Article

Financialization and Welfare Surveillance: Regulating the Poor in Technological Times

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Abstract

In light of concerns that the technologies employed by the digital welfare state exacerbate inequality and oppression, this article considers contemporary shifts in the administration of social assistance. Specifically, it examines the surveillance of recipients of government income support focusing on marginalized peoples in two jurisdictions: social security recipients subject to the Cashless Debit Card (CDC) in Australia, many of whom are Indigenous, and persons under the purview of the Lebanon One Unified Inter-Organizational System for E-Cards (LOUISE) in Lebanon, many of whom are Syrian refugees. Taken together, the cases illuminate embedded ideologies and adverse experiences associated with the financialization of social assistance and the digitization of cash. Through a dual case study approach, this analysis draws out patterns as well as contextual distinctions to illustrate how technological changes reflect financialization trends and attempt neoliberal assimilation of social welfare recipients through intensive surveillance, albeit with disparate outcomes. After considering how these dynamics play out in each case, the article concludes by reflecting on the contradictions that emerge in relation to the promises of empowerment and individual responsibility through financialized logics and technologies.

Introduction

Advocates have argued that technological tools used in the delivery of social assistance have vast regulatory potential (Devereux and Vincent 2010; Forrest 2014). Consequently, government and non-government actors have “increasingly come to over-regulate people with severely limited economic resources,” using various methods of surveillance to do so (Johnson 2010: 13). Existing research reveals that these approaches have reinscribed social hierarchies and inequalities (Bielefeld 2018a; Dee 2013; Eubanks 2018; Monahan 2017; Soss, Fording, and Schram 2011). As Virginia Eubanks (2018: 6) argues, “People of color, migrants, unpopular religious groups, sexual minorities, the poor, and other oppressed and exploited populations bear a much higher burden of monitoring and tracking than advantaged groups.” Likewise, John Gilliom and Torin Monahan (2013: 139) explain that “those lower on the socioeconomic ladder face denser, meaner, and more consequential surveillance than their richer and, typically, whiter fellow citizens.” Here, we examine the implications of card-based social security payments, attending to how the forms of surveillance they enable contribute to adverse experiences and deeper precarity for many cardholders.

Bielefeld, Shelley, Jenna Harb, and Kathryn Henne. 2021. Financialization and Welfare Surveillance: Regulating the Poor in Technological Times. *Surveillance & Society* 19(3): 299-316.

<https://ojs.library.queensu.ca/index.php/surveillance-and-society/index> | ISSN: 1477-7487

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Surveillance studies scholars and political scientists acknowledge that poverty governance conveys tacit beliefs that frame the poor as inherently dangerous, dishonest, indolent, suspect, and even criminal (Eubanks 2018; Monahan 2017; Schram 2018; Soss, Fording, and Schram 2011; Hancock 2004). Consider, for example, Electronic Benefits Transfer (EBT) cards used for Temporary Assistance to Needy Families (TANF) payments in the United States. Authorities have mined digital TANF data to track instances where “recipients withdrew cash from ATMs in smoke shops, liquor stores, and out-of-state locations,” which led to official suggestions “that TANF families were defrauding taxpayers by buying liquor, lottery tickets, and cigarettes with their benefits”—even though records did not show how recipients spent the money, only where it was withdrawn (Eubanks 2018: 7). Bolstered by risk-centric and security-oriented rhetoric (Hannah-Moffat 2005; Roy and Crane 2015), these narratives often frame poor populations as threatening the availability of economic resources, public safety, and overall quality of life. Critical and feminist analyses have queried how such rationalizations crosscut social categories of difference, evincing how ableist, classed, gendered, and racialized ideologies underscore the surveillance of the poor (Bielefeld 2018a; Bielefeld and Beaupert 2019; Benjamin 2019). Thus, although advocates often frame technology as impartial, contemporary poverty governance retains punitive contours as it intersects with and heightens forms of material and social vulnerability (Bielefeld 2018a).

In this article, we examine the surveillance of recipients of government income support, using a dual case study approach to shed light on patterns emerging across contexts. While we focus on particular techniques and relationships, we acknowledge surveillance as a broader “technology of social control” that “exercise[s] a ‘power to define what is in or out of place’” (Browne 2015: 16). In other words, “surveillance strives to assert dominance” (Monahan 2020: 564). Acknowledging the growing scrutiny of surveillance capitalism (Zuboff 2019), our analysis focuses on specific ways in which capitalistic enterprises have become embedded in the delivery of social assistance to—and, in turn, the surveillance of—the poor. Scholars describe this wider trend as *financialization*, that is, “the increasing role of financial motives, financial markets, financial actors and financial institutions in the operation of the domestic and international economies” (Epstein 2005: 3). Digitized modes of delivering and monitoring financial activities have accompanied and enabled these shifts, expanding the scope of surveillance. Scrutinizing how financialization—its motives, markets, actors, and institutions—underpins surveillance can thus offer important insight into emergent modes of regulatory power.

Our dual case study approach illuminates how financialized modes of social assistance affect people who occupy intersections of ableist, classed, gendered, and racialized marginalization. They capture experiences of social security recipients subject to the Cashless Debit Card (CDC) in Australia, many of whom are Indigenous, and persons under the purview of the Lebanon One Unified Inter-Organizational System for E-Cards (LOUISE) in Lebanon, many of whom are Syrian refugees.

In the pages that follow, we discuss common understandings of poverty surveillance and how the selected case studies highlight changing modes of social welfare delivery. We tease out the rationalizations of the two programs, the tacit meanings they convey, and the adverse experiences of social security recipients. Albeit in different geopolitical contexts, the two cases illuminate a range of valuable insights. Firstly, the lived experiences of cardholders reveal how welfare state services have become markets for the financial services sector. Secondly, cardholders feel pressure to adopt neoliberal norms of self-reliance due to difficulties associated with spending their social assistance payments via cashless cards—which function as a structural disincentive to make claims upon state assistance. Thirdly, cardholders on low incomes are required to continuously purchase consumer technology (e.g., mobile phones, data plans, computers, internet connection) in order to access their social assistance payments, thus perpetuating capitalist accumulation. Fourthly, LOUISE and the CDC expand the pool of regulators to enable welfare surveillance not only by government departments and financial sector interests who issue these cards, but also by a range of additional social security regulators: shop assistants who must check transactions for prohibited expenditure items, service providers who do likewise, and other citizens observing, commenting and at times controlling, how cardholders can use their cards. We conclude by reflecting on the contradictions that

emerge, particularly in relation to promises of empowerment and financial responsibility through financialized logics and technologies.

