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Thailand's Covid-19 Struggle: Conditions, Consequences, Revelations

Thailand's struggle with the COVID-19 pandemic is instructive for two main reasons. First, the country's public health response rapidly developed from a seemingly quite successful to a very disappointing one which was marked by serious failures. Second, the pandemic experience had sustaining negative effects on the Thai society at large that both catalyzed and revealed pre-existing patterns and dynamics of society, economy and (geo)politics. Most importantly, the pandemic's severe economic fallout adds to an already deeply stressed socio-political condition that might reach a boiling point if near term recovery fails to materialize.

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The longer the world struggles with the COVID-19 pandemic, the more the complexity and dynamics of the situation seem to evade any final and clear-cut assessment. What is, however, being revealed, are valuable insights about the world, world affected by it from the global level to the private household.

Looking at the pandemic experience of individual countries, the respective approaches, strategies, and results have often changed profoundly over time. One of the most striking examples is the United States' initial failure to handle the situation, which eventually gave way to a rather successful vaccination of the country's population. Among the countries that demonstrated a major change in their ability to deal with the pandemic is Thailand. Initially a very positive example of how to curb the spread of the virus – albeit at high socio-economic cost – Thailand started to regress during the first half of 2021. Since April 2021, the public health situation – has rapidly deteriorated. With constantly rising numbers of confirmed new infections and what have come to be seen as grave mistakes in addressing the challenge, the country's COVID-19 response provides a markedly different picture at the time of writing than during the previous year.

Meanwhile, increasing political pressure on the government amid constantly intensifying socio-economic hardship is reaching a critical level in a historical context that was marked by latent volatility long before the pandemic arrived. While it remains to be seen how the

pandemic's socio-economic fallout and its political ramifications will impact the country's social contract, the situation reveals a lot about the underlying conditions of state and society in Thailand, and some of the socio-political factors exerting considerable influence over the chances for overall resilience and recovery.

Against this backdrop, this chapter is divided into three main parts. An assessment of how the COVID-19 virus spread in Thailand in the first part is followed by an analysis of the country's strategies and measures of containment. This also includes the marginal conditions that might have supported the initial success in terms of resilience and response. Dealing with the economic, social, and political ramifications of the pandemic, the third part will reflect on some of the underlying socio-political conditions with which the pandemic interacts in a mutually amplifying way.

Considering the complexity and constant change of the COVID-19 situation, the following thoughts aim to provide some input for two ongoing discussions which can, however, not be fully addressed here. First, it will have to be asked what can be done to prepare for future challenges of the experienced kind and magnitude to increase the chances for resilience and recovery. Second, the assessment of the context and consequences of the pandemic experience sheds some light on the discussion of the fundamental trajectories that will shape Thailand's socio-economic and political future.

From “excellent” to “worrying” in three waves: the development of Thailand’s pandemic experience – so far

In terms of its public healthcare response, Thailand’s pandemic experience can be roughly divided into a rather successful initial phase in 2020 and a far less successful one that reached critical levels since April 2021. Given the already high corresponding socio-economic costs of virus containment in 2020, the rapid deterioration of the health situation in 2021 puts increasingly critical stress on the Thai society in 2021.

Overall, the development from an apparently excellent public health response to a highly worrying public health condition can be related to three waves of the virus spread, of which the first and second remained moderate and under full control of the established emergency healthcare regime while the third one quickly spiralled out of control.

In January 2020, Thailand was the first country to report a COVID-19 case outside China. As the favourite destination of Chinese tourists, it had high numbers of Chinese visitors in January, including some 7,000 people from Wuhan. This created a considerable risk to which the government responded early by screening all airport arrivals from China for fever from January 3, two days before China confirmed to the WHO the emergence of an unknown respiratory disease.

On January 13, a Chinese tourist, who had entered the country five days earlier from Wuhan, tested positive for COVID-19, the first reported case outside China. Over the ensuing weeks, 14 further cases of infected tourists from China were detected before Thailand’s first non-imported, locally transmitted COVID-19 case was logged on January 31. Transmission progressed, with a low increase in cumulative cases, recording around 40 cases up to the end of February. The first disease-related death was confirmed on March 1.

Due to single superspreading events in Bangkok, including an indoor Thai boxing match and people celebrating in bars, the virus soon spread among the Thai population, exacerbated by high numbers of Thai people working in the capital who were returning to their respective home towns throughout the country over the New Year holidays. Additionally, Thai migrant workers were returning from countries with comparatively high infection rates to their respective home towns in different parts of the country.

This development was officially observed and captured early on. Widely reported numbers and graphs were commented on by experts, and overall public awareness of infection risks was easily raised despite the initially low numbers of reported cases. Additionally, the government imposed early containment measures. Flights from the affected regions in China were cancelled, and anyone suspected of being infected was quarantined. In early February, the government fixed the price of face masks, alcohol hand gel sanitisers, and toilet paper and announced that profiteers would be punished.¹ Most shops in malls closed, and a ban was brought in on the serving of food in restaurants and the sale of alcoholic beverages. In early March 2020, the government banned the entry of people from certain listed countries into Thailand and ordered quarantine for those returning from these countries.

