

Technologies of Power and BruHealth Biopolitics amidst the COVID-19 Pandemic in Brunei Darussalam

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Abstract

The pandemic has been a turning point in the technologies of power deployed by the state to contain and address the COVID-19 crisis. Whereas planning and discussions on the Industrial Revolution 4.0 in the Sultanate of Brunei Darussalam had been ongoing for several years, the pandemic became an unexpected catalyst for the realisation of these digitalisation plans with the launching of a one-stop mobile application called BruHealth. This article sheds light on public responses to the COVID-19 crisis, including the state's approach in containing the virus and a critical examination on the use of the BruHealth. Upon identifying general patterns and discourses from the data collected intermittently in the period between 2019 and 2022, the article aims to be a contribution to the epistemological debates on the place of technologies in "biopolitics" on the digitalisation of personal experiences and on self-reflexivity in the fieldwork process of collecting and analysing data during the COVID-19 crisis.

Keywords: Brunei Darussalam, Islamic healthcare, biopolitics, COVID-19, technologies of power



Hoon, Chang-Yau and Jérémy Jammes. 2022. "Technologies of Power and BruHealth Biopolitics amidst the COVID-19 Pandemic in Brunei Darussalam." *Vienna Journal of East Asian Studies*, 14, pp. 182–204.

<https://doi.org/10.2478/vjeas-2022-0007>

Submitted: 15.09.2022, accepted: 29.10.2022



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Introduction

The pandemic has been a turning point in the technologies of power deployed by the state to contain and address the COVID-19 crisis. The government has adopted new and various ways of surveillance with the help of technology, such as social media or digital applications that can be easily accessed on mobile phones. In Foucauldian terms, the current health crisis seems to have triggered in Brunei (and, at a varying degree and intensity, in the rest of the world) a “great bipolar technology—anatomic and biological, individualising and specifying, directed toward the performance of the body, with attention to the process of life” (Foucault 1978: 139). The first technology imposes “anatomo-politics of the human body” (the conditioning and disciplining of the body, the optimisation of its abilities, its integration into systems of efficient and economic control); the second technology functions as a biopolitics of the population “through an entire series of interventions and regulatory controls” of the population (control by calculation over mortality and the mechanics of life, levels of health and sickness) (ibid.).

This same type of technology has also been implemented in the rest of the world, but with particular diligence in Southeast Asia and especially with regard to the application and refinement of tools for tracing the population, whether infected or not (Cabasset, Jammes, and Morand 2021). For instance, at the end of 2020, more than 400 so-called “HealthTech” start-ups emerged in Singapore, compared to 141 only four years ago. In close relationship with insurance companies and the government, their vocation is to offer personalised care (consultations, health monitoring, drug purchasing, therapies, medical intervention organisation, medical data sharing) through the use of digital tools (software applications, location tracking, e-services, etc.) (Singapore Economic Development Board 2020).

Situated on the northwest coast of the island of Borneo, the Sultanate of Brunei Darussalam (hereafter, Brunei) is the smallest among the Association of Southeast Asian Nations (ASEAN) in population (approximately 450,000). As large as the US state of Delaware (at 5,770 km²), the country is sometimes characterised as a “micro” or “mini” state (Kershaw 2001; de Vienne 2015; de Vienne and Jammes 2020). Brunei is relatively wealthy, with a very high human development index, providing universal health coverage, and having the second highest Gross Domestic Product (GDP) per capita in ASEAN (approximately US\$ 31,000 in 2019)¹ after Singapore.

Brunei is the only Islamic absolute monarchy in Southeast Asia. In the Brunei context, politics is embedded in the state ideology of *Melayu Islam Beraja* (MIB). MIB is officially translated as “Malay Islamic Monarchy,” but the phrase means much

¹ <https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=BN> (accessed: October 15, 2021).

more in Malay as it signifies “Malay = Muslim + monarchic.” The “Malayness” of Bruneian citizens is defined on the basis of both religion (i.e., the Sunni Shafi’i Islamic school) and the monarchy, that is, being a Muslim and loyal to the political system of the Sultanate. In other words, MIB attempts to propagate a universalist “Shari’-minded” piety by setting up a series of programmes for the reshaping of society, citizenship, and religious practices at the same time.

With MIB as the absolute doctrine, political power has been increasingly concentrated in the sultan’s hands. In addition to religious affairs, he controls the executive power and functions without any real countervailing powers. During the 2017 Golden Jubilee celebration, the sultan emphasised his conception and practice of power:

The bond between the king and the people is inseparable; the obligation of the king is to the people, and the obligation of the people is to pledge their loyalty to the king. This is a reciprocal relationship for the well-being of all. The king and the people hold this great trust; this is one of the pillars of life in our country, which has existed for the past 600 years; let us preserve this for years to come (Bandial 2017).

In this context, Islam, politics, and the economy—and by extension citizenship and social institutions, including welfare, healthcare, education, and the media—are nationalised in Brunei: that is, national and religious identities are actively fused, and they drive a trust relationship which is desired by the ruler and an integral part of the national narrative.

Like other Southeast Asian countries, Brunei experienced three “waves” of COVID-19: the SARS CoV-2 from March to May 2020, the Delta Variant from August to December 2021, and the Omicron variant from February 2022 onwards. Before the first case of COVID-19 was announced in Brunei in the afternoon of March 9, 2020, Sultan Haji Hassanal Bolkiah made a speech to officiate the opening of the sixteenth session of the Legislative Council. He spoke about the protection that Allah has bestowed to Brunei where no cases of the COVID-19 were found. As an Islamic state, “Brunei is constantly praying, in our mosques, houses and assemblies. With continued prayers, Brunei will continue to receive divine blessings and protection” said the sultan (Titah 2020a). Later that day, however, Brunei recorded its first case of the virus. The first reported patient was a fifty-three-year-old male who had attended a Tablighi Jamaat (Islamic Missionary Movement) conference at the Sri Petaling Jamek Mosque in Kuala Lumpur on February 27, 2020, along with ninety other Bruneians.² Most of the early cases tracked in Brunei were linked to this religious mass gathering held in Kuala Lumpur.