Surveillance in the Context of Social Welfare

Scholars have traced the close monitoring and control of the impecunious back to practices of “surveying and badging of the poor in sixteenth-century Europe” (Gilliom 2001: 19). Racialized logics have played and continue to play a prominent part in rationalizing surveillance in the targeted monitoring of particular groups (Goldberg 2002; Moreton-Robinson 2009; Browne 2015; Monahan 2020). Welfare is no exception. Processes for accessing and retaining social assistance often entail intensive surveillance and rigid requirements that are burdensome for those in need. Some examples include the imposition of “compliance costs” in terms of time and technology when trying to access one’s payment and “psychological costs” in terms of navigating the stigmatizing discourse underpinning welfare reforms (Herd and Moynihan 2018: 23). Such costs can create disincentives to claim social assistance—yet those in need have no choice but to engage with the weighty burdens imposed on them.

This article examines modes of surveillance enabled through social security payment cards, which policymakers often claim have the capacity to deliver various beneficial outcomes: rationalizing and streamlining benefits, engendering efficiency and cost-effectiveness, aiding flexibility in accessing funds, providing access to financial infrastructure (e.g., automated teller machines [ATMs], mobile banking services, banking cards), and promoting “financial inclusion” and “financial literacy” (e.g., Forrest 2014: 104; Ruston 2019). At the same time, these practices enable financial services industries to retain markets of dependent users, even in times of global economic insecurity. As surveillance is a condition of accessing essential services like healthcare, housing, and employment, digitized banking practices increase the frequency of poor people’s interactions with ever watchful authorities. In doing so, they can pose obstacles to obtaining resources (Bielefeld 2018a; Eubanks 2018).

Not restricted to particular continents and geographies, digitalized methods of surveilling the poor have proliferated across different parts of the globe. They span agriculture and food (Belbase and Morgan 1994), development and sustainability initiatives (Howard and Bartram 2005; Roy 2010; Roy and Crane 2015), disease prevention and health promotion (Zhou, Bergquist, and Tanner 2013), and urban infrastructure (Das 2020). Rhetoric often veils financialized dimensions and the market logics underpinning surveillance. In humanitarian contexts, for example, the World Food Programme (WFP) promotes the use of ATM cards without, as critics have argued, acknowledging the fact that doing so offloads costs associated with disbursements onto aid recipients through the introduction of service fees (Venton, Bailey, and Pongracz 2015: 22). In conjunction with shifting fees onto individuals, these practices require major investment in infrastructure, even though questions remain as to whether they provide better outcomes for people in need.

Developments in the context of social welfare reflect the rising regulatory power of the financial sector. Since the 1980s, many European and North American economies have demonstrated significant “growth in the financial sector,” as well as “major shifts in its nature (securitization, profitability, privatization being amongst them)” (Sawyer 2013: 13). Regulation has supported market-driven priorities—a concern often overlooked by neoliberal analyses that tend to emphasize deregulation (Levi-Faur 2005). Banking-centered social assistance reforms in welfare regimes have enforced compliance through additional monitoring and stricter rules. Accordingly, they have introduced social control mechanisms characteristic of a “preventative-surveillance state” that is more interventionist and “deeply embedded in the daily minutia of life for people attempting to survive on welfare” (Dee 2013: 275–276). Further, these systems are designed to service consumers valued for their economic activity and choices, thus responsibilizing welfare recipients in ways that promote an “individualistic ethos” as if the poor are “flawed consumers” in need of discipline (Maki 2011: 51). As this analysis attests, the regulatory power exercised through welfare surveillance has significant consequences for recipients of government income support, some of which exceed responsibilization.

Methodology and Case Studies

Our findings draw upon two ethnographic projects that examine changes in social welfare through an intersectional lens. Incorporating findings from research conducted in different locations within Australia and Lebanon, the subsets of data that inform this article offer insights into shared associations and variations across two country case studies. Although very different country case studies in terms of their geopolitics and histories, both are experimental sites for financialized social assistance, making them promising candidates for a dual case study analysis. In line with multi-sited qualitative analyses of regulation, this methodological approach offers a balance of contextualized understanding, showing how the cases fit within larger systems of financialized social assistance, and provides an “analysis of commensuration” that enables “translating diverse social conditions and phenomena into comparable units” (Henne 2017: 106). It thus supports an in-depth, comparative assessment of the broader technosocial changes occurring in relation to welfare surveillance.

As we independently collected different textual and qualitative data for each case, which include government commissioned reports, non-governmental organization (NGO) research, and independent studies, this analysis builds upon our earlier immersion in the data. It also benefits from our in-depth knowledge specific to each case, drawing on grounded insights from empirical research that began in Australia in 2016 and in Lebanon in 2019 (with archival and desk work predating both). We adopted an abductive approach to analysis, which requires not only identifying patterns but also isolating points of divergence when developing conceptual explanations. In constructing “causal accounts and their limitations,” we had to explicitly address “the uneasy relationship between explanations and categories used within the field as compared to the categories used by social scientists” (Tavory and Timmermans 2014: 7). We therefore revisited our existing thematic codes and looked specifically at the intersections between discourse, financialization, and surveillance with the aim of isolating patterns and distinctions within the combined data (Tavory and Timmermans 2014). We iteratively considered how surveillance and inequality emerged as entangled through the process of accessing social assistance. This approach enabled us to identify and examine conjoined ideologies and practices, informing the structure and argument of the article.

One limitation of note stems from pandemic-related restrictions that have prevented us from re-engaging participants that receive government income support. As these projects are ongoing and we are unable to carry out member checks or follow-up interviews at the time of writing, we do not incorporate direct quotes from participants unless they are publicly accessible and reflect sentiments captured in the data more widely. Nonetheless, the analysis presented here demonstrates insights gleaned from on-the-ground interviews, communications with cardholders and community service stakeholders, and ethnographic observations. This article also does not capture pandemic-related implications. The strength of our approach, however, is the ability to identify and discuss points of similarity and departure across the cases. Appreciating them first requires a better sense of their respective contexts.

