

COVID-19, Ontopolitics, Necropolitics and a new philosophical and social concept in Perú and the world: Idiopolitics

COVID-19, Ontopolítica, Necropolítica, y un nuevo concepto filosófico y social en el Perú y el mundo: la Idiopolítica

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Abstract

This paper evaluates the biopolitical implications of COVID-19 pandemic in Peru and the world. It proposes that, due to the coronavirus characteristics and its effects on the populations' health, security and economy, this disease has the ability to reveal the true biopolitical approaches adopted by each nation. The application of necropolitics as government measures to confront the coronavirus, with inequity and inefficiency, is reviewed. In the same way, the concept of ontopolitics is developed as a fundamental tool for defining reality and its components, an act that will decide the implementation of the different disease containment plans. After reviewing its historical and practical connotations, the term "idiopolitics" is proposed to denote that type of government that, in open contradiction with the main objective of politics, of seeking the common good for the citizens of the state, manages and disposes of the public resources guided by particular needs and interests.

Key words: Covid-19; necropolitics; ontopolitics; biopolitics.

Resumen

Este trabajo evalúa las implicancias biopolíticas de la pandemia del COVID-19 en el Perú y el mundo. Plantea que, debido a las características del coronavirus y sus efectos sobre la salud, la seguridad y la economía de los pueblos, esta enfermedad tiene la capacidad de revelar los verdaderos enfoques biopolíticos adoptados por cada nación. Se reseña la aplicación de la necropolítica como medida gubernamental para enfrentar al coronavirus con inequidad e ineficiencia. Del mismo modo, se desarrolla el concepto de ontopolítica como herramienta fundamental para la definición de la realidad y sus componentes, acción que decidirá la puesta en práctica de los diferentes planes de contención de la enfermedad. Tras revisar sus connotaciones históricas y prácticas, se propone el término "idiopolítica" para denotar aquel tipo de gobierno que, en abierta contradicción con el objetivo principal de la política de procurar el bien común a los ciudadanos del estado, regenta y dispone de los recursos públicos guiado por necesidades e intereses particulares.

Palabras clave: COVID-19; necropolítica; ontopolítica; biopolítica.

Introduction

The first cases of Covid-19 appeared at the end of 2019 in the city of Wuhan and subsequently spread to almost all countries in the world, including Peru. This disease, despite not having a high mortality rate, has a high rate of transmissibility, being particularly lethal in immunosuppressed populations and in the elderly. For this reason, most of the countries affected by the disease have decreed serious isolation and quarantine measures to protect vulnerable populations.

Several philosophical and political concepts have reappeared as a consequence of the COVID-19 pandemic. One of them is “biopolitics”, which, in the words of Michel Foucault, reflect the “deployment of power and knowledge” (2008, p.76). In other words, biopolitics implies, among other aspects, the control that politics exercises over the biological. This definition, although it is now used more frequently, was not previously present. Before the works of this author, biopolitics referred to the effect of the biological component of the human being on political science. It was about improving the understanding of human nature based on new discoveries in endocrinology or psychobiology. At present, this line of study is known as the application of the science of life to politics and has different objectives and methodologies than Foucaultian biopolitics.

so that they constitute statistics regarding the evolution of the biological characteristics of society (Liesen & Walsh, 2012).

According to Ayala (2020), for the management of the XXI century pandemic corresponding to COVID-19, a series of power apparatuses have been developed, through a practice called “capitalist governmentality”. He called this type of government “viropolitics”, a form of biopolitics that would use the legal apparatus, which will establish the limitations of the population, the disciplinary apparatus that will exercise surveillance, the security apparatus that will try to normalize individuals and the algorithmic apparatus, in which modern electronic means of data retrieval and interconnections, as well as artificial intelligence, will shape patterns of behavior in the population, within the framework of a capitalist and neoliberal system.

If the policy is aimed at greater productivity, the worker must remain healthy and able to carry out their daily tasks. To do this, the biopolitical ruler implements health protection measures, and increasingly intervenes in the promotion and control of the biology of citizens, with actions such as periodic medical checks, birth control, design and administration of the health system, among others. In this way, biopolitics is inserted in the daily life of all citizens, from the moment they are born until the day of their death (Foucault, 2001, p. 223).

