



PUBLIC RISK MANAGEMENT POLICIES

SOME LESSONS FROM THE COVID-19
CORONAVIRUS PANDEMIC



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COVID-19 CORONAVIRUS PANDEMIC**

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PUBLIC RISK MANAGEMENT POLICIES

SOME LESSONS FROM THE COVID-19 CORONAVIRUS PANDEMIC¹

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This document analyses risk issues and public policy responses to the covid-19 coronavirus pandemic. I will start with an elemental statement: Horror events contain this tragedy. Reading it brings back that fear of the species. Fear that was already dealt with in the attic period of classical Greek literature. In a few months, in a world globalized by the susceptibility to infection, the crisis caused by the coronavirus - at the same time that it made evident the fragility of the human being - brought about a deep discussion in the whole world. Because it is already impossible not to think that the current pandemic casts great questions and certainties on modernity: Were the States prepared to face such a lethal enemy? Are the policies of neoliberalism fragile in terms of obtaining an appropriate public policy response? Is there a contradiction between the concept

of public health and a development policy? These are universal and precise questions about the relationship between the citizen and the State. Questions that spread with the speed of the virus itself. These questions reveal a disagreement and a judgment about the policies of governments in relation to public health, which lead to only one: Is health a right? Who is responsible for ensuring economic security and providing security for the citizen?

Reading it brings back that fear of the species. Fear that was already dealt with in the attic period of classical Greek literature.

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Certainly, responses to pandemics are a matter of public decision. To this end, I will develop five points in this presentation: First, the issue of public policies for risk management; emphasizing some of the challenges and problems we have there. Secondly, a briefly review with the main obstacles to public policy responses to the pandemic. Thirdly, a description of the main responses and strategies that have been developed. Fourthly, the main dilemmas involved in these responses, and finally, a philosophical reflection on what I call a Hobbesian principle, which is behind what is happening throughout the year 2020.

1. PUBLIC POLICIES FOR RISK MANAGEMENT



Photo: IAI

The public policies for risk management, started a little over half a century ago and, in a way, go in parallel with the construction of the field of public policies, generated in the United States by a series of social scientists, political scientists and psychologists, particularly with people like Harold Laswell, Robert Dahl or Giandomenico Majone, who build in parallel the field of public policy, while economists and sociologists, independently, began to investigate from planning systems in these countries, after the Second World War. Concurrent with the creation of the multilateral framework of Bretton Woods and the organizations that emerged from it (some under the United Nations system), a public policy of a global, transnational nature, which is risk management, burst forth. In a first stage, the purpose of this policy was not related to natural or demographic risks, but to political risks; the question behind risk prevention was national or global security: how to avoid a third world war, after what the enormous humanitarian disaster of the first and second war had meant. In the 1950s, the most important threats were rearmament and the emerging arms race, which since the end of this decade has been built in terms of the nuclear threat when the two superpowers, the Soviet Union and the United States, dispute the world and seek to control it.

Subsequently, from risk management that was focused on national security, which characterized the 1950s and part of the 1960s, in the last part of the 20th century, literature, global public policy and documents that have to do with environmental risk management began to appear, particularly due to the growing awareness that the processes of large-scale industrialization, which the European countries, the United States and the Soviet Union had at that time, meant a negative impact on natural resources (Laidy, 2004). The anthropocentric axis of conceiving nature as a means to human ends, begins to be revised.

Today there is pessimism about the human capacity to achieve a balanced development of its economic resources and social structure versus the negative impact on nature. From there arises a neoliberal, developmentalist technology that speaks to us of sustainable or sustainable development that, in a certain way, could be seen as an antinomy or a contradiction in terms: to what extent can development be done, make cities grow, increase the number of vehicles circulating and produce more and more factories (which is a very important development indicator in recent years, for example) while, on the other hand, it is maintained that society should be stable; that it should not grow or decrease? (which is something unthinkable for development economists, since they always suppose an increase in productivity, which can be neutralized with public policies that allow a balance of development.