Lebanon One Unified Inter-Organizational System for E-Cards (LOUISE)

Since the start of the Syrian civil war in 2011, millions of Syrians have fled to neighboring countries, with roughly one-quarter of the country’s population relocating to Lebanon. As a result, one in five people residing in Lebanon is a Syrian refugee, and the rapid influx of displaced peoples has generated significant challenges for national infrastructure (Care International Lebanon 2018). Chronic underfunding to Lebanese humanitarian initiatives, combined with survey findings that signaled considerable heterogeneity in Syrian refugees’ needs, has prompted social assistance agencies to target vulnerable residents in individualized rather than homogenized ways (Carbonnier 2015). LOUISE is one outcome: launched in October 2016 to deliver humanitarian cash assistance, it is a joint platform spearheaded by the Lebanon Cash Consortium (LCC), The United Nations International Children’s Emergency Fund (UNICEF), The United Nations Refugee Agency (UNHCR), and the WFP. Humanitarian actors’ visible intervention in this space has fueled pervasive resentment of Syrian refugees, presenting them as being favored or as burdens. The state’s unwillingness to align refugee policy with international norms, combined with political discourse that frames refugees as threats to the nation’s security and economic stability, has exacerbated anti-refugee

sentiment (Estriani 2019; Fakhoury 2017). As a result, refugees often experience considerable discrimination on the basis of nationality and class.

Replacing the WFP's OneCard system, LOUISE has been described as a "vulnerability assessment, one financial service provider, one distribution of e-cards, one monitoring and evaluation system, one training for beneficiaries, one communication system, one call-center for e-card queries and one information portal" (LOUISE n.d.). Through e-cards, or Common Cards, eligible Lebanese households, including Syrian and Palestinian people living in Lebanon, can access humanitarian services (UNHCR and Government of Lebanon 2019).¹ Two modalities, restricted and unrestricted, facilitate cash-based transfers: electronic vouchers that limit purchases to food items at WFP-contracted retailers (restricted) and debit cards that permit cash withdrawal at any ATM as well as e-payments for goods and service at WFP-contracted retailers (unrestricted) (Boston Consulting Group 2017). E-card purchases are limited to retailers contracted by the WFP, totaling roughly 400 shops across the country (WFP 2019). A core objective of LOUISE is to streamline support to those identified as most vulnerable (El-Huni 2015). As of 2016, an algorithm-operated desk formula has been employed to decipher those who are vulnerable and most in need of aid (Keith 2017).²

Lebanon's cash assistance program has become one of the largest in the world³ and is supported by digitized welfare delivery infrastructure. Data collected through surveillance of cardholders, including biometric registration (WFP 2018), has become the foundation for databases used for tracking, data management, and report generation (e.g., Global Distribution Tool, CashAssist). While they are accessible to governments and various UN agencies (UNHCR 2019; UNHCR 2020), partnerships with financial institutions are also key. For example, Mastercard, which has worked with the WFP since 2012, offers technical expertise in electronic payment systems (Musser and Kapadia 2017), and large banks provide financial services (Chehade, McConaghy, and Meier 2020).⁴ In January 2020, the WFP reported that "647,425 Syrian refugees, 13,591 Palestinian refugees from Syria, 8,726 refugees of other nationalities and 101,924 vulnerable Lebanese" used these e-cards, signaling that the majority of recipients tracked by the e-card platform are refugees. As this population is comprised of stateless, *non-citizen* residents with few legal rights (Kiwan 2019), LOUISE prompts major data security, privacy, and ethical concerns, especially in Lebanon "where the government claimed a right to access the UNHCR's biometric refugee data" (Jacobsen 2017: 541).

Cashless Debit Card (CDC)

The CDC was introduced in Australia following the 2014 *Forrest Review*, a report commissioned by the Australian Department of the Prime Minister and Cabinet as part of the Indigenous Jobs and Training Review, which recommended cashless social security via a "Healthy Welfare Card" (Forrest 2014: 100–108).⁵ This review followed a protracted period of racially discriminatory compulsory income management via the BasicsCard, introduced as part of the 2007 Northern Territory Emergency Response (Bielefeld 2012). The *Forrest Review* claimed that cashless, *in-kind* social security payments were needed to address alcohol addiction, substance abuse, gambling issues, and to transition people from welfare into paid employment. While early colonial payment practices for Indigenous peoples in Australia were characterized as paternalistic "in-kind" interventions (Bielefeld 2012), Forrest's (2014) approach is new in terms of the

¹ The Common Card makes food assistance, seasonal assistance, cash, and child benefits available through a single platform.

² If deemed eligible, recipients can receive e-cards that are uploaded with US\$27 every month (WFP 2019).

³ Interconnected technologies make up LOUISE: Dalili, a messaging app, communicates key notifications to recipients (Kelley 2017), while the Refugee Assistance Information System enables inter-agency reporting of, and access to, beneficiary assistance information and intervention assessments (UNHCR and Government of Lebanon 2019).

⁴ The Bank Libano-Francaise recently secured the contract to deliver banking services (Chehade, McConaghy, and Meier 2020).

⁵ Questions about the card's capacity to support superior health outcomes resulted in removing the reference to health.

role of technology in this process, rationalized by the perceived risk that social security recipients will spend their money irresponsibly.

Despite skepticism from key stakeholders and academics (Australian Council of Social Services 2014; Bielefeld 2014; Bray 2014; Altman 2015), the Federal Government adopted aspects of Forrest's recommendation, with CDC trials commencing in the Ceduna and East Kimberley regions in 2016, where a high proportion of social security recipients are Indigenous (Bielefeld 2018b), with further trial sites added over time. Racialized logics have strongly influenced the development of the CDC and the first locations where it was introduced (Bielefeld 2018b). Consequently, Indigenous social security recipients are significantly overrepresented amongst CDC holders (Australian Government 2020). CDC summary data indicate that as of September 4, 2020, approximately 4,806 of the 12,194 people on the CDC are Indigenous (Australian Government 2020).⁶ As such, Australia's First Peoples comprise 3.3% of the overall population (Australian Bureau of Statistics 2018) but constitute approximately 39.42% of those on the CDC (Australian Government 2020). As is evident from these figures, despite government claims to neutrality, the range of people covered by the CDC reflects racialized patterns consistent with Australia's colonial legacies and continuing coloniality (Aboriginal and Torres Strait Islander Social Justice Commissioner 2016; Bielefeld 2018b; Klein and Razi 2018; Moreton-Robinson 2009; Watson 2015).