Never before has biopolitics gained such strength as in these times of the coronavirus (Terán & Mantovani, 2020). At present, in Peru and in the rest of the world, biopolitics directs the destinies of each nation; it is founded by the latest knowledge about SARS-Cov2, the causal agent of Covid-19, obtained from the fields of medicine, biology and technology. Social isolation, the mandatory use of masks and respirators to wander the streets and to enter any office that is not the citizen’s home, have become mandatory recommendations. Strict hand washing after taking any object handed over by another person, greetings from a distance, the proscription of natural expressions of affection such as kisses, hugs or handshakes are prohibited due to the high probability of transmission of the deadly virus. These measures can be considered simply as rules aimed at preventing the spread of the disease, but can also be interpreted as biopolitical measures (Sylvia IV, 2020) that would

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At the end of 1970, the French thinker coined the term “biopower” (Foucault, 2008, p. 144). Biopower involves a certain number of techniques that will allow the control of the population and the bodies or individual beings. In this way, biopower is divided into two branches: anatomopolitics and biopolitics. On the one hand, biopower will be exercised through anatomopolitics, which refers to the control of the body and is found at the individual level. This branch will prohibit certain behaviors that are considered anomalous or inappropriate for society, such as perversions, homosexuality, unhygienic behaviors, among others. On the other hand, biopower will be exercised at the level of populations through biopolitics, its second branch. Biopolitics will then be in charge of regulating the health level of the population, vaccination strategies, disease control, birth rate, among others. These population data, referring to their life characteristics, are periodically documented

allow the installation of new forms of surveillance and control.

The virus is omnipresent, it can persist in the air, in metal objects, in plastic objects, on the soles of shoes, in the hair, in the nostrils and in the throat, being transmitted by the cough or the breath of anyone of the inhabitants. Faced with this invisible enemy, which has claimed so many lives, biopolitics is presented as a totalitarian and indispensable power, which modifies the lives of all the inhabitants of the earth, creating distances between its different members, in the face of the real danger of contagion and the possibility of death. However, a segment of the population, due to their economic, ethnic or cultural condition, would remain oblivious to the benefits of progress and the regulations in place. In this essay I will mention, first, a wrong approach to biopolitics, historically identified as Necropolitics, which was applied during the pandemic in certain countries, with great loss of human life's. The rejection of isolation for not damaging the economic figures, the lack of access to health care for some population groups, the lack of protection for vulnerable people were necropolitical acts.

Secondly, the importance of Ontopolitics for the correct identification of the problems caused by the pandemic will be highlighted, a process that has proven to be decisive for its proper management. Ontopolitical errors were: the use of inadequate diagnostic tests, making predictions without firm support or promoting the use of harmful and unnecessary treatments. Finally, the concept of "Idiopolitics" will be raised, an intermediate term between biopolitics and necropolitics, which refers to a management that is suitable only for a segment of the population. When rules that only a few will be able to achieve, are dictated, such as stop going to work, wash hands several times a day, receive bonuses in a bank account; or when government loans are received mainly by large companies and those who obtain circulation passes are only formal workers, idiopolitics is present.

Necropolitics

In some countries, such as the United Kingdom, Brazil, Sweden and the United States, their respective governments tried, at an initial stage, to let the virus spread as the main strategy for its subsequent containment.

The United Kingdom and Sweden, on the one hand, started from the epidemiological principle of herd immunity, according to which, when 60% of the inhabitants are infected, the transmission of the virus would cease, because the target population will no longer be subject to contagion (Mayordomo-Zapata, 2020). These governments displayed wrong political practices, as the number of cases and mortality in these countries increased dramatically. Because of this, they had to implement the classic measures of social isolation.

The United States and Brazil, on the other hand, implemented similar measures, for a different reason: to avoid damaging the economy. This wrong decision, which led to great mortality of the poor and disadvantaged populations, can be considered as an act of necropolitics. This term has been widely studied by Achille Mbembe, a Cameroonian philosopher who popularized it in his book of the same name. In the aforementioned text, the author places as examples the massacre and segregation of the Palestinian populations in Israel, the lack of solutions to the problems of poverty and hunger in Africa; that is to say, necropolitics is carried out when certain populations are left to their fate, when it is already known that they do not have the resources to be able to solve their basic problems (Mbembe; 2003).

