II. Policies and predispositions

DATA SURVEILLANCE AS AN IDEOLOGICAL PRIORITY?

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To what extent can protecting people's privacy be allowed to come at the cost of protecting public health? In several parts of East Asia, data surveillance in connection with COVID-19 was prioritized over individual privacy on the assumption that collective transparency was for the greater good. In the Western world, such as in England, individual freedom and privacy were prioritized above nearly everything else. We have coined the term 'ideological prioritizations' to describe the values and cultural predispositions that are prioritized among one people rather than another. During the COVID-19 crisis, ideological prioritizations have been situated in a complex web of ecological, historical, political and other factors, opening up spaces in which to embrace culturally meaningful ways of understanding the different policy responses to COVID-19. By juxtaposing the ideological prioritization of data transparency in the interests of collective health with the right to privacy by an individual, we hope to open up new ways of thinking about policy-making.

Beginning with mainland China, big data (digital technology) has been widely utilized in the face of COVID-19, for example, being applied in tracking disease activity in real time while screening individuals for the virus (Whitelaw et al. 2020). In mainland China, there are two widely used mobile apps: WeChat and AliPay. These applications generate Health Codes based on their system and database, in which all outgoing residents are required to fill out and update a symptom survey. Additionally, individuals are required to allow the authorities to monitor their health status and share their migration data with government platforms.

Subsequently, residents are assigned a colour code by the Health Codes system, with different colours representing 'low', 'medium' or 'high' risk. This code translates into a health-status certificate and travel pass. In practical terms, residents must scan the Health Code when entering any public place. This visual footprint keeps track of where code-holders go and notifies them if they have been in an infected or high-risk area. Thus, the two functions of the Health Codes ensure public safety by individual contact-tracing (Bao et al. 2020).

Mainland China's policies are aligned with a relational concept of the self as part of the collective. In a culture where personal well-being is deeply intertwined with social obligations,

obeying the data transparency rules is an expression of sacrificing one's temporary freedom for collective well-being.

While South Korea shares its cultural roots with Mainland China, it differed in its COVID-19 response by not enforcing a countrywide lockdown. Instead, widespread testing and tracing were utilized. The government used GPS records from smartphone data and credit cards to trace the movement of patients and identify their close contacts (Her 2020). This required enforcing a law that provided the government with the necessary authority to access data. In addition to the earlier social trauma connected with SARS, which prompted the government to take responsibility for COVID-19, it must be realized that Confucian and collectivist cultural predispositions also influence Korean notions of the self. Compared to a lockdown for everyone that brings society and the economy to a standstill, extensive use of surveillance technology on a small proportion of the population might ultimately save more lives in the collective. The surveillance is a trade-off between Confucian values concerning collective well-being, which are historically given, and the individualistic pursuit of freedom.

In Taiwan we also see the transparent utilization of data surveillance. Realizing that COVID-19 was occurring just prior to the Lunar New Year, when millions of Chinese and Taiwanese were expected to travel, Taiwan integrated its National Health Insurance database with its immigration and customs database to set up a large data centre to perform analytics (Wang et al. 2020). The Taiwanese Infectious Disease Control Act of 2007 allowed officials to access this information as a means to control and contain the virus (ibid.). Any close contacts of confirmed cases or travellers from high-risk countries were required to quarantine for two weeks, during which time they would be monitored via personal or government-dispatched phones or in-person checks (ibid.). All hospitals, clinics and pharmacies in Taiwan had access to their patients' travel histories (ibid.). Though the monitoring measures appeared draconian, the way in which they were implemented was done with respect for individuals, maintaining crucial ethical standards (Nuffield 2020). Data surveillance was prioritized over privacy, the collective cultural assumption being that transparency in this form would allow other freedoms and lead to safety and improved community health. Furthermore, by de-stigmatizing the virus and quarantining, an environment that permitted open, honest communication was established. The aim was to form a partnership between the people and the government, rather than the latter imposing a top-down approach.

This precedent of open communication was also exhibited via 'vTaiwan', a virtual democracy platform that invited open conversations in order to create unity and consensus over policy decisions (Bardi and Bollyky 2020). Through vTaiwan, a face-mask application was developed to provide information on mask stock availability. This was achieved in collaboration between

Taiwan's Digital Ministry, entrepreneurs and computer scientists (Bardi and Bollyky 2020). The Minister of Health and Welfare received approval ratings of above 80% for the handling of COVID-19, and the president and prime minister approval ratings of nearly 70% according to a poll conducted by the Taiwan Public Opinion Foundation, which interviewed 1,079 randomly selected people on 17 and 18 February 2020 (Wang et al. 2020).

Rather than reducing data surveillance measures to a lack of autonomy and privacy, countries would do better to appreciate this approach by viewing it as, in itself, a form of collective transparency for the sake of the community as a whole. As the Nuffield Council on Bioethics stresses regarding ethical considerations in responding to COVID-19, this solidarity is critical in 'recognizing what we owe each other as fellow, equal human beings' (Nuffield 2020: 5). What appears to be a crucial factor in data-use is the reciprocation of transparency and ensured consent by the people in order to maintain trust in the government.

Juxtaposing East Asian COVID-19 approaches to those of England unveils England's ideological prioritization of autonomy, privacy and 'liberal' values. As Drury et al. (2020: 6) state:

> fearing public 'panic' leads the authorities to withhold information about an emergency. But lack of information in an emergency increases public anxiety. And when the public perceives that information is being withheld from them, this damages their relationship with the authority. Consequently, when the authorities do release correct information, the public may mistrust and fail to act upon it.

The presumption of public panic and the lack of adherence by the people led the UK government to issue ambiguous, contradictory and incoherent policies.

Though individuals in Taiwan suffered a loss of privacy through intensive monitoring and data collection, they were not only told that they were being fully informed along the way but were also treated as valued contributors to the decision-making process. In England, by late April, only 12% of hospital doctors felt fully protected from the virus: 'the broken promises on testing were matched by those on PPE' (Calvert 2020: online). On 29 October Taiwan marked two hundred days without any domestically transmitted cases of COVID-19 (Graham-Harrison 2020). On 30 October, by contrast, with numbers rising again, the UK announced another month-long national lockdown. Though people in South Korea and Taiwan were denied data privacy and subjected to more monitoring, they reaped the rewards that the UK population were denied.

There are lessons here for policy-makers to learn. The above comparisons demonstrated which ideological priorities led to which types of response, and no doubt a stronger transnational dialogue can help strengthen individual nations' infectious disease strategies. In reality government and public responses are situated in a complex web of ecological, historical, political and cultural

factors. In a highly globalized world, policy decisions demand the same collaborative, dynamic thought as the context in which they inevitably exist with a virus that knows no borders.

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