02. COVID-19 PANDEMIC AND BIOPOLITICS IN LATIN AMERICA

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As the first pandemic in the datafied society, COVID-19 offers an opportunity to reassess debates about digital communication and governability. These debates are driven by an interest in understanding particular aspects of "digital biopolitics"—the ambitious efforts by governments and corporations to maximize knowledge and control of populations for political and economic power. Digital biopolitics also draws into question the vulnerability of democratic rights such as privacy and the "right to know." In a recent article, Stefan Ecks concludes that, "we have never seen biopolitics on such a scale. 2020 is the birth year of radical biopolitics."[1]

Given our longstanding interest in the datafied society in Latin America, we are interested in assessing the applicability of arguments about contemporary biopolitics in Europe and the United States. Even if it is too early to draw categorical conclusions, given that the evolution and aftermath of the pandemic are unpredictable, there are indications that the current situation in the region does not match recent conclusions about the escalation of biopolitics. Various factors shape biopolitics, such as government objectives; bureaucratic systems; accountability and transparency of mechanisms and policies; the reliability of digital platforms; and conditions of epidemiological surveillance. None of these factors in Latin America are comparable to the situation in most countries in the global North.

At the time of this writing, Latin America has become the new epicenter of the pandemic, based on an increase in reported cases of infections and deaths.[2] Various governments in Latin America (Perú, Argentina, Bolivia, Chile, Ecuador, México, Colombia and Brasil) and the Inter-American Development Bank have deployed digital technologies to control the transmission of the virus and support testing and tracing. They have collaborated with private companies and universities to set up mobile applications for geolocalizing and contact-tracing possibly infected people. Expectedly, these actions have raised concerns about the negative impact of massive surveillance.

While we recognize the legitimacy of these concerns, the problem in Latin America has taken on different dimensions than similar efforts in Europe, North America, and East Asia. For the moment, the governments in the region have encountered significant problems launching and maintaining massive digital surveillance apparatuses. What stands in the way of pandemic-driven biopolitics is not a firm official commitment to protecting personal data or balancing public health objectives and democratic rights. Rather, the obstacles are technological and

1 Stefan Ecks, 'Coronashock Capitalism: The Unintended Consequences of Radical Biopolitics', *READING* 30, no. 3 (2016).

2 Talha Burki, 'COVID-19 in Latin America.' *The Lancet Infectious Diseases* 20, no. 5 (2020).

institutional: poor reach and limited effectiveness of digital and mobile technologies, as well as the inability of the Latin American state to govern and provision health services.

Most national health systems suffer from chronic deficits in provisioning services and monitoring populations. These deficits have been driven by a lack of funding and effective government administrative systems to set up, conduct, and maintain monitoring of health data and personal data. Underreported health data is common; in countries such as Nicaragua, Perú and Venezuela, health authorities have not even bothered to report basic epidemiological data. As a result, underreporting of cases is widely suspected. It is hard to imagine that malnourished health systems, when combined with other government agencies, would result in well-lubricated apparatuses. Take, for example, the decision by Brazil's President Jair Bolsonaro to terminate the agreement between telecommunications companies and the Ministry of Science, Technology, Innovation and Communication to provide information on mobile phones related to geographic location and mobilization. The decision to terminate was driven more by Bolsonaro's reckless pandemic policy than concerns about data protection. His government has had an appalling performance since the beginning of the pandemic, and has flatly dismissed concerns raised by health experts (including his former Ministry of Health Nelson Teich) and the World Health Organization.

Official disinterest in mobilizing digital technologies to control the pandemic pales in comparison to the way that police, military and intelligence services in the region historically approach communication and information technologies for securitization. From the early decades of the twentieth century until recent military dictatorships and contemporary democracies, governments have developed surveillance technologies to control populations, often with support from foreign countries. Recently, governments in countries including Colombia, Mexico, and Guatemala have beefed up surveillance technologies[3] to spy on critics including human rights activists, politicians and journalists. Nowhere in the region did national governments show comparable interest in incorporating digital technologies to maximize biopolitics. These national differences reflect distinct priorities and approaches to surveillance and population management.