In Brazil, the effect of necropolitics has been observed in the high mortality of the black race. In the state of Pernambuco, for example, 77.7% of Covid-19 cases corresponded to black individuals; and in Alagoas this percentage reached 66.5% (Campos, Melo, Santos, Vieira, Silva et al, 2020). Regarding fatal cases, 68% of the deaths in Alagoas were black, as well as 66% in Paraná, showing a higher proportion than the white race. Likewise, some authors such as Ribeiro (2020), point out that, to avoid economic losses to large companies, workers were exposed to the virus, with dire consequences.

The president of Brazil, Jair Bolsonaro, minimized from the beginning the scope of the pandemic and the mortality it would generate. He is remembered for his famous phrase: "Some vão morrer, lamento, é a vida" (Catracalivre, 2020), an expression that suggested that the Brazilian population should accept the possibility of dying, a prospect against which little could be done, just continue with the activities of daily living. More than 6.6 million

Brazilians have been infected by the first week of December 2020, and more than 177,000 have died (OlharDigital, 2020).

Most of the factors related to the probability of contagion and mortality from Covid-19 in Brazil are of sociodemographic content. Wollenstein-Betech, Silva, Fleck, Cassandras & Paschalidis (2020) demonstrated, after reviewing approximately 110,000 cases, that being of the Amazonian indigenous race, living in the northeast or north region, and not knowing how to read or write, was associated with a significant risk of mortality from Covid-19. Similarly, people with an economic income of around 1,000 reais (\$ 183) or less per month, made up more than 70% of the affected population (de Souza et al., 2020). The high cost and scarce availability of molecular tests for the diagnosis of Covid-19 were limiting factors for the diagnosis, especially for lower-income citizens. In this perspective, unlike developed countries, the number of diagnostic tests performed was extremely low, being only 3,400 tests per million inhabitants, while in the United States it was 45,000 or in Italy 40,000 per million inhabitants. This would have led to extreme underreporting: only one in 10 cases would have been reported (Cobre et al., 2020).

80 The subordination of the population's health security to the economy, the marginalization of large sectors of the population due to racial or socioeconomic reasons, the low application of diagnostic tests, the lack of social distancing, the government's campaign, which tried to minimize the pandemic, would have been, among other measures, a form of necropolitics (Araújo, 2020; Ribeiro & Moura, 2020), in which a large sector of the population was left to their fate. Vulnerable citizens, lacking in resources and forced to work daily to obtain his daily sustenance, contracted the disease in large proportions, with fatal consequences.

In the United States, mortality from COVID-19 was 27% higher in blacks than in whites, after adjusting the rates for age, sex and geographic location (Wrigley - Field, 2020, p 21855), being the number of African American deaths 2.5 times higher than that of Caucasians. In Michigan, for example, despite the fact that African Americans made up only 14% of the population, they accounted for 41% of the deceased and 32% of the infected.

In New York (Hopper, 2020), the mortality rate per 100,000 populations in black patients was 73, compared with Caucasians, in whom it was 22 or in Latinos in whom it was 36. Social isolation would have been a privilege that many Americans could not enjoy because they had to work for a living (Yancy, 2020). This was clearly observed in African Americans in Louisiana, who for labor reasons had to continue their jobs and, despite representing only 32% of the state population, accounted for 70.5% of the deceased in the region.

The African American population had a mortality from COVID-19, 2.5 to 5 times higher than the Caucasian population (Lovelace, 2020). Unfortunately, these racial differences also occurred, according to the study The OpenSAFELY (2020), in the United Kingdom, where the risk of dying, adjusted for age and sex, by Covid-19 in the black population was 2.17 times higher than that of the population of the white race. In the United States, the consequences were even more serious because, apart from social and economic exclusion, this population previously had high rates of chronic diseases such as obesity, diabetes, and hypertension. For this reason, this social group had to receive preferential attention and be protected in the same way as was done with the elderly in most countries of the world. President Donald Trump's policy was similar to that of his Brazilian counterpart, since, at first, he minimized the seriousness of the pandemic, and later insisted that isolation not be carried out as it would harm the economy. Finally, he accepted the deadly consequences of the coronavirus and had to take the corresponding biopolitical measures belatedly. This situation became another case of necropolitics.