² The Annual Congregation of Tablighi Jamaat held around 16,000 people, of which 1,500 were foreigners (Al Jazeera 2020). Some of the practices that were not considered hygiene-friendly amidst

To depict the conditions of our investigation and of our first draft of this research on Bruneians' responses to COVID-19—which has led to another set of publications (Jammes and Hoon forthcoming 2022a; 2022b)—we should remind readers the initial thoughts we had at that time. Working in Brunei when the first COVID-19 wave hit, we were in the process of finalising an edited volume entitled *Fieldwork and the Self* (Jammes and King 2021). At the time, we were reading Philippe Descola's (2019) "confession":³ "Nobody is able to explain to the neophytes in the course of departure what s/he should exactly do in the fieldwork." Before his own departure to Amazonia and while presenting his methods of investigation to Claude Lévi-Strauss (1908–2009), at the end of their meeting the latter advised Descola: "Let yourself be carried away by the terrain."

Somewhat intellectually perturbed by the impacts of this global pandemic crisis—sometimes hysterical, sometimes negligent—this advice from the master to the disciple (Descola would eventually succeed Lévi-Strauss as a professor at the Collège de France) served as a salutary and inspiring guidance. Through the method of participant observation, it became necessary for us to take the pulse of the ongoing local transformations due to the COVID-19 crisis and then scrutinise the data from a theoretical angle in order to draw a reflective approach that would tend towards objectivity.

We draw our data for this article from dozens of narratives collected in Brunei among friends, colleagues, students, and from our social networks, including a survey among our Bruneian students during the first months of the pandemic.⁴ Upon identifying general patterns and discourses from the data collected intermittently during the period between 2019 and 2022, we conducted triangulation to ensure their validity. The in-depth interviews and conversations with the informants have provided insights into their personal experiences during the pandemic. As the data contain private and sometimes sensitive information, we are not disclosing the names of our informants in order to maintain confidentiality and anonymity.

Very rapidly, our materials gained particular significance when posited in conjunction with the work of Michel Foucault. In his view, bio-power designates "what brought life and its mechanisms into the realm of explicit calculations and made

an airborne virus outbreak were sleeping in tightly packed tents, sharing food, and performing prayers while sitting close to each other.

³ We understand here the practice of "confession" as the researchers' ability to revisit their relationship with their field research and clarify the logic or conjunctures that allowed them to access both the field research and the information obtained (Jammes and King 2021: 6).

⁴ The students were asked to expose and analyse critically "The Bruneian response to COVID-19 crisis" for the period from February to May 2020. In total, the material on which we base our discussion consists of these students' essays as well as informal interviews with about 200 informants (1/3 men and 2/3 women) conducted between 2019 and 2022, and a follow-up study on social network activities along the same period.

knowledge-power an agent of transformation of human life” (Foucault 1978: 142). With its implementation of bio-power against the propagation of COVID-19, and its subsequent application of a “bipolar technology” as previously mentioned (*ibid.*: 139), the Bruneian society—as all other societies facing COVID-19 in the world—reached a “threshold of [biological] modernity” (*ibid.*: 143).

One of the outcomes of the pandemic was the launch of a one-stop mobile application called BruHealth, which required users to scan QR codes at public venues, business premises, and offices to allow the Ministry of Health (MoH) to conduct contact tracing in case of an outbreak. Whereas planning and discussions on the Industrial Revolution 4.0 in Brunei had been ongoing for several years, the pandemic became an unexpected catalyst for the realisation of these digitalisation plans. During the pandemic, digital platforms were used to replace face-to-face interaction in order to reduce the risk of the spread of COVID-19. The BruHealth mobile application, which also contained functions such as a COVID-19 self-assessment tool and updated news and information pertaining to the pandemic, has continued to develop new functions such as to allow users to book medical appointments and to conduct online medical consultation. After the country announced the transition from a pandemic to an endemic phase, followed by the removal of various public restrictions, including the mandatory requirement to scan QR codes, the BruHealth application transformed from a public health monitoring system to a population health management platform. Besides its original functions, the application is also used by the MoH to promote health campaigns and activities, conduct surveys, and disseminate information on public health.

As the pandemic has generated unprecedented responses from the Sultanate, the first section of this article will shed light on these responses, including the state’s approach in containing the virus. This is followed by a critical examination of the use of the BruHealth mobile application to closely monitor the movement of the population under the banner of disease control, which paves the path for digital bio-power in a Southeast Asian Muslim country. This article aims to be a contribution to the epistemological debates on the place of technologies in “biopolitics,” on the digitalisation of personal experiences and on self-reflexivity in the fieldwork process of collecting and analysing data during the COVID-19 crisis. Hopefully this exercise can also serve to challenge our understandings of the problems generated in accessing, gathering, and presenting digital research materials, the religious nature of the subjects under investigation, and the religious interpretation of the policies, technologies, and societies in times of a pandemic.

The State Approach Towards the COVID-19 Crisis

During the pandemic, the state introduced a number of apparatuses (medical, administrative, religious, security-related, and so on) and a series of technologies of power centred on religion and trust in the sultan and his administration. This contributed to a form of “Shari’a-minded bio-power” during the COVID-19 pandemic.

