained nearly 76 thousand signatories.

It asserts that ‘while some risk exists for older and chronically ill [...], this type of coronavirus does not present any serious threat to healthy citizens in productive age’. They posit that the ‘drastic’ measures, including closure of schools, imposed by the government represent bigger threat to overall health of the populace than Covid-19 itself. Further, they argue that the disease would actually strengthen children’s immune system. The letter concludes by turning the pandemic into an opportunity to ‘think about healthy lifestyle’ and point to individual responsibility for one’s health. Hence, this and similar initiatives with expert origin and popular support that emerged in void of strong public health authority, rephrase the notion of collective immunity as a sum of differentiated individual resilience.

Three aspects of this shift are crucial for theorising the competing notions of responsibility and immunity: First, the individualised responsibility for one’s own well-being hinges upon assumption that bodies, viruses, and health risks are predictable. Benefits and harms of one’s actions are then seen as easily calculable; therefore, it is up to one to make right choices. Individual autonomy is not only taken for a matter of fact but constitutes a moral obligation. Opposed to the ‘logic of care’ mobilised in solidaristic visions of collective immunity, the latter versions foreground ‘logic of choice’ (Mol 2008). This switch parallels what Jennifer Reich (2020) recently described in relation to children’s vaccination in the US and shift from a collective to individual framework of risk assessment, in the Czech context, it also strikingly mirrors the post-1989 economic reasoning that emphasises individual responsibility for one’s *financial* health.

Second, the Open letter and related criticisms of epidemiological measures naturalize the encounter with the virus as a trial of individual strength. One physician publicly declared, ‘the *coronavirus death is fair* [...] like a storm in a forest, it claims the weaker individuals’ (in Procházková 2020). This further transpires in the debates whether SARS-CoV2 was indeed the primary cause of death, whether people die *because of* or ‘merely’ *with* the virus. The view of the disease as a trial of one’s strength entered common reasoning. For instance, our middle-aged respondent who went through the Covid-19 infection anticipated that in her case vaccination would be ‘unnecessary’. Though she herself ‘was sick for 14 days, and felt horrible for 10,’ she insists that ‘[she] would rather go through this every year than “be forced” to get vaccinated. To get sick time to time is part of life!’

Most importantly vis-à-vis articulations of imagined immunity and responsabilization, the epidemiological measures are, third, presented as unjustifiable redistribution of health damage (Otevřený dopis 2021). Address to the Parliament in November 2020 criticised plans to make Covid-19 vaccination mandatory. It opined that ‘vaccination [...] redistribute[s] the suffering of those who would fall ill if they were not vaccinated onto those who [will] suffer vaccination’s side-effects’ (Cihlářová et al. 2020). A renowned and highly popular physiotherapist expressed similar concerns over epidemiological measures redistributing health risks. He warned that if we create a generation of ‘covid children’, the currently high number of people dying of cardiovascular and metabolic disease would significantly increase in future. He thus pits health interests of different social groups against each other and openly acknowledges that ‘something must be sacrificed’ (Kolář 2020). These views echo a lasting post-socialist sentiment according to which any state-imposed redistribution is in principle unfair and morally dubious. As a result, the pandemic turns into a conflict over whose *individual* health and wellbeing should be prioritized. It is the ‘healthy’ majority that is posited as threatened not by the virus per se, but by the preventive measures. ‘The vulnerable’ in whose name normal lives of ‘the healthy’ are arguably disrupted, become the real threat, as their individual risks are ‘unjustly’ redistributed across the collective and into the future.

The Czech official Covid-19 policy has never explicitly endorsed the position that it is individual bodies that need to be protected and not collective body. However, the governmental policies strongly contributed to the shift in risk perception towards individualization. The move from blanket to targeted public health measures was not accompanied by a clear communication that it is still *the collective body* and *immunity* that needs to be protected. The official slogan ‘I protect you, you protect me’ that defined the spring wave of the

pandemic was rephrased into ‘I protect myself; I protect you’. A subtle, yet significant reversal of emphasis from ‘you’ and the collective to ‘I’, marks a shift in governmental communication.