In Peru, the impact on the indigenous population of the Amazon has been particularly detrimental. The indigenous population, 75% without access to health services, considered that they had been abandoned by the state (Ojo Público, 2020). The isolation measures taken in March 2020 by the Peruvian government led in just one month to the lack of food and medical care in many Amazonian tribes. Those natives who were in transit to the departmental capitals had to sleep outdoors or in boats (Sierra, 2020). Despite being dispersed populations and far from large urban conglomerates, mortality was high: 3,126 natives died during 2020 (Sierra, 2021) according to

statistics from the Panamazonic Ecclesial Network (REPAM), a high mortality rate, although lower than that of Bolivia (6,281) and Brazil (25,931).

The biopolitical measures introduced did not take into consideration vulnerable populations such as informal workers, people with low economic resources, Andean and Amazonian ethnic communities, domestic employees, foreign immigrants, among others (Vázquez-Rowe, I., & Gandolfi, A. (2020) The impact suffered by these populations is still under investigation.

Ontopolitics

The ontopolitics is the politics of what exists in the world (Law, 1996). It refers to things that belong to the real and the possibilities with which we live (Mol, 1999). These possibilities of what exists would be enunciated by politics, which would shape reality and would be prior to the definition of things. Law agrees with Foucault in pointing out that there is no innocent knowledge, that all knowledge implies an active participation of the subject (2002). In ontopolitics, the ruler defines the objects and creates the concepts according to his policy, which responds to the interests of the ruling group or the institutions behind him.

There are different definitions of truth. The most classic concept is that of truth by correspondence developed by Aristotle, in which if a person points to an object and indicates: "this is a tree", and the interlocutor approaches the mentioned object, sees it, feels it, contemplates its leaves and flowers, makes contact with its roots and its trunk, and verifies that it is indeed a tree, it can be said that the person has told the truth. But this is not the only concept of truth, since our senses could deceive us. For Nietzsche, there are no absolute truths; one of the most remembered aphorisms of the German philosopher refers to the fact that there are no facts, only interpretations (Schacht 1984).

Thus, diagnoses and interpretations may differ depending on the person who performs it. However, for the coronavirus there is only one correct way of evaluation and this is the scientific evaluation (Zagury-Orly & Schwartzstein, 2020). An asymptomatic carrier of the virus can say with full subjective conviction that he/she is not infected, but if his/her laboratory result shows otherwise, his/her claim will prove false. Currently,

the coronavirus is diagnosed by genomic or virus antigen detection test, usually by the polymerase chain reaction (PCR) technique (Cheng et al., 2020), which is performed by taking a sample of the patient's oropharyngeal and nasal discharge, which is usually positive between the fifth and ninth day after the onset of symptoms; and through antibody tests, which evaluate the presence of immunoglobulin against SARS-CoV-2 in the blood of the affected person. The infected individual will initially have the infectious agent in the mucous membranes of their oral cavity, and later, as has been shown in various studies, excrete the virus through tears and even through feces. Over the course of days, most of those affected will form Ig M antibodies as a rapid response against SARS-CoV-2, which will appear on average from the tenth day after the symptoms onset. In parallel, the affected person will form IgG or long-memory type antibodies, which will appear after 20 days and may last up to six months on average. The maximum duration of this immunological response is unknown since the studies in this regard have not yet been completed. This means that, to properly diagnose a patient with suspected SARS-CoV-2 with the symptoms that we already know, such as: cough, fever, general malaise, diarrhea, shortness of breath, among others, the patient should get immediately, an oropharyngeal and nasal swab to find the virus. Another component for the success of the diagnosis at this stage is the adequate collection of the sample, which must be carried out with two special swabs of at least 10 cm in length. This must be processed immediately, and, in the case of studies carried out in populations far from the processing laboratory, the samples must be adequately refrigerated and transported to avoid deterioration. If the mentioned protocol is strictly adhered to and the analysis is adequate at the place where the samples are received, with well-calibrated equipment and the processing done in the correct way, it is possible to know if the patient has the virus or not. Even so, the rate of sensitivity or diagnostic ability of the swab and the molecular PCR test is only about 70%. This means that, in the best conditions, 30% will not be diagnosed. The antibody test, better known as the "rapid test", because its result can be obtained in 15 minutes, will be positive, as already mentioned, only on the tenth day and only in 40% of cases (Deeks et al., 2020) it can be found if the patient has the virus or not.