In this sense, the last turn of the risk management policy was made, which began to analyze risks of an environmental nature. This last direction includes global warming and climate change, which are accurately perceived in the last two decades of the 20th century. In the case of pandemics, the analysis of risks in the field of public health is beginning to be carried out in a apprehensif manner. Bill Gates, in a speech delivered in 2015, warned about the possibility or imminence of a viral pandemic that could not be controlled by the human species. There is a lot of literature about Think Tanks in the United States that goes in this direction.

2. OBSTACLES AND LIMITATIONS OF RESPONSES TO THE PANDEMIC

Firstly, the organization that regulates global policies in the field of public health, the WHO, is a transnational organization within the United Nations system, strongly influenced by the lobbying and advocacy of large companies in the pharmaceutical and health sector as a



Photo: CNN Español

mega business³. To this extent it is a technical-scientific body, but at the same time it 'plays' in international public policy, as is the case with other UN bodies. It is not in itself an independent scientific board, and yet it is heavily influenced by governments, especially the European Union, the United States, China, Russia and other major powers.

Although we know that the structural solution to the coronavirus pandemic is the development of a vaccine, this is not done in a collaborative manner between national laboratories in France, the United States or China, but in a competitive manner; the laboratories compete for who will get the franchise or license of the vaccine against the possibility of getting a mega business by commercializing it on a global scale. So the whole issue of corporate rivalry for scientific innovation conspires with humanitarian principles to produce a vaccine that can be distributed at low cost.

Secondly, in the public policy response to the pandemic crisis, national interests have been perceived as what could be called, since the 19th century, the reason for state; e.g., China hides information about the origin of the pandemic, minimizing it. Even the medical group that discovers the Covid-19 is harassed by the Chinese

3. "the logic of the free market has dictated pharmaceutical production, R&D and of course its financing, whether public or private. It is argued that pharmaceutical R&D is very expensive, yet the industry's net profits greatly exceed R&D expenditures (Henry and Lexchin, 2002). Rather, it is due to a business model that does not respond to active pandemics, since the market is quickly exhausted as the crisis subsides, which means the withdrawal of funding and thus the suspension of research (L.C. Rosella et al., 2013). In the case of covid-19, although there is information on advances in vaccines (The Guardian, 2020), by the time testing is probably over, with a high social cost, the large company that takes on the manufacturing challenge will consider the economic challenges involved, with a revalued market value, in short; the market economy prevails. Perhaps the paradox here is to establish the independence - in terms of interests - of who funds the research, since the struggle in the field is over intellectual property rights. In this way, the interests of the political and economic markets are combined". (Valencia, 2020)

national security agencies, which tried to prevent the news from circulating. Guy Sorman, argues that the main reason Covid-19 has spread is in China, in the lack of understanding of the nature of the threat, in its bureaucratic and police control, and in the late response that China gave to conjure up the pandemic, unlike the SARS, which in 2012 also originated in China. Sorman says that the reason of state in a great power like China, prevented a proper conjure up of the pandemic when it was just beginning.

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A third obstacle is the interests of the big pharma companies that limit the role of the World Health Organization (WHO); the position of the Chinese government itself and the inability of national governments to understand the nature of the threat. In this emergency, everyone knows the most notorious failures, such as that of the United States with the Trump government, which denies the threat, minimizes it and relativizes it, and finally the worst public health crisis since World War II breaks out. Today, the United States has the highest number of infected people on the planet, and only belatedly are the measures recommended by epidemiologists and health experts being taken. Similarly, in Brazil, President Bolsonaro mocks the responses and criticizes his mayors who had already made decisions to push for quarantine and confinement. As a last case, in Mexico, President López Obrador has also minimized and despised the spread of the virus, until the time comes for them to rectify it on the fly with a high social cost. In the case of the European Union countries - Spain and Italy in particular - various analysts maintain that in these countries, despite being in the European Union, there has been an excessive commodification and liberalization of the public health field, which has been privatized and turned into a business, and this situation has weakened public health responses, just as

in the United States the Trump government has done, which has destroyed as much as possible the medicare system, which was difficult to implement due to the enormous lobbying of pharmaceutical groups and the neoliberal ideology of the Republican party.