Late in 2020, the Federal Government announced their intention that the CDC be made permanent, via the Social Security (Administration) Amendment (Continuation of Cashless Welfare) Bill 2020, and expanded to the Northern Territory and Cape York, which would have seen approximately 25,000 mostly Indigenous social security recipients forced on to the card. Unable to gain sufficient parliamentary support to enact the CDC as a permanent measure, the government modified this Bill so that it would authorize the operation of the CDC until December 2022 in current trial sites and expand it to the Northern Territory and Cape York. However, in light of heated parliamentary debate about the racially discriminatory character of the program (Commonwealth 2020a, 2020b, 2020c), people in the Northern Territory subject to the BasicsCard have the option to volunteer to be on the CDC—though they do not have an option to revert to cash-based social security payments. Indigenous groups voiced disappointment at the passage of the Social Security (Administration) Amendment (Continuation of Cashless Welfare) Act 2020 (Commonwealth) (Collard 2020).

The legislative objectives of the CDC under section 124PC of the Social Security (Administration) Act 1999 (Commonwealth) include restricting access to “alcoholic beverages, gambling[,] and illegal drugs” and fostering “socially responsible behavior.” Eighty percent of a person's fortnightly social security payment is quarantined on the CDC, which can be spent at limited retail outlets and service providers (*Social Security (Administration) Act 1999* (Cth) section 124PJ(1)).

The CDC has been incrementally expanded through numerous laws, involving technologically facilitated surveillance of government income support recipients in trial areas. The federal government, in concert with financial services provider Indue Ltd., an “Authorized Deposit Taking Institution” subject to the Australian Prudential Regulation Authority, can track and restrict the spending of social security recipients and monitor where spending takes place. As “an independent statutory body” intended to foster public confidence in the finance sector, the Australian Prudential Regulation Authority “supervises institutions across banking, insurance and superannuation, and is accountable to the Australian Parliament” (Australian Prudential Regulation Authority 2021).

Contradictions of Financialized Regulatory Power in Social Welfare

LOUISE and the CDC articulate a catalogue of promises enabled by digitized financial services that align with market-oriented values, including technologically superior solutions, enhanced security, improved

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⁶ These figures were calculated by adding up the separate numbers for Indigenous and non-Indigenous social security recipients reported for each individual CDC trial site in September 2020.

efficiency, and cost-effectiveness. Analysis of each case, however, reveals new challenges for participants accessing financial support, often reinscribing power asymmetries. The intertwining of surveillance and financialization shapes these challenges—for example, through requirements that entail divulging personal information to access financial goods and services, collecting data from digital cash transfers, and creating digital dossiers that capture aspects of welfare recipients’ everyday lives.

The benefits ascribed to financialized safety nets often center around creating sustainable solutions to poverty and modes of fostering development (Gentilini 2016; Roy 2010). These framings, however, convey particular imaginings of beneficiaries and their engagement with banking services. In the case of LOUISE, efforts to deliver targeted social assistance convey conflicting values and practices. For example, the justifications for the Common Card orient around delivering care and security. In practice, however, these promises translate into additional forms of verification, restricted access to aid, and institutional opacity. In the case of the CDC, the Australian Government frames the program as a support while simultaneously rendering social security claimants as suspicious subjects who warrant behavioral monitoring and the removal of their agentive decision-making regarding their budgetary and banking arrangements (Bielefeld 2018a; Tilley 2020; Tennant and Brody 2020). As further elaborated below, both cards present difficulties for many of the cardholders required to use them.

In Lebanon, a prominent rationale employed to support the digitization of social assistance is the empowerment of recipients. For example, the 2019 Lebanon Crisis Response Plan states e-cards help refugee users become “economically empowered” with “an improved sense of security and improved relationship with their surrounding host community” (UNHCR and Government of Lebanon 2019: 42). Further, as the document details, giving refugees the flexibility to tailor purchases according to their unique needs through unrestricted cash transfers, e-cards prevent recipients from resorting to illicit, exploitative, or injurious efforts when in need. These justifications render technologically facilitated social assistance as mitigating social, physical, and emotional vulnerabilities associated with economic marginalization—for example, by easing social tension and welfare stigmatization.

Humanitarian actors, such as UNHCR, have promoted e-cards as helping to address gender-based inequity and violence. Policy describes e-cards as tools of empowerment that enable women to make important “decisions about household expenditures” without relying on others (UNHCR and Government of Lebanon 2019: 43). Empowerment rationalities, though compelling to policymakers, mask power asymmetries that often exist in domestic relationships, where a dominant man in a household may be as adept at commandeering a payment card as they are at controlling cash or goods. In short, cards in and of themselves are not gender equalizers. Further, e-cards have been unlawfully retained by various members of the community, not just family, and some recipients, particularly women and people with disabilities, are often apprehensive about using cards alone or depend on the assistance of others (Smith 2019).

Another framing of LOUISE’s benefit is that it strengthens the Lebanese economy by facilitating greater economic participation (Lebanon Cash Consortium 2017). The International Rescue Committee has suggested that “each dollar of cash aid in Lebanon is expected to provide \$2.13 in increased income for the Lebanese economy, further helping refugees by making them appear less of a burden” (Giles 2018). In other words, it imagines refugees’ economic participation and assimilation in the market as an inclusive solution to poverty—and one that aligns with the economic interests of the host state. This financialized move to assimilate refugee recipients thereby obfuscates two interrelated phenomena that are tied to structural power asymmetries. First, framing refugees as strains on the Lebanese economy conceals how political elites have contributed to crafting this narrative, directing attention away from decades of financial mismanagement that is largely responsible for the economic collapse (Blair 2020). Second, in eliding systemic contributors, financialized justifications for LOUISE simplify these problems by presenting them as concerns that digitized welfare can resolve.

LOUISE’s predictions and rankings of household expenditure, which use variables from the UNHCR’s registration database, enable practitioners to target aid to households assessed as the most desperate (Keith

2017; UNHCR and Government of Lebanon 2019). Savings are consequently presumed to flow from algorithmic calculations while avoiding costs associated with in-person interviewing (UNHCR and Government of Lebanon 2019). In relying on these algorithmic assessments about who is worthy of aid, LOUISE's recipients become framed as neoliberal consumers who contribute not only to stabilizing Lebanon's economy but also to reducing administrative costs by purchasing their own supplies. However, in doing so, using e-cards means they are limited to those shops contracted by the WFP.