Digital technologies do not improve outcomes without a high rate of adoption of contact tracing and geo-localization mobile applications. Technology's usefulness to controlling the pandemic would be quite limited due to the restricted availability of high-end cell phone equipment with Bluetooth and GPS and the unequal infrastructure of cell coverage in the region. An effective digital system would also require relatively updated mobile phones, which is rare, as civil society organizations such as *Derechos Digitales*[4] and *Fundación Sadosky*[5]

3 Katitza Rodriguez, 'Where Governments Hack Their Own People and People Fight Back: 2018 in Review', *Electronic Frontier Foundation*, 30 December 2018, https://www.eff.org/ko/deeplinks/2018/12/where-government-hack-their-own-people-and-people-fight-back-latin-american.

4 J. Carlos Lara, 'La pandemia de COVID-19 y la pulsión por la vigilancia estatal', *Derechos Digitales*, 1 May 2020, https://www.derechosdigitales.org/14411/la-pandemia-de-covid-19-y-la-pulsion-por-la-vigilancia-estatal/.

5 Fernando Schapachnik, 'Apps para Contact Tracing, ¿ahora?', *Medium*, 8 May 2020, https://medium.com/@fernando_36842/apps-para-contact-tracing-ahora-69e01b68d8c1.

have observed. According to 2010 data, between 65 % and 85 % of households own mobile phones in Latin American countries, except for Cuba and Venezuela, where numbers are lower.[6] Mobile phone services in many countries, such as Mexico, Argentina, Brazil, Colombia and Venezuela, have received frequent complaints for poor quality, according to consumer rights protection associations.[7]

Other technological barriers to tracing effectiveness include battery power and memory space, which current mobile health applications rely on. Apple and Google, the two largest providers of operating systems for cell phones, joined forces to address this issue. Nonetheless, it is not yet clear whether digital corporations will make certain applications available in older mobile phones that are more common in the region. Application malfunctions during the somewhat chaotic launch of COVID-19 in several countries have discouraged people from using them. Due to poor design, applications have also had many vulnerabilities. This was the case in Argentina in the province of San Luis, where national identity documents—including the processing code that is an authentication factor and the photo—were leaked. In Buenos Aires, it is possible to access the date of birth and address of any citizen.

In summary, the pandemic has prompted state-directed plans for monitoring COVID-19 prevalence in partnership with digital corporations and universities. The scope of the disease requires collecting massive amounts of data on populations, improving reporting systems, and deploying state-of-the-art technologies. However, it is not clear that these plans would achieve desired results. The obstacle is not a strong culture of privacy and data protection, but rather chronic problems among government agencies to ensure that health systems have ample and quality coverage, coupled with a weak and uneven commitment to addressing the pandemic. Government commitment has been notoriously lacking in Latin American health systems. In countries with serious infrastructure problems and inadequate funding for health services, it would have been surprising if governments had actively promoted data tracking to inform healthcare research and policy and fix intractable problems. Indeed, the spotty record of health systems in the region in responding to dengue, zika, chagas and other infectious disease outbreaks in recent years suggests that government negligence and lethargy are not conducive to deploying massive digital monitoring interventions.[8] Biopolitics assumes the willingness of states to know and roll out systems to track and control populations. On health matters, Latin American states have largely lacked the political will as well as human, economic and technical resources to know and act.

6 Alejandra Silva, 'Una mirada regional al acceso y tenencia de tecnologías de la información y comunicaciones a partir de los censos.' *Enfoques*, 17 December 2018, https://www.cepal.org/es/enfoques/mirada-regional-al-acceso-tenencia-tecnologias-la-informacion-comunicaciones-tic-partir.

7 Daniel Pardo, 'Por qué los latinoamericanos se quejan tanto de los celulares.' *BBC News Mundo*, 1 July 2013, https://www.bbc.com/mundo/noticias/2013/07/130701_tecnologia_celulares_latinoamerica_quejas_dp.

8 Hugo Lopez-Gatell, Mauricio Hernandez-Avila, Juan E. Hernández Avila, and Celia M. Alpuche-Aranda, 'Dengue in Latin America: A Persistent and Growing Public Health Challenge', in Carlos Franco-Paredes and José Ignacio Santos-Preciado (eds) *Neglected Tropical Diseases—Latin America and the Caribbean*, Vienna: Springer, 2015, pp. 203–224.

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