The last obstacle is constituted by the rates of profit that in the field of biotechnology are not concentrated in curative or preventive medicine, or even medicalized medicine (whose reason for being is the production of medicines and treatments) but in that which is focused on genetic research, which is behind the enormous food industry: transforming animals, as well as producing transgenic crops to scale up the productivity of food products.

Behind it all, there is also the fact that there is no world government. In the face of a global pandemic, there is no capacity for agencies such as the WHO or the United Nations System to coordinate public policies that can then descend to territorial governments where the courses of action of public policy responses are very dissimilar. We can compare in Latin America what happens in Brazil and Mexico (as negative cases); with what happens in Colombia (as positive case) where, although there was some delay, the Colombian government took advice from expert epidemiologists and began to take steps in the right direction, to control the pandemic and try to reduce the scale of infections.

3. MAIN PUBLIC POLICY RESPONSES AND STRATEGIES TO THE PANDEMIC

The main public policy response has been Lock Down, or confinement, which among other things is a very old measure, because from the first civilizations of the ancient world (as we read in Leviticus, a text that genealogically refers to archaic knowledge of Egyptian medicine), through the Middle Ages to the beginnings of modernity has been the only alternative to this type of epidemic: the rich locked themselves in their castles, took refuge in their palaces and estates and waited for the population to die.

They waited for the worst of the winter to pass and when spring came they burned the houses and the bodies, or buried them en masse, trying to get the world to reconfigure itself again.

This is not the first pandemic, there have been many, some without response capacity as the Spanish flu, which generated a much greater impact in terms of mortality that has had so far the Covid-19, that was a massive contagion where there were very few capabilities of anticipation and prevention. Confinement



is a valid measure, but it does not solve the problem, which can make a health response to the infection that reduces or distributes over time the number of patients that health units can attend. This is why a race against time is evident today in intensive care units due to the lack of ventilators. In some cases, the response is to set up stadiums, shopping malls and hotels as alternative clinics that allow the treatment capacity of patients to be amplified on a rapid scale. This is a helpful, but not sufficient, issue, as it is a very old formula that makes it clear that we are practicing forms of politics that go back to antiquity, through the 15th, 16th and 17th centuries.

A second line of public policy response has been the traceability, identification and isolation of patients suspected of infection. The best example of this is South Korea, where using Big Data has also involved the population, not only patients with symptoms, but asymptomatic patients and the general population. This has allowed a rigorous isolation which, unlike the western case, is not at will. In Colombia it has been seen that part of the spread of the virus derives from the fact that, from a liberal perspective, philosophically speaking, each individual has been told that he or she must take care of him or herself and that, if he or she does not, he or she may be punished. A large number of those infected who came from Spain, Italy and other countries did not follow the protocols, infected their own relatives, and circulated freely throughout the territory spreading the virus. In the case of China and South Korea, when a patient is identified as a suspect, they do not allow self-imprisonment in their home, but confine them to separate places such as hotels or large scale centers where the suspect patients are observed. This has greatly limited the spread of the pandemic. In these countries, a lot has been done in the preventive issues of confinement from the policies of social distancing, while other countries have had negative experiences such as Ecuador, Spain and Italy, Mexico, Brazil and the United States which today is the country with the most cases.

In Asia the measure of compulsory confinement has been fulfilled, possibly caused by a citizen's obedience to authoritarian and repressive regimes, without denying that part of that obedience is influenced by culture, by a way of being that derives from the ancient principles of their philosophies. On the contrary, in Western democracy it has been difficult to comply with the policy of confinement; it is possible that the causes are economic, because the ordinary citizen needs the street to face his fragile economic situation. It is undeniable and we cannot ignore that there is a non-conformity, a high level of disbelief in the policies of the State.

Thirdly, another element linked to the previous one, but which goes far beyond it, is biometric controls, which was the huge flaw that allowed the origin of this pandemic. The virus spread through airports. Today there is a very large global connectivity, and a country like China, which is the main manufacturing power in the world, thousands of flights were the channel through which the epidemic multiplied to other countries like the United States, Italy and Spain. The epidemic would later reach Latin America, as a second reflection of the European and North American infected, who would promote by air the exponential transformation of the contagion into a pandemic.