The presentation of technology as minimizing misallocated funding and avenues for unauthorized collection of aid relies on embedded assumptions about the character of beneficiaries as suspect. In fact, one promise associated with the use of e-cards is the capacity to pinpoint fraudulent claims—in particular, the ability to identify claimants and verify “that the right refugees carried the right card” (WFP 2019: 9). LOUISE thus emerges as a harmonized platform that enables aid agencies to prevent benefit overpayment and duplicate disbursements (Idris 2017). The presumed threat of theft becomes a justification for withholding the targeting criteria for eligibility from the public based on assertions that it “could lead to fraudulent claims for assistance” (Smith 2019: 9). However, in doing so, these theft prevention rationalities implicitly reinforce a notion that social assistance claimants are prone to lying, stealing, or “scamming” support programs. Thus, the benefits attributed to surveillance “shift the emphasis from seeing migrants as in need of aid to seeing them as security risks” (Monahan 2017: 200).

The CDC reflects similar associations but in distinct ways. In contrast to LOUISE, the CDC limits purchase choices for cardholders while also serving as a publicly identifiable marker of government income support at the point of sale. In terms of similarity, negative assumptions about the character of beneficiaries dominate the CDC discourse. Advocates for the CDC initially styled their rationale around the imagined capacity of the card to redress substance abuse and related harms and to transition people “off welfare and into work” (Forrest 2014: 103), conveying a presumption of addiction among government income support recipients. For example, in introducing legislation before the Australian Parliament, Minister Alan Tudge stated the CDC would reduce “the social harm caused by welfare-fueled alcohol, gambling, and drug abuse” (Commonwealth 2015: 2). This discursive framing positions social security recipients as reckless spenders who squander their limited income on substance abuse and whose choices need to be curtailed to foster responsible financial and social behavior. Imputing identities of deficiency, this narrative constructs a sense of urgently required intervention for the purposes of community safety and harm minimization.

More recently, the current Minister for Social Services, Senator Anne Ruston (2019) has promoted the CDC as a mechanism for fostering stronger financial capabilities: she maintains it “is a personal development, capacity and financial literacy tool aimed at reducing the social harm caused by welfare fueled drug and alcohol misuse and problem gambling.” Using the CDC purportedly transforms cardholders into consumers making prudent choices that benefit themselves, their families, and the broader society by ensuring that welfare funds are allocated to their intended purpose of providing for genuine needs. In seeking to bolster their claims of CDC efficacy in meeting these objectives, the Australian government has relied on consultancy research (Orima Research 2017a, 2017b), which has been criticized in terms of its methodology by the Australian National Audit Office (2018). Significantly, these purported benefits of the CDC have not been demonstrated as generalizable across the different cohorts of cardholders (Orima Research 2017a, 2017b; Mavromaras et al. 2019a; Marston et al. 2020). Nevertheless, many political elites continue to represent the CDC as producing beneficial outcomes. Imputing identities of deficiency to government income support recipients remains key to such claims.

In contrast to the rhetoric, numerous cardholders have experienced increased difficulty purchasing goods and services they need via the CDC (Bielefeld 2017; Marston et al. 2020). Further, it is proving difficult for CDC holders to demonstrate prudent financial management of their limited resources for the purposes of obtaining an exemption from the CDC (Australian Government 2020). Thus, negative constructions of people in need of government income support can have significant material consequences, curtailing, rather than maximizing, financial freedom. While some CDC holders are at risk of internalizing the negative identity constructions (Mavromaras et al. 2019b: 54, 64), others have actively challenged these imputed

identities by engaging with social media groups, participating in public protests, creating petitions aimed at stopping the CDC, and seeking exemption from the program (Marston et al. 2020; Klein and Razi 2018).

Using Cards in Everyday Life and Deepening Precarity for People in Need

Analysis of everyday life reveals a clear divergence between the purported benefits of cashless social assistance and the experiences among many people who need social assistance. Here, we explain them as they emerge in each country case.

LOUISE

In Lebanon, refugees face obstacles that result from the UNHCR's choice to rely upon digitized platforms, which are predicated on financialized logics and markets as well as a desire to monitor targeted populations. These challenges reinforce inequality in a variety of ways: through increasing barriers to accessing aid, failing to prevent exploitation, fostering dependence on others, and blocking employment and housing opportunities. For example, although most bank cards require the user to enter a PIN code for security purposes, refugees in Lebanon have reported problems activating their PIN, entering their PIN at shops, and remembering their PIN (Campbell 2014; UNHCR 2016). These issues are rarely addressed in a timely or satisfactory manner, as "most people reported waiting two to three months for new cards and PINs" (Smith 2019: 13). As such, PIN codes and other such security measures do not translate seamlessly to the Lebanese humanitarian context.

Despite the promise that e-cards can be used flexibly, it is incredibly difficult to ensure equal and safe access to banking sites, which are often overcrowded, limited in some regions, or located near crossing checkpoints (UN Inter-Agency Coordination Unit 2020; Sewell 2020; UNHCR 2016). In addition to generating additional costs for users to reach banking sites, this issue poses distinct barriers for people with "reduced mobility such as elderly, or female headed households in informal tented settlements, [who] often rely on a third party to go to the ATM on their behalf" (Smith 2019: 15). These users are at risk of exploitation by third parties, who sometimes charge arbitrary fees for their help. Recipients have developed coping strategies, such as carpooling to reduce transportation costs or delaying their visits (Smith 2019), often requiring them to take more complex routes or travel long distances to locations that accept e-cards. Doing so can increase their contact with state security officials, which can be dangerous for those who may be in Lebanon without adequate legal documentation. The widespread concern around legality, as UN-Habitat and UNHCR (2018: 39) report, puts many Syrian refugees "at risk of being severely harassed and sometimes arrested when they move around, since they have to navigate a complex geography of fixed and moving checkpoints, curfews, patrols and informal surveillance exerted by local political parties or strongmen." Difficulties reaching banking sites thus cannot be separated from the geopolitical conditions whereby refugees residing in Lebanon are often perceived as unwelcome and even threatening. In doing so, these entanglements contribute to their social and economic exclusion.

Accessing information and technical assistance for the Common Card can be taxing (Ground Truth Solutions 2017b) even though helpdesk staff and call centers are in place (WFP 2018). The information provided "can be inconsistent and incomplete" (Smith 2019: 9). Assistance from banks has also been problematic, as bank staff have been found to treat refugees poorly and discriminatorily while also often failing to respond to complaints. Call center access is of particular concern, as the aforementioned groups with less mobility—women, the elderly, and those with disabilities—are more likely to rely on them for service support. There are also obstacles unique to geography, with recipients in certain areas, such as Mount Lebanon and North Lebanon, reporting they are unable to connect to phone lines and rarely have their calls returned (Ground Truth Solutions 2017a; Smith 2019). Strategies have been introduced to mitigate problems; they include reducing overcrowding at banking sites by sending SMS alerts about payments over multiple days, validating beneficiaries with disabilities at their homes, and paying recipients on days other than public sector payment days. Using technology to remedy these challenges, however, presents other

barriers. For example, costs associated with purchasing and using phones are exacerbated by the long wait times to receive service via the call center and the lack of toll-free lines for refugees.