The country took a “whole-of-nation approach” in managing the pandemic wherein all ministries worked together under the directive of the MoH. When there were active cases during the two-year pandemic, the MoH—often joined by other ministers—held daily press briefings to provide the latest information and policy updates to the public. The Q&A session during the press briefings was broadcast live through official media and various online platforms, which enabled an unprecedented interactive dialogue between ministers and journalists in the Sultanate (Hoon 2021).

The series of measures taken by the Brunei authorities in combatting COVID-19 committed to the social control over the residents’ public and private lives. These measures can be credited to the decisive leadership of the monarch, the swift and transparent response of the government, the social compliance of the population—or a “disciplinary trust” as we have called it elsewhere (Jammes and Hoon forthcoming 2022a)—as well as on the official instructions on mandatory isolation, social distancing, and suspension of mass gatherings. Various movement restrictions, including a strictly enforced night curfew, were implemented to control the spread of the virus. As the rate of eligible individuals who have had full vaccination had reached above eighty per cent, the country entered the endemic phase in mid-December 2021, which saw the easing of domestic restrictions. However, with yet another new COVID-19 variant, i.e., Omicron, the country officially announced the “third wave” on February 7, 2022.

It is worth mentioning that an array of official and “special” *titah* (royal speeches)⁵ have been instrumental in publicly unveiling the government’s strategy to deal with the crisis. These *titah* were further relayed by the guidelines issued by the MoH in social network platforms, radios, and TV programmes (Radio Television Brunei 2020a; 2020b). Owing to both the Shari’a-minded landscape and the MIB state ideology giving full legitimacy to the sultan, these *titah* have been playing a key role in influencing Bruneian responses towards the COVID-19 crisis and in implementing a proper Islamic healthcare system on every societal level.

As “power” is “the multiplicity of force relations” that lead to the formation of “a chain or a system” (Foucault 1978: 92), the state ideology of MIB is more than

⁵ *Titah*, which means “order,” can also be translated as “rescript,” which was the “term used for the first time in 1371 to translate the Arabic *amr* [= command] into Malay, then widely adopted. In Brunei, speech having the status of a command given by the King or Queen, here translated as ‘rescript’, and it has an executive value” (de Vienne 2015: 300).

an institution—and not just another structure; it is “a complex strategic situation in a particular society” (ibid.: 93). The ideology is institutionally designed to crystallise the Bruneian identity, embodied in the persona and the *titah* of the sultan. Consistent to the Foucauldian conception of power, the power of the sultan flows in multiple directions through a mutually constitutive organisation that supports the force relations. The sultan’s *titah* function as one of those “bundles of power relations” (*un faisceau de relations de pouvoir* in Foucault’s [1976: 42] terms)⁶ in the hands of the state. A higher-than-normal production of these *titah* occurred as a result of the COVID-19 crisis.

The sultan delivered a total of four “special” *titah* to address the global pandemic: the first two were delivered during the first wave of COVID-19 on March 21 and April 13, 2020, and the other two were delivered in the second wave on August 17 and December 11, 2021.

In his first speech, the sultan emphasized everyone’s religious responsibilities to prevent the spread of COVID-19 by avoiding mass gatherings, wearing face masks, enforcing travel restrictions, and reciting prayers. He urged his people to stay calm, have faith, and be confident in Allah’s help (Bakar 2020). The monarch also mentioned his understanding of the “spiritual” genealogy of the virus: “we know this pandemic does not exist by itself but comes from our creator. Nobody among us knows why it came” (Titah 2020b). Highlighting the importance of faith in God and God’s plan, he mentioned: “But reflecting on the events recorded in the Qur’an, it can be understood that every plague or disaster or epidemic is a warning or punishment or substance of God. The only hope we have is that we all come to God in humility, confessing our sin and begging for His mercy.” The sultan ended his speech with a *du’a* (prayer): “Oh God, protect and save us from this terrible outbreak. You alone are the best of the guardians” (ibid.).

It can be seen that Brunei surrendered the matter to God’s will and was not interested to investigate the geographical origin of the virus (for example, the conspiracy theories about China’s Wuhan laboratory). Moreover, the country did not blame the non-believers but stated that it is God’s punishment for the sins of his servants (believers). Moreover, an interesting piety-driven dynamic was implemented by the Mufti⁷ throughout the months and the series of the sultan’s *titah*, describing the sultan’s conception of piety as a “Divine Vaccine” (for more on this, see Jammes and Hoon forthcoming 2022a).

In the second special *titah*, the sultan announced the establishment of new medical facilities, financial aid and subsidies for various sectors, and acknowledged front liners and volunteers for their contribution in fighting the pandemic (Titah 2020c). In the third special address, he urged the nation to repent and seek forgiveness

⁶ Unless otherwise stated, all translations from French into English are by Jérémy Jammes.

⁷ The Mufti can be considered as the most senior Muslim legal adviser of the Sultanate of Brunei.

from Allah. He reiterated that misfortunes were brought about by sin and will only subside with penitence and Allah's clemency. He ended his speech with a prayer to plea for forgiveness and for Allah to take away the plague from Brunei and cleanse the country from the virus (Titah 2021a). In the fourth *titah*, the sultan announced the commencement of the endemic phase in Brunei starting on December 15, 2021, asking the nation to live with the new normal. He called for the nation to consistently practise their faith, that is, to pray, recite the al-Qur'an, and ask for God's mercy to free Brunei from the coronavirus plague (Titah 2021b).