The growth of SARS-CoV-2 in lung alveolar cell culture is the gold standard for diagnosis, which if positive would prove that the test performed was correct. Unfortunately, this technology is limited in our country. If the truth wants to be known, that is, how many people have SARS-CoV-2 and if the country had unlimited financial resources, the molecular test should be used universally and determine who are carriers of the mentioned microorganism. However, those newly infected would test negative as they still do not harbor the virus in detectable quantities by sampling. On the other hand, the expenses would be very high.

Despite these considerations, South Korea and other countries have tried to sample a large part of the population, and their results are close to the truth of the virus infection and fatality rate in their country. In Peru, the government has chosen to perform the least expensive and easier to use rapid tests. Unfortunately, these tests take many days to detect the disease, which is why a patient who has just started his symptoms must be managed according to clinical suspicion, even if his test is negative. This leads to many cases not being registered.

In most countries of the world, the diagnosis is made fundamentally based on molecular tests, therefore, the diagnoses are earlier and more accurate than in Perú. This way of diagnosing the disease is important in order to be able to arrive at the truth of its identification, its prevalence and its incidence in the population. In other words, each government chooses its criteria of truth and puts into practice its ontopolitics in detecting cases of coronavirus. Peru has opted for methods that detect cases late and with less diagnostic sensitivity, so its results will obviously be lower than the real number of infected and deceased. In Latin America, only Peru, Ecuador, Venezuela, and Puerto Rico have used rapid diagnostic tests (Valentín, Serrano, Cabral & Huamán, 2020). The differences in use have been significant: in Ecuador only 10% of diagnoses were made with this method, in Puerto Rico, 50% until May 2020, and in Peru, 73% until August 2020.

The decision to use antibody tests in Peru would have been political, according to members of the Covid Committee. Implementing the technology to process the molecular test samples was considered

to be a tedious, expensive and complex process, unlike rapid tests which are extremely simple to use. In Puerto Rico (Valentin et al., 2020), local scientific and social organizations put pressure on the government and it suspended purchases of rapid tests, preferring the use of molecular tests; the same did not happen in Peru.

The ontopolitics of the coronavirus in Peru defines Covid-19 cases as those individuals who present symptoms of the disease, mainly using antibody tests, which are usually positive in only 30% of cases during the first week. This reduces the reliable detection and identification of real cases. This translates, at the same time, into a decrease in the identification of COVID-19 among the contacts of those affected and among the deceased, leading to the production of figures far from reality. Epidemiological “fences” do not work, infections increase and the virus spreads, leading to failure of the measures in place.

Choosing an inappropriate ontopolitics, due to ignorance, incompetence, vested interests, negligence, or for whatever reasons, condemns the population to a state of permanent ignorance, from which it is not possible to draw valid conclusions or carry out reliable situational analysis, let alone make an acceptable decision making. In these circumstances, the truth becomes an object of luxury, an unreachable arcanum, a forbidden knowledge. Constructing reality without solid evidence or with mere stories without support is a dangerous ontopolitical exercise, which leaves rulers and the ruled at the mercy of chance and uncertainty. The price of shaping a fictional reality, in the absence of serious epistemological foundations, in the face of a little-known and lethal viral agent, it is the failure of control actions and biopolitical interventions. Furthermore, the ontopolitics of the coronavirus in Peru have revealed a power structure largely underlying our reality: idiopolitics.

Idiopolitics

In this essay I propose the term “Idiopolitics” to define that particular form of government that, in a contradictory and incompatible way with the search for the common good, seeks to manage the resources of a state or nation in favor of personal and particular interests and benefits.

The prefix *idios-* comes from the Greek adjective *ἴδιος*, whose main meaning refers to a private person or individual, the opposite of the state (Liddell 1996). It also denotes what is “own, what is private, what concerns oneself” (World Etymology Dictionary, 2020). Among its derived words are: language, idiopathic, idiotic or idiosyncratic, terms that refer to a characteristic or particular characteristic of the language, the disease, the person or the behavior, respectively. The antonyms of *idios* are “*koinos*”, the common and “*demosios*”, the public (Landauer 2014, p 145).