Biometric controls have existed for many years, but they are phytosanitary controls. That is, against plant or animal species to prevent diseases such as foot-and-mouth disease or the spread of pathogens between plants that harm agricultural production. This has been in place for many years, but there is no biometrics or biotechnology control to prevent patients who are virus carriers from being identified at airports or places of mass circulation in order to be detected. This is where the complex issue of asymptomatic patients comes in. Several passengers of those who brought the virus to Colombia were analyzed with temperature sensors and did not manifest the symptoms, but they did have and carried the virus.

Public policy responses to the movement of people around the world are almost in their infancy, as there are not yet adequate technologies to allow early identification of this type of pandemic in healthy patients. If you stay on an airplane for ten or eleven hours, the risks of people being infected by an asymptomatic passenger carrying the virus are enormous. In terms of public policy, scientific research is needed to enable the traceability of asymptomatic carriers, so that when airports are reopened and planes take off again, the pandemic will not recur. In fact, in the United States, several experts express that there is may be a second cycle. We do not have hard winters like the Americans, the Chinese or in Europe. Spring is starting in the Uni-

ted States, the Nordic countries are expected to have a mitigation of the pandemic in the summer. But some anticipate that the winter of November and December may bring a resurgence of the pandemic as happened with the avian influenza and the Sars in the early part of the last decade.

I will end this point with the main background responses, which are related to medical research on treatment and cure, based on vaccines, in order to develop a condition of immunity. Human beings often contract viruses and are able to develop their own immunity. In fact, vaccines are in a way a programmed infection; this is how Pasteur invented them. A procedure that consists of inoculating a weakened or cloned virus that allows the body to generate antibodies. But in this case, it is not known whether the immunity is permanent or temporary. Because these viruses can mutate and a variation of it could re-infect people who were well rid of the disease.

The main focus of global public policy in each of the countries has to be directed, beyond the epidemiology of prevention, towards scientific research that can achieve in the field of vaccines what has already been achieved in the field of genetics (Daems, Del Giudice,, & Rappuoli, 2005), where the developments of manipulation on the natural living thing are enormous. As Donna Haraway, (1991) says, human beings have been reinventing nature for fifty years, creating new spices, modifying their own and making eugenics with the human species itself. But we do not yet have the same capacity to respond to the clinical treatment of this type of pandemic.

The main focus of global public policy in each of the countries has to be directed, beyond the epidemiology of prevention, towards scientific research that can achieve in the field of vaccines what has already been achieved in the field of genetics.

4. MAJOR DILEMMAS IN PUBLIC POLICY RESPONSES TO THE PANDEMIC

Today, an important theoretical discussion is taking place, where philosophers, and other experts who have been studying the relationship between health, life and public policy, evidence an interesting debate between two public policy dilemmas: the first one faces the control of life versus the freedoms of individuals. How far should individual and public freedoms be restricted as a function of the priority of life, and what are the risks of authoritarianism behind this? As illustrated by the case of Hungary where people over 60 are forcibly locked up and this has also happened in other countries. The second dilemma arises in the relationship between public health and the market, where there are contradictions since restricting mobility affects markets, but, conversely, increasing mobility decreases control over public health⁴.

The Lock Down or confinement has many difficulties. I do not agree with those who say that there is no contradiction between public health and economic development. Of course there is. In this pandemic resolved through Lock Down, there are small winning sectors; supermarkets sell like never before, pharmacies and drugstores have a good level of sales, homeowners like Rappi and other platforms are in the best of worlds. Likewise, there are many more loser sectors, such as informality and people who live on a piecework basis; the informal economy that is so strong in our countries (and also all over the world) in many areas has been practically paralyzed for several weeks now. Housing, car sales, infrastructure and trade on a non-food scale are on hold. Even the managers of the Colombian poultry industry complained that there is no chicken or meat in the aid packages for poor people. Since these are goods that require refrigeration and in these cases non-perishable food such as grain is provided. This industry is losing a lot of money, and if the situation continues it could collapse.