During the pandemic, the government implemented several policies that must be followed by the people living in Brunei. We can only name here a few.⁸ For instance, since March 2020, a travel restriction was imposed on all citizens in Brunei, and a fourteen-day mandatory isolation and quarantine were required for those who had returned from travelling or foreigners coming to the country. A temporary closure of all educational institutions was announced by the Ministry of Education. Individuals were encouraged to practise social distancing to minimise the possibility of spread and contracting the disease. Moreover, mass gatherings were not permitted and all religious places (mainly mosques, but also Christian churches and Buddhist-Taoist temples) were temporary closed. Failure to follow any of these policies would have legal consequences under the Infectious Disease Act of 2010, which imposes a penalty of imprisonment up to a period of six months or a fine up to BN\$ 10,000 (approximately US\$ 7,110).

Brunei has demonstrated religious-driven initiatives at all levels of the crisis, including contamination, spread, national priorities, modes of action, management, and strategies. The unwavering trust of citizens in the national ideology of MIB and in belonging to a "country blessed by Allah" guarantees the state to implement its technologies of bio-power. The role of religious leaders—the Minister of Religious Affairs and the State Mufti—was crucial in reassuring the Bruneian people who were in a state of confusion due to the fear of the COVID-19 outbreak and of not being able to perform their religious duties in the mosque. The restrictions of mass gathering and closure of places of worship notwithstanding, the government encouraged Bruneians to intensify their spiritual efforts by multiplying supplications, prayers, and *Zikir* (a devotion in which phrases or prayers are repeated as an act of remembrance).

The COVID-19 Tracking App BruHealth

A little more than a month after the first COVID-19 case was recorded in March 2020, the MoH introduced the mobile application BruHealth for tracing, informing, and

⁸ For more details on the policies implemented and their acceptance by the population, see Jammes and Hoon forthcoming 2022a.

monitoring citizens, as well as (ideally) preventing the imminent risks of contamination and death. The technology was brought into Brunei by a locally-registered company called EVYD Technology—an independent entity set up by Yidu Tech Inc., a leading healthcare data analytic company in China—with the financial support of the Brunei Investment Agency.⁹ With the MoH as its largest partner in Brunei, EVYD Technology also engages in data-driven research in healthcare and provides digital solutions in the sectors of public health, health management, and policy planning.¹⁰

The use of the BruHealth App was ubiquitous in Brunei as it was mandated by the government. In Foucauldian terms, the attainment of the subjugation of bodies and the control of national populations mark the beginning of an era of “biopower” in the daily life of residents living in Brunei. This requirement was ceased on June 15, 2022, six months after the country entered the endemic phase. When it was compulsory, all citizens aged eighteen and over had to register and use the app in order to get access to all public and commercial facilities. It was also mandatory for business premises to download and display a QR code that could be scanned using the BruHealth App. In other words, the coercion by legal sanctions was chosen to enforce compliance. The case of BruHealth will be discussed below, as we interrogate the extent to which these bodily-discipline and population-regulating modes—legitimised by their necessity to remedy the pandemic emergency—can also be understood in light of a trust-based control over life (Rieger and Wang 2021).

The objectives of the BruHealth App are stated as follows:

BruHealth is developed by the Government of Brunei to engage its residents during the COVID-19 pandemic. The app provides residents of Brunei updates on COVID-19 development and related policy measures, monitors health conditions of residents of Brunei through the self-assessment feature and tracks risk exposure of residents of Brunei using the Bluetooth and GPS tracking features (BruHealth 2022).

The MoH also declared that although this application was implemented to specifically address the COVID-19 pandemic, it may be used and sustained in the long term. Indeed, at the beginning of the Privacy Policy of this app (MoH 2022), it is mentioned that:

Your personal information may be collected during the use of the APP. During the COVID-19 pandemic, the information is used by us to actively track population health conditions and potential risk exposure, as well as identify high risk areas and individuals. Our algorithms run on this information to provide personalized risk assessment and recommendation to you via the

⁹ See <https://www.evydtech.com/our-story/> (accessed: August 20, 2022).

¹⁰ Digitalisation is identified as one of the national priorities of Brunei as discussed in the country’s Digital Economy Masterplan 2025 (Kon 2022). Leading Chinese digital technology companies, such as Huawei and China Communications Services, have had a presence in Brunei since 2004. They have been quintessential in building the country’s digital infrastructure, such as optic fiber, broadband, and 4G network (Zin 2022).

APP. At ordinary times, the information is used to make online appointments for hospital visit or video consultation, conduct online video consultation, generate personalized health advice and health management plans upon your participation.

The document further states:

We will share your information only with (1) the Government agencies for the purpose of public health management and prevention and control of epidemics; (2) the healthcare providers in Brunei from whom you have attempted to seek medical treatment; (3) medical study investigators without disclosing your identity; and (4) research agency for training algorithms and models in relation to epidemics without disclosing your identity.

In the context of BruHealth, the lack of control an individual had on their personal data did not seem to be an issue of concern for most Bruneians, which might demonstrate the trust that they have in the government to use their data “in good faith.” Nevertheless, this could be attributed to the limited knowledge among Bruneians about rights to privacy and to the absence of a personal data protection law in Brunei, which is currently in the process of being developed.¹¹

According to the MoH website, the following features are available in the tracking application:

- Epidemic update: Contains an overview of Brunei and the global COVID-19 situation (latest statistics and trends).
- Personal assessment code: This code reflects the infectious risk of the user and will determine the type of activities the user can take part in.
- COVID-19 Self-assessment tool: A tool that assesses your risk factor to COVID-19 and is used as a reference only. It does not provide any medical diagnosis, treatment advice and medication guidance.
- Friday Prayers Code: This code is used to book for your next Friday prayer, and to determine if you are healthy and well enough to attend Friday prayers.¹²
- COVID-19 knowledge: Includes press releases issued by the government related to COVID-19, as well as articles infographics on COVID-19
- FAQ's on COVID-19: Frequently asked questions of COVID-19.
- Nearby: Shows the activity trace of the confirmed cases in Brunei and locations of medical resources.
- Scan QR Code: [it] allows users to scan the QR codes at business premises or locations that has applied for the BruHealth QR Code. Entry to the premise is determined by the event code of the user.