Several scholars acknowledge the myriad ways in which automated decision-making is biased and imperfect, which disproportionately and negatively impacts the lives of the poor, especially those who experience intersecting forms of marginalization and oppression (e.g., Eubanks 2018; Noble 2018). As Louise Amoore (2020) observes, however, the call to make algorithms transparent in order to identify and remove biases overlooks a key aspect of how algorithms operate: that they learn and adapt through iterative engagement. Lebanon's targeting algorithm, which automates the selection process for identifying the most vulnerable refugees eligible for aid, is no exception. For example, its failure to capture eligible refugees has led to appeals for cash assistance eligibility using household visits, with reassessments leading to 23 percent of appeals being included (Development Pathways 2018). This 23 percent represents approximately over 7,000 families—much more than a few overlooked and excluded under the original targeting methodology (El-Huni 2015). Given high rates of inaccuracy and exclusion errors, algorithmic adjustments cannot deliver desired changes.

A specific drawback of the targeting design is its reliance on official registration data for the algorithm to function, which reveals several interconnected concerns. The targeting algorithm's strict eligibility requirements also result in withholding aid from refugees who fail to register (for whatever reason). This issue is acute, as official UNHCR data do not include internally displaced peoples and asylum seekers (Rafei 2013) and the Lebanese Government suspended UNHCR registration of Syrian refugees in April 2015 (Janmyr 2016). Further, some Syrian refugees are hesitant to give their personal information, especially biometric data, to the UN given concerns that it may be shared with Lebanese or Syrian governments to facilitate their repatriation (Jacobsen 2015). It is therefore not surprising that estimates indicate 550,000 unregistered refugees in Lebanon (Amnesty International 2019). Humanitarian agencies cannot reliably and accurately target aid because official UNHCR registration excludes a considerable segment of the population due to safety, privacy, technical, and legal reasons.⁷

Lebanon's fragile economy hinders the delivery of financialized humanitarianism. Many factors contribute to the country's socioeconomic crisis, including internal corruption, the Syrian civil war, and a lack of government reforms (Azhari 2020). These issues, combined with active social movement blockades, have contributed to the local currency losing most of its value and a shortage of US dollars (Abdallah 2019). Accordingly, many banks have shut down or imposed strict limits on the withdrawals of both Lebanese and US currencies. Taken together, they impede access to financial services, including face-to-face assistance at banks and the transferring of money, essentially making some bank funds inaccessible. While socioeconomic conditions affect most Lebanese residents, poor and marginalized communities, including refugees, disproportionately feel the impact.⁸ In addition to challenges withdrawing money due to bank restrictions on withdrawals and large numbers lining up at the banks, some refugees report receiving financial aid in Lebanese Lira, which does not extend as far in terms of securing essentials, especially when converted to the more desirable currency of US dollars. When aid was based on the official exchange rate of about 40,000 lira per person, the impact was significant. As one refugee community leader explains, "Forty thousand doesn't do anything.... The ones who you're paying are asking to be paid in dollars or at 2,000 (lira to the dollar)" (Sewell 2020). As such, "You buy tea and sugar, and the money is gone" (Sewell 2020).

The gendered contours of these challenges are notable. For instance, one aid recipient, a widow with four children, explained how she could not withdraw funds until the middle of the month despite being told they would be available at the beginning of the month: "Today is Sunday—it's a holiday.... Tomorrow, you'll see

⁷ As evidence of concerns regarding inaccuracies in Lebanon's targeting, the call center received over 95,000 calls in November 2018 because aid targeting was being reassessed in order to capture overlooked claimants (WFP 2018).

⁸ Refugees were already precarious before Lebanon's financial meltdown, as 69 percent of Syrian refugees there lived below the poverty line, a figure that now stands at 73 percent (Sewell 2020).

people are waiting in front of the bank from 5 or 6 am. What time do I have to go? You can't, as a woman alone, go out at 1 or 2 or 3 am to be able to withdraw the money" (Sewell 2020). Consequences of Lebanon's financial crisis, therefore, make financialized humanitarian aid a problematic strategy for supporting refugees. Cumulatively, and in absence of a wider social safety net, consequences can be life-threatening if they inhibit the ability to access food, healthcare, or other basic services.

Longstanding anti-immigrant sentiments regarding Palestinian and Syrian refugees residing in Lebanon also inform the impacts of economic crisis (Estriani 2019). Despite formal documents stating LOUISE enables access to multipurpose cash and thus strengthens social relations between beneficiaries and Lebanese residents (e.g., Boston Consulting Group 2017), rising tensions have meant direct repercussions for refugees using e-cards. For example, there are reports of people being harassed and verbally attacked while withdrawing cash from ATMs (Grira 2019). Recipients have noted being blackmailed or mugged for their e-card, with unscrupulous people demanding payments and bribes as a condition of refugees accessing ATMs (Sewell 2020). In some cases, Lebanese citizens have voiced their anger and frustration regarding Syrian refugees withdrawing cash. For example, a video posted on social media by Zahra Fardoon, a freelance journalist, depicts a line of Syrians withdrawing money at an ATM, in which Fardoon says to one person in the queue: "You're lucky! It's been a while since I've seen that! You're getting pounds out and not dollars? It's from the United Nations?".... Then a Lebanese man walking by interrupts, saying: 'We're not getting anything. We're not even getting our salaries'" (Fardoon qtd. in Grira 2019). Such confrontations are among the embodied effects often not accounted for in official depictions of financialized social assistance. Even though the promises of LOUISE are to alleviate economic suffering and facilitate empowerment, the process of obtaining money can fuel social tensions and reinforce negative perceptions and treatment of refugees in Lebanon. In essence, LOUISE often exacerbates refugees' precarity, introducing risks and dangers.