Thucydides in the “History of the Peloponnesian War” uses the term *idios* referring to the particular or the private, in the expression “*ξυμφέροντα καὶ πόλεσι καὶ ιδιώταις*”, when narrating the response of the Corinthians to justify the start of hostilities against the Ionians who besieged their allies in Potidaea: it is “necessary for the common and particular good (*idiotais*) of each one” (Perseus DL, Thucydides 1.124.1). Aristotle, in “Politics” uses the word *idios* to indicate that which, because it is particular and private, goes against the common good: the private interest (*i - dion*), whether of one, or of the few or of the multitude. According to the different translations, these private objectives will be considered “deviant” (Aristoteles, Rackham’s translation), “defective” (Aristoteles, Garcia Valdés’s translation (Gredos) or “perverse” (Aristoteles, Benjamin Jowett’s translation).

Idiopolitics is a form of government in which only the interests of a section of the population are taken into account. Aristoteles (Aristoteles, ed. Ross, 1957) classifies among the types of governments that show a deviant interest in their objectives: tyranny, oligarchy and demagogy, the latter as a degenerate form of democracy. For the Stagiritic, it is more important than the type of government established, the fact that it is not aimed at seeking the common good but at particular or private interests (*idios*). There are numerous examples of this type of government in various parts of the world and in our own history.

Peru has a long tradition of democratic and non-democratic governments that have caused damage to the economy and the national society, many of them as part of the colonial survivals (Quiroz, 2013). Inappropriate management of state funds plague its history across the board. The high rate of corruption of officials in the country is particularly

revealing (Hunt., 2006). On a scale from 0 to 10 where 0 indicates maximum corruption and 10 absence of corruption, Peru is internationally rated with a score of 3.4 (Boslaugh, 2013). Although multiple justifications have been made for a series of economic, social, cultural and health failures, coronavirus infection represents a fairly accurate and objective field of experimentation to evaluate the political actions and measures taken to combat it, as well as its different results.

While it is true that corruption is usually present in idiopolitics, the two words are not synonymous. According to the dictionary of the Royal Spanish Academy, corruption consists in the “use of the functions and means of organizations, especially public ones, for the economic or other benefit of their managers.” In this sense, corruption would be included as a form of idiopolitics, while the latter would also be present in any case in which there are biased or partial situational analyzes, incomplete views of reality, lack of participation or inclusion of some sector of the population, without necessarily implying the presence of corruption. Only if the true objectives and motivation of those who exercise idiopolitics can be determined could it be determined if it is a disguised form of necropolitics. In the same way, if the government approach is biased due to lack of information or ignorance of reality, the assessment of idiopolitics will be very different from those cases in which decisions are made explicitly based on serving interests outside the those of the nation, in which case it would only be acts of corruption.

Certain ethical approaches would contain idiopolitical elements, such as utilitarianism, in which, by seeking the benefit of the majority of people, minorities are often harmed, which could become a kind of *homo sacer* without full rights. Forms of government such as the oligarchy, the monarchy, dictatorships, anarcho-capitalism, theocracy, absolutism, ochlocracy, plutocracy, among others, have idiopolitical foundations.

As mentioned, some governments used necropolitical measures, which openly harmed the affected populations, generating high levels of contagion and death. In Peru, the government took apparently good and early measures to control the spread of the disease. On March 16, the President of the Republic ordered the closure of the borders, social isolation and a generalized quarantine. Simultaneously, 12% of the gross

domestic product (GDP) was available to assist the poorest families with a social support bonus. The purchase of medical equipment and diagnostic tests to identify sick patients was ordered, and the police, with the help of the army, had the mission of enforcing the measures of force. This biopolitics, destined to preserve the life and health of Peruvians, however, turned out to be ineffective and, when analyzed in detail, it was nothing more than an ineffective regulation, a measure of force internationally applauded but that could not be adequately implemented; therefore it failed and was followed by a high morbidity rate and mortality from SARS-CoV- 2 (Welsh, 2020).