There are three other features unrelated to COVID-19, but still integrated to the conditioning of citizens and the optimisation of their mobility and social relationships:

¹¹ See <https://www.aiti.gov.bn/regulatory/personal-data-protection/> (accessed: September 8, 2022).

¹² This feature has been removed and is no longer applicable since the easing of restrictions from August 3, 2020.

- Online visit Appointment: Make an early booking to get a meeting with the doctor without having to come early at the Government Hospitals and Clinics.
- Online Personal Health Records: Access your health records.
- Online Video Consultation: Make an online Video Consultation Booking and Appointment without having to physically come to the health centers.¹³

Using the technologies of Bluetooth and GPS tracking for contact tracing, the BruHealth QR Code allows users to “safely” enter business, religious, and public premises.

Five different coloured “Event Codes” are found in the app, with a specific meaning assigned to each one. Only persons with the Green Code are allowed to enter public premises (Table 1).

Green Code	Yellow Code	Red Code	Purple Code	Blue Code
Healthy	Mild risk. Take extra precautions	Individuals with influenza-like symptoms, or has a travel history or contact with a positive patient	Confirmed COVID-19 patient	Recovered patient and still undergoing the 14-day quarantine period
Users are allowed to enter business premises or participate in activities		Users are NOT allowed to enter business premises or participate in activities		

Table 1: BruHealth Event Codes to Track and Filter Population Circulation and Interaction.
Source: BruHealth App (May 24, 2020).

The five coloured codes resemble the health status assigned to people by the state. They illustrate a series of labels imposed on individuals on their healthcare management as well as the effects these codes have in their daily lives while interacting with each other within the community. On a daily basis, users of the app have to carry out self-assessment on their health using the health status self-screening and self-declaring tool in the app. This step enables them to get a personal assessment code to participate in any social activities or to enter into the following premises: gyms/fitness centres, restaurants, cafés, food courts, open air stalls, markets, indoor and outdoor sports facilities, government and educational institutions, as well as places of worships. As soon as an individual declares a symptom—for example, cold, cough, or running nose—that can be considered to be “influenza-like symptoms,” s/he

¹³ <http://www.moh.gov.bn/SitePages/bruhealth.aspx> (accessed: September 8, 2022).

must “perform self-quarantine at home” and is strictly forbidden to access any of these premises.¹⁴ Users also have to agree to allow BruHealth to collect their physical location information in order to enhance close contact tracking of COVID-19 cases (MoH 2022).

In the name of public health, a series of interventions and “regulatory controls” of individuals have been implemented to track their health or sickness levels and complete the “bio-politicisation” of the population. This is done through Event Code QR status check points at various premises, temperature check points, Bluetooth and GPS tracking of citizens, and so on.¹⁵ For instance, temperature checks were conducted in all government buildings, learning institutions, and shopping complexes. Precautionary measures and reminders as well as guidelines about mass gathering were further emphasised during press briefings/statements before and after the first cases were detected.

The MoH has provided infographics on COVID-19, such as a poster regarding proper hand washing to protect oneself and others on their website (Figures 1–2).

The BruHealth App also displays a series of prayers (*doa*) to encourage Bruneians to intensify their devotion (*Zikir*) and spiritual efforts during the pandemic (Figure 3).

The BruHealth App offers a “site of care” (Lawrence and Maitlis 2012: 642) in which people could be distributed in an optimal manner. It gives concrete data on where the virus is/was, what (not) to do, where (not) to go, and who (not) to meet, leaving little room for a speculative or elusive discourse. It can be argued that while disciplining citizens and optimising their mobility and social relationships, this app monitors and propagates numerous tables, maps, and statistics through official updates on lethality and morbidity (Figures 4–6).

Before Brunei entered the endemic phase in December 2022, the app has been providing, among other data, a daily “epidemic update” in the subsection “Brunei Overview” (Figure 7), which included the following information: active cases (including new ones), critical cases, close contacts, total confirmed cases, total deaths, and total recovered cases.¹⁶ This app facilitates the localisation of inhabitants having con-

¹⁴ Only diplomats (including their family members) and staff of foreign embassies in Brunei Darussalam have been exempted from the Event Codes of the BruHealth application. Instead, “[d]iplomats and embassy staff can use their diplomatic identity cards to enter business premises instead of the BruHealth App. Diplomats and embassy staff are also required to manually track their day-to-day movements at all times especially when visiting business premises, in case the Ministry of Health needs assistance with contact tracing” (<http://www.moh.gov.bn/SitePages/bruhealth.aspx>; accessed: September 8, 2022).

¹⁵ The app uses Google Maps, “cookies and similar technologies to collect and analyze information about locations and report on locations and movement” (MoH 2022).

¹⁶ For instance, as of February 7, 2022, the Brunei Overview stated the following: 1,872 active cases (including 345 new ones), one critical case, 49,107 close contacts, 18,152 total confirmed cases, fifty-nine total deaths, and 16,178 total recovered.

tracted COVID-19, the visualisation of the relationship between contaminated inhabitants (through contact tracing), and the construction of tables analysing the people that died as well as those contaminated or recovered.



Figures 1–2: Guidelines on What to Do During the Closing Down of Mosques. Source (Fig.1): Ministry of Health (2020). Source (Fig. 2): Ministry of Religious Affairs (2020).



Figure 3: Special Prayer (du'a) for Deliverance from Plagues and Diseases. Source: BruHealth App (May 24, 2020).