CDC

As is apparent from CDC research, serious problems arise for many cardholders. The Australian Government has commissioned two evaluations of the CDC, one by consultancy firm Orima Research (2017a, 2017b), which produced two sizable reports, and the other by the Future of Employment and Skills Research Centre at the University of Adelaide (Mavromaras et al. 2019a, 2019b; Mavromaras, Mahuteau, and Wei 2020), which is still underway at the time of writing. The Orima Research (2017a, 2017b) examines the CDC in Ceduna and the East Kimberley, and baseline data reports by Mavromaras et al. (2019a, 2019b) focus on the Goldfields and Hinkler regions. In addition, a study of compulsory income management programs in Australia and New Zealand includes the impact of the CDC in the Ceduna and Hinkler regions (Marston et al. 2020). Other CDC research has also been undertaken by academics (Klein and Razi 2018; Vincent 2019) and non-government organizations (Queensland Council of Social Services 2019; The Australian Unemployed Workers' Union 2019). Together, this work points to a range of difficulties created for CDC holders that deepens their precarity—despite the rhetoric of empowerment embedded in the Forrest Review and policy narratives.

Income quarantined to the CDC is inaccessible during periods of technology failure, such as power outages, which occur with some regularity in many parts of Australia, especially remote regions affected by volatile weather (Orima Research 2017a). During blackouts and other EFTPOS failures, people with 80 percent of their income quarantined to the CDC are less likely to have sufficient cash on their person to pay for goods or services. Blackouts and EFTPOS failures have occurred many times since the CDC's introduction, leaving hundreds of people without access to essentials when they occur (ABC Editorial 2016; Hirini 2019). Rather than providing a comprehensive response, CDC advocates portray such problems as minor teething issues (Minderoo Foundation 2017). Although technological problems were reported from the earliest days of the CDC trials in 2016, the same sorts of issues have persisted over time (Mavromaras et al. 2019a: 6–7; Marston et al. 2020: 101). Failure to resolve these technological problems has a punitive dimension, producing material, psychological, and social costs.

Many people living in remote areas need “online accounts to check card balances,” which has “caused some problems due to limited internet access, digital literacy and familiarity (including the need to remember passwords and login details)” (Orima Research 2017a: 157). This has made it more difficult for some CDC holders to keep track of their account balances, which undermines peoples’ capacity to responsibly manage their finances. Digital literacy issues and access to technology, including its lack of affordability for people struggling on low incomes, has led to a situation where numerous people have less control over their financial affairs and are forced to engage in considerable unpaid technology labor in order to access government income support. Some have clearly found this arduous, with numerous declined CDC transactions due to PIN number error, insufficient funds (connected to not knowing their account balance), failed attempts to use a prohibited merchant, and “the CDC cardholder seeking to make a transaction that exceeds the CDC transaction value limit” (Orima Research 2017a: 49–50). There were 37,380 failed CDC transactions between April 2016 and September 2016 (Orima Research 2017a: 50). This was in what was then a CDC cohort of less than 2,000 people (Aboriginal and Torres Strait Islander Social Justice Commissioner 2016). Despite the high number of failed CDC transactions, indicative of a range of problems with the scheme, government Ministers responsible for the scheme chose to herald it as a success (Bielefeld 2017).

Problems with IT literacy and IT system reliability have continued, and “in some Trial areas,” there is “limited or ‘patchy’ signal coverage for mobile phones and the internet” (Orima Research 2017b: 38). Under these circumstances, there is a high risk that CDC recipients will experience difficulty accessing their account balance information and their quarantined funds. There is also a higher risk of financial exploitation of CDC holders who are not technologically savvy as they seek assistance from third parties to navigate the complexities of the system (Orima Research 2017b).

As is the case with LOUISE, CDC holders experience a constrained set of purchasing choices and outlets, with special approvals necessary for purchasing second-hand goods from a private seller, private landlord, or other non-standard merchants (Marston et al. 2020). The approval-seeking process can be time consuming, frustrating, and administratively burdensome for CDC holders (Marston et al. 2020), imposing significant “compliance costs” and “psychological costs” for cardholders (Herd and Moynihan 2018: 23). It also exposes cardholders’ socioeconomic status as welfare recipients when engaging in consumer purchases in ways that were not previously mandated when social security payments were made solely by cash transfer into a bank account of their choice. This too has identity construction implications, with regular reminders to the cardholder and to everyone who sees each CDC transaction that the government sees cardholders as in need of rigorous regulation. Numerous social security recipients have reported stigma when using the CDC (Marston et al. 2020), highlighting the psychological burdens resulting from the scheme, an experience that diverges from government claims to care about people in need of social security.

Many CDC holders believe that the program has been detrimental for them, with 32 percent reporting that the program “had made their lives worse” (Orima Research 2017b: 6). This is unsurprising given that, since the CDC was introduced, numerous people have run out of money to pay bills such as housing costs, food, and essential items for children (Orima Research 2017b). The CDC has also resulted in untimely delays in paying bills, including those made via direct debit arrangements and the transfer of rent money (Mavromaras et al. 2019a; Marston et al. 2020). Research attests that these bill payment problems not only have caused cardholders to experience unnecessary stress and anxiety but also have negatively impacted their credit ratings and capacity to secure appropriate housing (Marston et al. 2020).

The complexity of the CDC system functions as a barrier to sound financial management for some cardholders. As one CDC holder describes their experience, “I had my car payment coming out and I had my Telstra [phone] payment coming out, and I have a credit card that I’m trying to pay off and so I had that coming out and it was just way too difficult. It’s ridiculous. I missed my bill payments” (Mavromaras et al. 2019a: 70). Another CDC holder likewise explains that under the new system “there’s no money there to pay... for all my things that I set up” (Mavromaras et al. 2019a: 70). Again, these experiences do not align with government assertions that the CDC is an appropriate “financial literacy tool” (Ruston 2019).

Some cardholders have been unable to pay basic bills through the CDC/Indue system due to limitations on approved merchants, restrictions on loan repayments, and other system errors, leaving them struggling to pay those bills out of their 20 percent cash allowance (Marston et al. 2020; Mavromaras et al. 2019a). For these people, rather than fostering “socially responsible behavior,” as per the legislative objectives, the CDC put them in a position of being unable to engage in timely bill payment. Other negative comments about the CDC system have also been expressed by a range of cardholders. For instance, one CDC holder stated, “the other bad thing... is you have to be able to access online to know what your balance is. You can’t just go to a teller machine and put your card in and find out your balance. You actually have to go onto the website or on the App and look it up” (Mavromaras et al. 2019a: 71). Going online with a computer requires CDC holders to have access to a computer and (likely) an internet plan. Using an app on a mobile phone in Australia also imposes additional compliance costs that were not necessary with the previous system of cash transfers, as it requires the purchase of a mobile phone and a phone plan or prepaid system with sufficient internet access to regularly check account balances.