The ontopolitics used to identify the cases was not adequate; millions of rapid tests were purchased, which identified the disease late, so the contagion continued and the number of sick and deceased was under-registered. Primary health care was not a priority, unlike what happened in countries with successful experiences such as South Korea, Iceland, Cuba or Taiwan. The epidemiological fences were not adequately complied with, and the indicated security measures were not implemented. Most of those benefiting from the bond had to approach a banking agency to be able to collect - only 12% of the poor in Peru have a bank account -, and this caused the indigenous communities to leave their areas of isolation and move closer to the nearest city. Long lines at the banks and the return of the residents to their communities increased the cases. The population should not leave their homes to avoid contagion, but only 40% of Peruvians have a refrigerator, so they could not store food and had to go out to buy it, an extremely dangerous fact considering that the 86% of wholesale market merchants tested positive for COVID-19 (Pighi & Horton, 2020). The population was asked to wash their hands with soap and water or alcohol, but it was not taken into consideration that 30% of the population does not have drinking water at home. The police and military were sent to maintain order in the streets, but without wearing adequate personal protective equipment, as if it was carried out in China or Europe. For this reason, they soon became the labor group with the most infected and deceased by the disease (Associated Press Television News, 2020). Personal protective equipment (PPE) would not have been adequately distributed to health personnel, which led, among other institutional factors, to high mortality among doctors and other health agents (The Action Network, 2020). Likewise, if one considers that

50% of the country's population is informal, there was no way that a large group of citizens could survive without going to work, preferring the risk of contagion to dying from starvation.

The political measures in place were, from the speculative point of view, the correct ones, but their practical application was not. This dissociation between the theoretical indication and the practical application led to the failure of the social isolation measures established. It is not surprising then that, by not taking into account the most vulnerable populations, such as informal employees, domestic workers or indigenous populations, they have been the least favored (Iglesias-Osores & Saavedra-Camacho, 2020).

Policies were poorly applied due to lack of adaptation to the real situation of the population. On the other hand, economic groups such as banks, newsagencies, television programs, pharmaceutical companies, among others, effectively received the corresponding subsidies from the government for their economic reactivation. In this way, these groups were harmed to a lesser extent compared to the poorer population (Paucar, 2020). This second fact highlights that what has happened is the application of idiopolitical measures, which were impossible for the least favored and vulnerable social groups to comply with. Likewise, these measures, for a short period of time, stopped the disease, but later they affected the poorest social classes of Peru with special harshness, while citizens and legal entities with greater resources, assumed less damage.

One can speak of idiopolitics, then, when better subsidies are granted to those who least need them, when tariff benefits are granted to certain business groups, or when someone is favored without mediating need or merit.

The number of deaths from Coronavirus as of December 7 has been officially announced as a number of 36,274 people; However, the analysis of excess deaths in our country yields figures twice higher than the official figures: 80,600 deaths, that is, a value 156% higher than that expected for that season of the year (Financial Times, 2020). The problem of underreporting did not occur only in the United States and Peru, but also in Mexico and Chile. In Peru, this would have reached 79%, in Mexico City 78% and in Chile 61% (Pais, 2020). The underreporting in Peru has increased due to

the collapse of hospitals, the lack of diagnostic methods or the use of means of analysis that are not adequate, so that the number of infected would be even higher than reported.

The health system in Peru before the pandemic, with respect to its ability to respond to emerging events, ranked number 179 out of 191 countries in the world, according to statistics from the World Health Organization (WHO, 2000). This diminished capacity to respond to the determinants of health placed Peru at a disadvantage compared to other countries in the region, even more so when, with respect to the equity of the financial contribution in health, it had been ranked 184 out of 191 countries by the evaluation carried out by the WHO (Sánchez-Moreno, 2014). Similarly, high levels of economic disparity have affected the health of Peruvians (Samuel, Flores & Frisancho, 2020). According to the Pan American Health Organization (PAHO), informality reaches up to 52% of men and 67% of women workers who do not belong to the field of agriculture, constituting a population with great difficulties in accessing health (PAHO, 2019).