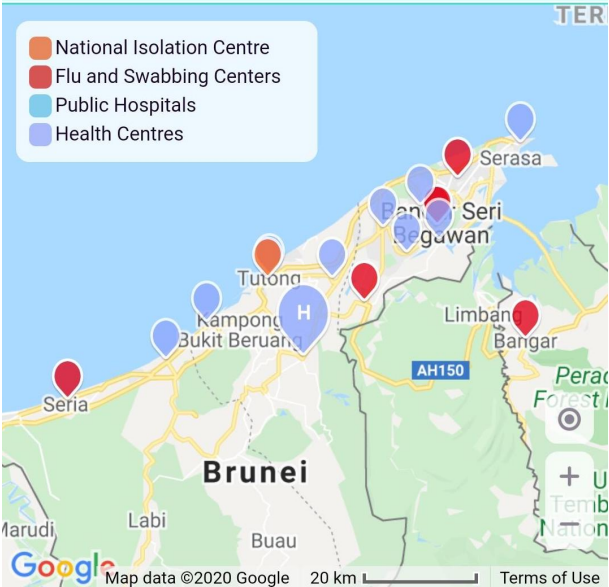
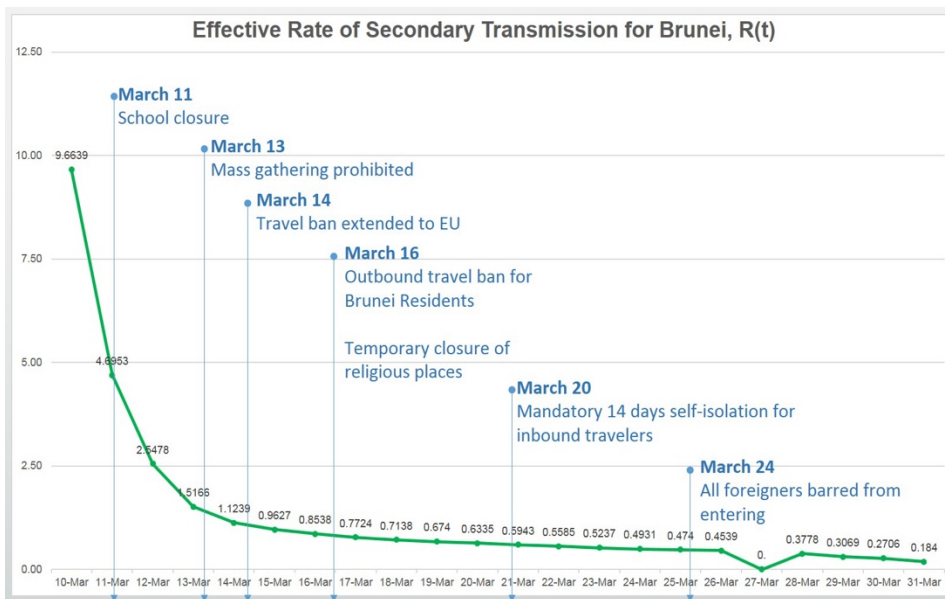
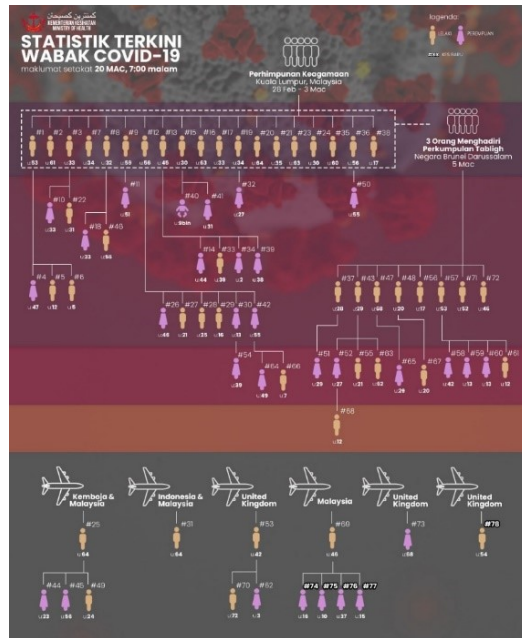


Figure 4: BruHealth Epidemic Map of Brunei. Source: BruHealth App (November 24, 2020).



Figures 5–6: An Explosion of Digital Technologies and Statistics. Second Transmission Rate and Policy Response. Source (Fig. 5): Health Info Brunei Update (March 20, 2020) Source (Fig. 6): Health Info Brunei Update (April 1, 2020).

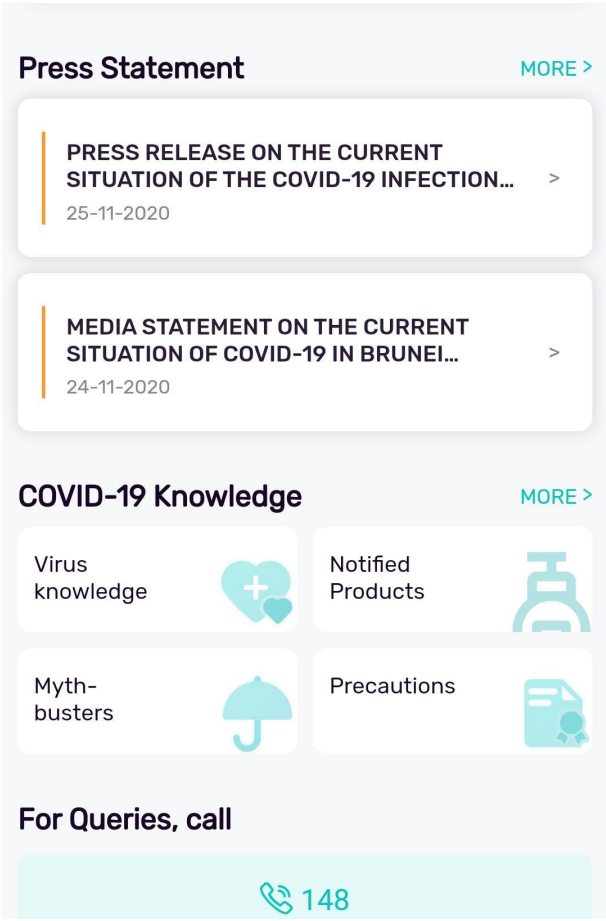


Figure 7: A Daily “Epidemic Update” of Brunei. Source: BruHealth App (November 25, 2020).