Although the government set in place mandatory technological processes with the CDC, they provided no additional financial resources to those who need assistance to use the new system. These extra compliance costs are expected to be absorbed by people already struggling to exist on very low incomes, which shifts burdens onto people ill placed to carry them (Herd and Moynihan 2018; Mavromaras et al. 2019a). The imposition of the CDC also overrides generational differences regarding money management preferences amongst some older people—specifically a preference for cash transactions. Moreover, some cardholders perceived requirements to remember additional PIN numbers as undesirable, adding complexity and confusion. Furthermore, there have been “a number of systems-based technological difficulties” where card reactivation was required “for people who had self-activated their card by phone because a computer glitch resulted in these participants being unable to access the portal” (Mavromaras et al. 2019a: 72).

Collectively, CDC holders encounter a range of difficulties in everyday life. Even though the CDC is meant to provide for essentials and promote financial capabilities, many cardholders experience the following: technology glitches that periodically render their income inaccessible, increased expenses to keep track of their finances, added difficulties in paying basic bills, and vulnerability to exploitation. Thus, our findings align with what some others have argued (Marston et al. 2020): that the CDC fosters negative treatment of government income support recipients and reinforces negative perceptions about people on the program. Deeper precarity for people in need is thus an outcome of the CDC.

Conclusion

The combined analysis of the CDC and LOUISE captures important features of financialization and attempted neoliberal assimilation of social welfare recipients through intensive surveillance in practice. Although our aim is not to deliver generalizable outcomes across these different geopolitical contexts, both cases reveal how the promises of digitalized social assistance are not only coercive but also can deepen experiences of precarity for cardholders. Although institutions promise positive outcomes through financialized logics and processes, the adverse experiences of cardholders under LOUISE and the CDC reveal that these schemes are rife with contradictions in practice. While both programs are ostensibly implemented to assist people, they are delivered in ways that reinforce ideologies of suspicion and distrust of people in need of government income support.

Non-governmental organizations have highlighted these paradoxes. For example, the South Australian NGO Uniting Communities (2018: 7) point out:

The imposition of the CDC, and its associated automated technology and datafication, removes people’s rights regarding freedom of choice in relation to their private banking arrangements—the CDC has prescribed that all income recipients are placed on a card managed by an outsourced private company, Indue. People have not been given the choice as to which banking institution they would prefer and the fundamental

architecture of... the Cashless Card serves to preclude this. The DSS [Department of Social Services] has been prescriptive and has removed freedom of choice, thereby eroding people's rights.

As *Uniting Communities* (2018: 7–8) elaborate, “so-called technologies of ‘digital inclusion’ are in fact serving to exclude and alienate a number of people on the Card who have previously been comfortable with managing their own cash in hand.” In contrast, money in *cash* format can be thought of as an equalizer: no one can tell where it comes from when used in customer transactions. By denying access to cash, the CDC arrangements enable surveillance by an expanded pool of regulators not previously enabled and emboldened to engage in exclusionary practices during consumer transactions (Bielefeld 2018a). The intensified surveillance in these arrangements is demeaning for those in need of government income support payments, a dynamic that also emerges in the LOUISE case study, but through different modes.

As data collection and sharing are essential dimensions of social assistance delivery in Lebanon, poor refugees are rarely in a position to refuse these terms (Pelly and Juillard 2020). In practice, they generate real challenges for and risks to refugee recipients in ways that undermine financial access and personal safety. On one hand, the embrace of e-cards has led to the exclusion of many poor people from aid and fueled social tensions that contribute to the vilification of refugees, extreme poverty, and people with mobility restrictions. On the other hand, it exacerbates the surveillance of refugee recipients who must engage with biometric verification and authentication technologies, in-person house visits, Lebanese security personnel, and targeted assistance tracking. An Overseas Development Institute (2015: 26) report acknowledges these issues, arguing that “[h]umanitarian aid agencies are putting themselves and others at considerable risk if they do not make serious efforts to improve security, privacy, and compliance with regulations”; however, “this has not been their core business.” As such, the promises of financial inclusion and empowerment materialize as various forms of exclusion.

Taken together, the cases reveal the problematic implications of intertwined financialization and surveillance in social welfare. Participants can experience a range of adverse outcomes, including technology-related glitches that periodically render their income inaccessible, costs associated with accessing or tracking their finances, and added difficulties in paying for essentials. Although distinctly different, the CDC and LOUISE illustrate regulatory power exercised through financialized modes, reflecting a broader trend in which “social relations are being transformed by new distributions of resources and responsibilities away from the public toward the private” (Noble 2018: 92). They reveal clear disconnection across rhetoric and practice. For example, while aid delivered through LOUISE is presented as empowering and the CDC is more explicitly about responsabilization, both programs entrench and extend suspicions about the character of those needing government income support. Despite their different framings, both programs invite punitive implications in practice with material, social, and political consequences for claimants. The financialization of social welfare also reflects embedded elite assumptions about the accessibility and reliability of technology, creating obstacles to accessing essential goods and services for the groups affected in each case study.

In both cases, financialized social assistance materializes as marginalizing surveillance, which other scholars have acknowledged in the context of welfare but in ways that have centered North American experiences (Monahan 2017; Soss, Fording, and Schram 2011). In relation to the CDC, colonial and racialized patterns resonate with discriminatory practices deployed by earlier governments, doing so in ways that underplay the impact of structural factors contributing to poverty (Bielefeld 2018b; Klein and Razi 2018). In the case of LOUISE, promises of financial empowerment obfuscate the lived experiences of social exclusion and discrimination that Syrian refugees face in Lebanon. The cases analyzed in this article reveal how conjoined financialization and welfare surveillance involve predatory processes, even when policy rhetoric indicates otherwise. In doing so, the message to social assistance recipients is clear: one way or another they will be made to serve market interests—if not as employees, then as coerced cardholders reconfigured as “sources of capital” to generate corporate profits (Schram 2018: 223). These case studies, together with the 2019 United Nations thematic report on *Digital Technology, Social Protection and Human*

Rights (Alston 2019), illustrate the need to further study how global trends in poverty governance may evince geopolitical formations of marginalization as well as broader patterns. Attending to both sets of concerns is essential for understanding how surveillance capitalism materializes in the regulation of the poor.

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