Despite the limitations mentioned, other Latin American populations in conditions similar to those of Peru achieved better results. There were alternatives that could have contained the spread of the disease. A world-famous example is the case of Guayaquil, in which various segments of the population organized as an emergency measure when the number of deaths was unmanageable. The citizens of Guayaquil, from politicians and businessmen to farmers, workers and informal workers, when they reached a maximum peak of 460 deaths per day and knew that they would not have the support of the central government, met to take effective measures against the disease. To do this, they quickly identified infected patients, not with the tests, which they lacked, but through the symptoms and contacts of the deceased and sick (Gestión, 2020). Organized citizen groups supervised the effective isolation of the population, to which they administered medication and food on a daily basis. In this way, social isolation became effective; The success of such measures was such that, from an average of 400 deaths per day, after 45 days, the mortality rate dropped to one deceased per week, and in September 20 new cases were identified per day, a great difference with respect to the 400 new cases daily from Quito. Faced with adversity, some societies organize to survive. In

Peru, some private companies and individuals provided goods and services to help maintain isolation. Unfortunately, these were isolated cases, which helped mitigate the consequences of the pandemic, but failed to control it.

Peruvian society, over the years, has known how to organize itself; An example of this are the peasant rounds, indigenous communities, health committees, glass of milk committees, in a tradition that goes from the *mita* and the *minka* in Inca times to patriotic groups in the time of the liberators San Martín and Bolívar. However, in the face of COVID-19, there has been no response capacity from organized society, which has preferred to leave decision-making and the implementation of the regulations aimed at controlling the disease in the hands of the government, with the negative results that have been observed.

In order to end a long tradition of idiopolitics in Peru and Latin America, it is important to revitalize democratic practice, end electoral apathy, and allow society to organize with an eye toward the common good and not the private benefit. Likewise, the resurgence of solidarity and cooperation among citizens is essential, a fact that in some cities of the world the population has known how to put into practice in order to control the COVID-19 pandemic. All social groups, independently of their labor, ethnic, linguistic or cultural extraction, must have effective political representation; they must have a voice that defends their right to progress and existence. In this way, idiopolitics will cease to be the norm of government in Peru and Latin America.

Conclusions

SARS-CoV-2 as an impartial, invisible, odorless, silent, seemingly omnipresent pathogen, has put great stories to the test, as the world wars once did, taking post-truth to its finest, giving freedom to ontopolitics to choose the most suitable discourses for the biopolitical, social and economic ends of the powers of the state and the forces that sustain it. The image and the discourse come together to form new stories in favor of the idiopolitics of the day, increasing the responsibility of each citizen to interpret reality alone and find the truth in the midst of misinformation.

Necropolitics has revealed its face in many places on the planet with the abandonment of

entire populations and important segments of the citizenry, defenseless, both materially and culturally, in the face of the coronavirus. The biopolitical discourse, guided by the economic and social interests of the state, is further distorted by becoming idiopolitical, which administers the country taking into account only a sector of the population. This action in turn limits the capacities of the rest of the excluded citizens who must not only overcome their adversity but also try to survive despite the biopolitical measures in place for the benefit of those who are included in government decision-making. In this sense, idiopolitics would imply double damage for those people belonging to forgotten sectors of the country, who would assume the role of contemporary *homines sacri*, beings without rights, exposed to existence in the form of bare life (Agamben, 1998). The naked life would be a political and not natural creation and it would apply to all those human beings whose lives are considered to be of less value than others and are segregated from the rest of society, in an act that would be more than necropolitical, thanatopolitical. Just as necropolitics implies “letting die”, thanatopolitics would consist of “making die” (Espósito, 2006), with only slight differences between the two, which will depend on the motivations, technologies, policies and theoretical conceptualization of those who establish them. How much of necropolitical, ontopolitical or idiopolitical interventions have actually been part of thanatopolitical acts in the management of the pandemic is yet to be elucidated.

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And faced with this reality, in which biopolitics restricts our civil liberties in favor of the common good of health and well-being, it is not correct for idiopolitics to decide who or who will receive the benefit of them, nor the dividends of the attempts to control of the pandemic, or permission to continue breathing on earth. Each citizen, each member of society must be aware that they have the same right to existence as the rest of the population, that in circumstances in which the survival of a large part of humanity is at stake, all necro- and idiopolitics must be abolished, and the only admissible ontopolitics should be based on facts and on verified and verifiable evidence; that the time of personalized and biased stories must come to an end to give way to a true nation based on cooperation, trust, inclusion and mutual effort, under the guidance of common goals.

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