4. For the study of public policies in situations of confinement, we start from a grid of analysis that seeks the answer in relation to this type of question: What transformations are foreseen in the policies in relation to the problem of social confinement and market restrictions? To do this, the following elements of analysis are used: Policies for attention to vulnerable sectors. Electronic government and tics. Coordination and cooperation with central government levels. Optimal modalities and mechanisms to manage key aspects for social functioning under conditions of mobility restrictions. Policies to attend to household problems related to social confinement and the restrictions that are generated: health care, children's education, intra-family coexistence. Policies for citizen coexistence, safety and health protection. And finally, policies to guarantee access to public services in crisis situations are addressed.



Photo: CNN Español

On the other hand, aeronautics is also paralyzed. The fleets of thousands of planes are on the ground with enormous costs, without receiving any income. The governments of the countries, including Colombia, will have to rescue their airlines because they will not be able to recover from the crisis on their own. Moreover, a prolongation of the confinement may end in looting, as has already happened in several countries, where people on the margins face the dilemma of dying of hunger or becoming contaminated. Thus, they prefer to face informality even in defiance of police restrictions. Extended confinement, which is a necessary alternative, is however insufficient. Confinement cannot be prolonged excessively because it ends up affecting the performance of the markets, the economy, the productivity of society, generating famine and finally fermenting a great social disorder that can lead countries to a situation of plundering and the reversal of the war of all against all.

This is a subject that I would like to emphasize and underline, because we are not aware of it, and it comes out with a politically correct, anodyne discourse, according to which, between health and economy or development there is no contradiction, when of course there is. We do not have to be neoliberal to defend the need for strategic productive sectors not to stop, not to suspend their activity, because they are the ones that allow us to eat, to have medicines and economic sustainability itself. But, risk management parameters and biosafety parameters are required that are very much tied to culture. In South Korea and China, this type of policy was relatively easy, because there is a culture that has accepted social discipline for thousands of years. This is not the scheme of the liberal societies of the West, nor even less the scheme of societies such as ours, which have a heritage character. Where the au-



Photo: Reuters

thority of the state has never had the legitimacy of the countries of advanced capitalism. It is known that in China, for example in Wuhan, they locked up millions of inhabitants for days, and they were able to do this because the Chinese state subsidized food for all the millions of confined inhabitants. This is not possible in Colombia, because it does not have the financial or political capacity to subsidize an entire population.

By means of the adjustment of policies we would seek to respond to how to act in a context of social isolation; what effects social isolation brings; how much acceptance exists from the cultural point of view in our societies, to make a monitoring using a method of comparative character. It is key to investigate to what extent markets have limits with respect to people's liberties, when scenarios of confinement are presented; what are the rights of confined citizens; what is the interlocution of the confined in the construction of public policies. How to make prevail the problems of the most affected sectors or those who have capacity problems, for example, in making medical treatments. For example, the critical case of the health system in obtaining inputs. Within this is the market relationship, the types of market, who are the winners and losers, how employment is affected, productivity, how to combine economic development and the need to keep society economically functioning with the biosecurity control that the pandemic requires. That is a big debate and an important focus that needs to be worked on.

The main public policy dilemma in the responses to the pandemic is the need to move from confinement to biometric identification through traceability of suspected patients, and to identify populations at risk and isolate them specifically, rather than to society as a whole. That is the formula that has worked in Korea and elsewhere. It's what the risk management policy literature recommends, and I think that needs to be emphasized enough.

A first restriction in these responses lies in the time limitation to have effective responses, coupled with uncertainty due to the little scientific knowledge expressed in publications and case experiences (MacDougall, 2007). Although each pandemic is new in terms of clinical issues, and therefore the role of scientific research in the formulation of public policy is significantly highlighted, it is not new in terms of its conception as a threat to humanity and its management in the population (Valencia, 2020).

In this line, another aspect to consider is the need for local and global coordination, as well as multilevel coordination, between international, regional and local organizations of different kinds and diverse sectors (L.C. Rosella et al., 2013), which offer, if desired, minimum agreements of political will, independent of ideologies, since geographical limits are disregarded by pandemics (ibid).