BruHealth Biopolitics: The Instrumentalisation of Power by the State

As Alain Desrosières (2000: 84) points out, “it is possible to look at the same time at social or political philosophies and seemingly technical tools, considering them as a totality.” He also prefers to use the term “quantifying process” rather than “measurement,” since the verb “to measure” tends to conceal the set of conventions that underlie quantification (ibid.: 10–11; see as well Desrosières 2008). Arguably, the production of objective quantitative evidence has a broader scope and are relevant to “politics

of statistics” (Desrosières 1998 [1993])—that we call “State-istics”—of which the ultimate outcome (or aim) is the “governance by numbers.”¹⁷

The instrumentalisation of power by the state and its apparatuses using technological and health knowledge is done through the organisation of spaces and the control and change of lifestyle. Such implementation of a digital and calculated management of life, in Foucault terms, is reflected in the institutionalised disciplines as shown in the management of COVID-19 in Brunei.

The Privacy Policy provides more details in regard to the capacity and right of the state to instrumentalise the BruHealth App for non-pandemic health purposes:

The information collected during the course of COVID-19 tracking processes may include: Your name, home and/or business address, phone number, and ID card number; Your device manufacturer and type and other personal identifiers; Your physical location and movement; Your photo in which you hold your ID card in hand; All personal information you submitted through the App, including but not limited to immigration and arrival information, transportations, health conditions and symptoms (MoH 2022).

For further development of this app, e.g., during online hospital appointments, vaccination appointments and certificates, and online video consultation processes, information collected may include additional data: gender, date of birth, birth certificate, number of children, medical records, video communication recording, or device identifiers and serial numbers.

The medical oath, introduced by Hippocrates of Kos (c. 460–c. 375 BCE), dictates the doctor to remain silent about what s/he knows about their patients in order to protect their privacy. From an ethical perspective, allowing BruHealth “to collect your real-time video and audio data for remote consultation by authorising ‘Camera,’ ‘Audio’ and ‘Local File Upload’ permissions” could potentially contravene this oath and subsequently the medical confidentiality. This ethical dilemma seems to be an inevitable consequence of the utilisation of virtual digital technology for medical consultations. Moreover, the information collected could be used for other purposes besides issues related to the pandemic without the explicit permission of users if “the disclosure is required by law,” as stated in the privacy policy of the App (MoH 2022). Finally, personal information can be retained “as long as needed” (*ibid.*). Indeed, if the information is initially claimed to be collected to better respond to and control the pandemic—by tracking population health conditions and potential risk exposure, identifying high risk areas and individuals, predicting and simulating infection trends,

¹⁷ On this politics of statistics and the conditional “trust in numbers” (Porter 1995) that accompanies it, Peter Miller cautiously revisits the place of the R-number—the reproduction number—in policy decision-making: “The R number can be used as a device for shutting schools, shops, restaurants, hotels, gyms, factories, university campuses, international travel and indeed most forms of social life. In the other direction, it can also be used as a device for opening some or all such venues and interactions” (Miller 2022: 466).

and identifying risk areas—the authorities can also use the app at the national level “to track compliance with policy measures” (ibid.).

To highlight one of the most significant aspects of health regulation in relation to the state and government, Foucault’s general notions of panopticon, biopower, and governmentality in the recent COVID-19 situation in Brunei Darussalam illustrate the relevance and validity of the theory in the current modern and local community. When addressing the idea of surveillance and inspection, Foucault represented the notion of *disciplinary power*. This refers to how individuals are subjected to a more pervasive and controlling power. Jeremy Bentham’s *Panopticon* (1791), a proposal for an ideal prison, served as a model for Foucault’s *disciplinary power*.¹⁸ Foucault made the comparison of the panopticon with the original Nightingale hospital ward where patients were organised so that they were visible from a central nursing station. He asserted that the hospital is just one example of the types of institutions that emerged in modern secular countries to allow the state to govern the populace. Similarly, by using the BruHealth application, the government in Brunei is able to trace people’s whereabouts with no exceptions. Ultimately, the disciplinary power exhibited by the Bruneian government serves to optimise the health of its citizens through this “digital panopticon.”¹⁹ Additionally, the act of self-surveillance is applicable through the idea that a watch tower exists in people’s minds, and they regard their own behaviour as their own prison guard. Knowing the consequences of breaking the COVID-19 related laws keep people on their toes so they wear masks, follow the Standard Operating Procedures (SOPs), and use the BruHealth scan function without question—this systematisation of the app highlights how people are subjected to constant surveillance in Brunei.

Studies on ethics of care insist on the timely tie between relationship and responsibility, and the way to fulfil conflicting responsibilities to different people (Held 2006). Cognizant of this, the violation of this trust is a punishable offence: “Any individual/s found to give false information into the app and is found guilty can be prosecuted under the Infectious Diseases Act (Cap 204).”²⁰ The effectiveness of the BruHealth App relies to a large extent on trust—or what we call “disciplinary trust”—as it depends on the honesty of people about the declaration of their health status within the disciplinary power paradigm. Indeed, medico-administrative knowledge collected through the BruHealth App depends totally on the self-quantification and on what some scholars on quantitative measurement regard as “reactivity,” that is, “the

¹⁸ The cells in the panopticon are constructed in a ring surrounding a central tower, from which any inmate may be seen by a guard. The inmates would never know when they were being monitored because the windows from the tower to the cells were sealed, thereby influencing them to believe surveillance was ongoing.