The mismanagement of the pandemic in Eastern Europe is often explained through the failings of the current populist governments (e.g., Bušítková – Baboš 2020). We argue that the long-term cultural and material conditions of (post)socialism must also be considered here. The shift to individualized immunity and self-reliance mirrors the neoliberalized ethos of post-1989 public discourse which however emerged already under state socialism (Bockman 2011; Samec – Hájek 2019). Yet, the reference to the collective has never fully disappeared. Further concerns over the harmful effects of epidemiological restrictions were articulated with explicit reference to the collective. For instance, in September our fieldnotes documented a complaint made by an elderly publisher: ‘not underestimating dangers of Covid, to me the loss of social contacts does more harm.’ He even argues that the social distancing ‘devastates our cultural and civilization foundation. In these instances, the collective and its constitutive qualities are reconceptualised, and in particular to include futures of today’s children. What however remained painfully lacking was a shared language to *recognize* the multiple pandemic effects and *negotiate* how to accommodate and (re)distribute them, in time and the social space, with all their uncertainties.

Conclusion

In view of the collective, shared nature of immunity, the pandemic revealed very clearly the dramatic need to cultivate modes of responsibility beyond the private sphere, but that stem from recognition of co-dependency that embraces the ‘Other’ and shared yet differential vulnerability. Theorising what contributes and what hinders articulations and negotiations of vulnerabilities across the collective, we need to develop a nuanced analysis of how they were enacted during the Covid-19 pandemic.

The critical lenses proposed early in the pandemic to explore its social dynamic through frames of neoliberalism do not suffice to capture the surprising and often counterintuitive developments. For instance, the notion that modes of responsabilization travelled from accentuating the collective to individual health and immunity, and from recognition of embodied mutuality towards personal autonomy overlook that even apparently individualised horizons of health relate to visions of collectivity. Moreover, the (self)responsibilization of the citizenry during the first wave offered empowerment through the affective force of collective agency. Thus, it did not prevent but strength-

ened a commitment to a shared immunity. In contrast to other European contexts, it also enabled the surprisingly quick public adoption of facemasks (Schönweitz et al. 2022). We can only speculate if and how facemasks would have been accepted by Czechs if they had not been forced to sew them themselves.

Compared to Trnka et al. (2021) who focus on how New Zealanders negotiated their competing responsibilities vis-à-vis epidemiological measure in the everyday, we were concerned with how the society at large and its immunity were imagined and enacted during the first pandemic year, and how they were shaped by the long-term (often non-medical) national histories. Trnka et al. recommend that epidemic regulations be more flexible so that people can better accommodate their particular life-situations.

We, on the other hand, stress that some conflicts over competing commitments, and indeed visions of good (individual and collective) life cannot be redistributed onto individual households and ‘social bubbles’. It is precisely because immunity, as much as risk taking, is negotiated by society at large that the second, autumn, wave of the epidemic brought stark conflicts in the Czech Republic. During the spring wave, vulnerability seemed almost to be uniform across society, which allowed for a robust articulation of collective immunity. However, with increasing knowledge about the disease and the experience of the unequal impact of the long-term epidemiological measures on different socioeconomic groups, the similarity of vulnerabilities and risks gradually proved to be fictitious. During the autumn, when the modes and degrees of vulnerability were revealed to vary across society, there was no shared platform or vocabulary to articulate or negotiate these variations and arrive at a sense of (relative) unity in difference. The need to claim one’s own perspective in the unwieldy public space pushed respective positions to intransigence and often to unjustified certainty of claims regarding the viral agency and pandemic effects. All this resulted in the acute perception of conflict and dissolution of social consensus over immunity, responsibility and post-pandemic future.

Resolving such emerging conflicts requires recognition of pandemic’s deeply (bio)political nature that cannot be settled solely by means of (medical) expertise or pre-pandemic political representation. It requires widely participatory governance and ‘ownership’ of the pandemic, which tentatively emerged bottom-up in the spring but was not sustained. Developing such mode of governance will be crucial as we are to face future crises, be they a health or climate one. To that end, the Czech case enriches social and theoretical imagination by moving beyond clean-cut binary categories of neoliberalism and its conceptual counterparts.

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APPENDIX

Table 1: **Demographic breakdown of respondents**

Gender		Highest level of education		Profession	
Woman	23	Primary school	1	Student	5
Man	22	Grammar school /	19	Employee	22
		Secondary school		Freelancer	13
		University degree	20	Parental leave	3
Not specified	0	Not specified	5	Not specified	2
Total	45	Total	45	Total	45

Age		Place of abode	
18 – 30	15	Prague	29
31 – 40	13	Town	9
41 – 50	8	Small town	2
51 – 60	2	Village	3
61 and above	2		
Not specified	5	Not specified	2
Total	45	Total	45

Picture 1: **Rouškovník (mask-tree)**



Source: Authors