Photo: Freepik

A number of discussion topics remain open. Among them, what happens with the Individual in front of the Social Confinement? What transformations in the social and economic behavior of people are foreseen in relation to the problem of social confinement? This includes the analysis of changes in rules of social cooperation, solidarity and equity. Of the changes in family dynamics, in community or proximity dynamics, in access and interaction to public and community spaces. And finally, the implications of the externalization of certain labour costs that fall on individuals and families, by virtue of working at home.

5. A PHILOSOPHICAL REFLECTION ON THE TOPIC

Agamben (2020) and some other authors argue that what shows the pandemic is the staging of the concentration camp with the forced confinement of people or those confined for being sick or in treatment, reviving the old thesis of this author, according to which, liberal capitalism has as a hidden golden rule, the domain of the "State of exception"⁵.

Absolutely, the totalitarian temptation of many governments does exist. And also the eagerness of many of them to govern by decree laws, to suspend congresses, or to prevent constitutional control of the courts. Or to leave the citizenry in its condition of a pacified and passive subject, who receives the benevolence of the regime from above. For example, a few weeks ago there was a competition in Colombia between mayors to

5. Agamben, (2020) in his first press release on the subject, hastily disqualified the epidemic as an invention. He then qualified his speech a little, but it was aimed at ignoring the real threats to public health and highlighting the authoritarian political use of the threat. In reality, these are two complementary issues; they are not exclusive as Agamben assumes.

see who was more imaginative in the first restrictions. Until the national government had to put the matter in order and establish national parameters that have generally been well constructed. However, the totalitarian risk does exist, because long-term confinement can be articulated with projects of an authoritarian or totalitarian nature, even in liberal democratic societies. Elsewhere, we see clear examples of this trend. Authoritarian governments such as those of the Philippines or Hungary use the crisis of the pandemic to strengthen the political authoritarianism of the state. Because there can be enormous abuse by the authorities who control life, who, taking advantage of the state of emergency, abusively expand its boundaries.

It can clearly be pointed out that, from confinement, the priority is life and not freedom. Freedom is restricted to guarantee the right to life. In this I want to be emphatic, there, more than a theory of the concentration camp, is a theory of life, as a primary good. This is one of the essential foundations of Hobbesian contractual theory, which said that the essential function of the State is that of security over life. It is not a security or an absolute control over life. Because each one would define the private ends of his life, but prioritizing life over freedom.

The substance of the matter is more the claim of the old Hobbesian theory that the State serves society, guaranteeing the minimum bases of the social contract, which implies the right to life for people. The pandemic, used as a political strategy, even allows to cover the individual as a territory also in need of defense, which finds shelter in public policies, which regulate it for its protection and better yet, with its approval.

We are once again in the 21st century before the biopolitics that Michel Foucault (2004, 1977) spoke about in the 1970s and 1980s - in a somewhat vague way - and

about which so much literature has been built in the last forty years, including Latin American contributions in which we have participated. In this biopolitics on populations, the primacy is based on the conservation of life and the interest in conserving the population and the species. These are the primary rules; but, of course, this which is generic, has different content in different country contexts.

Likewise, if we think of a digital society, covid-19 has put us to the test. Our homes, as well as places of confinement, became spaces of access, from the outside, breaking privacy and dissolving the boundaries between public and private. Of course, always mediated by technology, to all kinds of knowledge, information, productive processes previously unimaginable. Virtual doors were also opened to museums, libraries and theaters, among others. The imposition of telework, virtual education and telemedicine threw societies and people more reluctant to interact with these immaterial forms of organization and relationship (Valencia, 2020).

In short, in the face of the current pandemic, it is clear that the threats and risks are global. But, therefore, management must be international. Beck (2008) argues that the new logic of hazards has no place in traditional national politics. For this reason, there is the possibility of a new transnational political subject being configured, capable of understanding the configuration of a non-territorial community of risk. This, insofar as they are affected by the risks that a few manage, sometimes for their own benefit. Today's citizens have the possibility of making their voices heard and of participating in the definition of policies that seek their self-care and the protection of life. Without deliberative subjects and social controls on governments, there is no dignified life worth living.

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