¹⁹ Graham Sewell and Barry Wilkinson (1992) analysed the belief of “electrical panopticon” in which computers are used to monitor individuals in a workplace.

²⁰ <http://www.moh.gov.bn/SitePages/bruhealth.aspx> (accessed: May 08, 2021).

idea that people change their behaviour in reaction to being evaluated, observed or measured. [...] Because people are reflexive beings who continually monitor and interpret the world and adjust their actions accordingly, measures are reactive” (Espeland and Sauder 2007: 1–2). In Foucault’s words, the BruHealth App emerges as a contemporary “institution of the self” that does not displace but coexists with other established “technologies of the self,” such as “religious confession and therapeutic and psychoanalytic approaches to identity and authenticity” (Foucault 1988: 13).

Conclusion

The emergence of diseases and epidemics has been historically an active ferment in the field of religions and beliefs, as religious institutions attempt to establish an inherent link connecting fear (of being infected, dying, witnessing a loved one’s death, losing one’s job, etc.) and belief (in the end of times, a sign from God, a way of salvation, being healed by invisible forces, etc.). Historian Jean Delumeau’s (1978) research has attested to this as it invites us to examine the role religion has played in these situations, and the ways it sometimes contributed to the explosive spread of a virus.

In the digital age in Asia, as Brunei’s response and management of COVID-19 may suggest, a major twofold technology—anatomic and biological—with attention to the processes of managing life rather than managing death has been regulated by political powers. As Foucault (1978: 139–140) argues, the political power’s highest function has progressively become “no longer to kill, but to invest life.”

Rino Falcone et al. (2020: 2) assert that the effectiveness of measures against COVID-19 depends on the credibility of public health authorities, political leaders, and institutions. They further argue that it is important for policy makers to maintain public trust through the use of evidence-based interventions and fully transparent, fact-based communication. However, the very usage of the BruHealth application demonstrates that transparency is not only required from the government but also from the citizens themselves. Indeed, answering the many questions required by the app can be considered as further proof of honesty from the side of the users, giving the state and other users access to their loyalty and social discipline. This practice addresses a significant problem in Foucault’s thought.

According to Foucault (1978: 59), “next to the testing rituals, next to the testimony of witnesses, and the learned methods of observation and demonstration,

the confession became one of the West's most highly valued techniques for producing truth. We have since become a singularly confessing society.”²¹

As a technique in place since the Fourth Council of the Lateran (1215), and in the precise context of Catholic penance (Delumeau 1989: 218–229), Foucault places confession (*l'aveu*) “at the heart of the procedures for the individualisation of power” in Western societies, gradually spreading this confessional process to all levels of society (education, family, justice, medicine, psychiatry, science). Indeed, “by no longer making the confession a test, but rather a sign, and by making sexuality something to be interpreted, the nineteenth century gave itself the possibility of causing the procedures of confession to operate within the regular formation of a scientific discourse” (Foucault 1978: 76). Foucault sees in confession technology a device of power or internalisation of violence to control or subjugate bodies and minds. It is therefore an alienating or dissociating process.

By revisiting Émile Durkheim (1858–1917), it can be argued that health related facts during a pandemic, such as the ones we observed in Brunei, can be considered to be social facts in their own right. In other words, the governmental measures discussed in the article correspond to a mode of action capable of exerting an external constraint on individuals. In terms of social regulation and integration, these measures have a functional and normative meaning—within the framework of the Shari'a law and the authority of the sultan. In our view, Durkheim's holistic approach to societies, coupled with the key role he conceded to the normative regulation of differentiated spheres of social life by moral institutions in order to maintain socio-political order, has established Durkheim (1995 [1912]) as a pioneer in the analysis of propaganda mechanisms and disciplinary regimes (Fischer and Jammes 2020: 6–11). Similarly, a holistic approach to health measures requires considering not only local ethical (and spiritual) conceptions and norms, but also the technologies of biopolitics.

As of June 15, 2022, BruHealth QR Code was no longer compulsory at public and business premises. Its role has evolved into an app that monitors population health (with functions to allow users to retrieve their health records, make medical appointments, participate in population health studies, etc). Currently, its only COVID-19 related function is for users to upload a picture of their antigen test as evidence of their status when entering large gathering events. The app is also used to monitor the quarantine of COVID-19 patients.

In August 2022, the MoH launched the “BN on the Move” health campaign with the first activity, “1 Billion Steps Together,” encouraging the population to be active. The BruHealth App now has a function to collect data on the user's daily number of steps from their phone—one can also add their friends and family into the

²¹ The French original text speaks of “une société singulièrement avouante” (Foucault 1976: 79), which can be literally translated as “a singularly avowing society.”

steps challenge to compare their daily activity. Nonetheless, the new health management function of BruHealth was met with scepticism regarding the state's continued effort of population surveillance, as a Reddit user sardonically commented: "Thumbs up on tracking everyone's movements."²² BruHealth allowed the disciplinary routinisation of state monitoring, that shows to be just one stage in a continuing control process.

ABBREVIATIONS

ASEAN	Association of Southeast Asian Nations
GDP	Gross Domestic Product
MIB	<i>Melayu Islam Beraja</i>
MoH	Ministry of Health
SOP	Standard Operating Procedure

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²² https://www.reddit.com/r/Brunei/comments/wm8tbq/bn_on_the_move/ (accessed: August 31, 2022).

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