These measures notwithstanding, the number of COVID-19 cases further increased during March to around 800, with 60 of Thailand’s 77 provinces reporting cases by the end of the month. After the WHO had declared a COVID-19 pandemic on March 11, the government declared a state of emergency on March 26 (Tantrakarnapa & Bhopdhornangkul, 2020).

Stricter measures were then added, including a lockdown regime that comprised a ban on all inter-provincial bus trips and air travel, a ban on international flights, a partial curfew

from 10 p.m. to 4 a.m. and strong encouragement to stay at home and avoid any unnecessary social contact beyond the core family.

After fewer than 10 cases of newly infected persons were reported over a duration of two weeks before reducing to almost zero in May, the government began to gradually ease the lockdown. Between May 13 and September 2020, Thailand achieved 102 days without any reported local transmission.

Containment measures were carefully scaled back but still comprised the mandatory use of face masks and various social distancing measures, reinforced by the continued sealing-off of the country from international visitors and moderately increased testing (Boossabong & Chamchong, 2020). Meanwhile, official monitoring reported only a few new cases “imported” by foreign diplomats and soldiers. In September, a prison inmate was the first officially recognised home-grown new COVID-19 case in many months, followed by another single “domestic” case in November.

The discovery of several more infections from the end of November to mid-December was the precursor of a second wave of the pandemic.² The actual wave emerged with a major outbreak southwest of the capital. Around a large fish market, a group of mainly migrant workers contracted the disease, with over 1,300 new cases traced to this hotspot. Soon, another cluster related to a gambling den was discovered not far from Bangkok, followed by new infections in the capital and roughly a third of the country's provinces. Infections reached a peak in terms of the daily number of cases at the beginning of February 2021, shortly before the first case of the (South African) beta variant of the virus was detected.³

The government responded swiftly by tightening containment measures without imposing a nationwide lockdown. This included the closure of schools and the prohibition against serving customers in restaurants after 9 p.m. in Bangkok, with more severe restrictions put

in place for provinces with higher case numbers such as a mandatory registration on a contact-tracing app and a 14-day home quarantine on arrival (Tan, 2021).

When the situation relaxed, from mid-February to the third week of March 2021, the government prepared to ease containment measures, with the prospect of an expected and announced expansion of vaccinations. That the country's vaccination strategy had been misconceived, however, would soon become clear. At the beginning of April, a new cluster of cases in a luxury nightclub set the stage for Thailand's third and by far the largest wave of infections. Despite the discovery of ensuing clusters, the government allowed – albeit not without restrictions – the upcoming Thai New Year festivities to go ahead between April 12 and 15. On April 16, cases overtook the peak of the second wave, which had reached fewer than 1,000 daily new infections. At the end of April, daily infections surpassed the 2,000 cases mark and the 4,000 cases mark in the third week of May.⁴ When the benchmark of 6,000 new infections per day was passed at the beginning of July, the situation was further aggravated by the fact that the (Indian originated) delta variant had already begun to dominate in the capital (Wipatayotin, 2021b). Around mid-July, a peak of more than 11,000 daily new confirmed cases was reported, together with a record daily death toll of over 140 (Bangkok Post, 2021i; Chuwiruch, 2021). With the third wave in full swing, the pandemic situation has completely changed, and this is arguably not least because of failures in containment management.

Thailand's disease containment – success and failure

When discussing disease response and containment, one must be aware of the complex nature of decision-making in the management of protracted and severe crisis situations before any simplified assessment of the Thai case is entertained. Evidence, generally, concerning decision-making in complex crisis sit-

uations suggests that failures can occur at any given moment during the handling of a crisis, that there are as many inevitable as avoidable failures, that good and bad decisions are often made at the same time and, particularly relevant, that few decisions among many tend to eventually make a difference. Moreover, the study of complex crisis scenarios suggests that continuously upheld awareness, preparedness, and adaptability form central virtues of good crisis management.

Against this background, the differentiation between a rather successful attempt to deal with the pandemic at the outset and a later increasingly disappointing attempt might, to a certain degree, be too simple. However, as not all data are available and the effects of certain decisions are not yet clear, it might be justified to state that the beginning of the crisis saw predominantly good decisions being made, which were, in effect, subsequently overshadowed by significant bad decisions that manifested around the time when the third wave of the pandemic arrived.

Under the impression of a protracted period during which the pandemic was essentially under control and despite a relatively low second wave of infections in late 2020, the government was about to gradually reopen the country, which had been fully sealed off, for selected tourism bubbles in 2021. This plan was based, however, on the prospect that a sufficient proportion of the population would have been vaccinated, a goal that was prevented by a deeply flawed vaccination campaign. When the initial success in managing the pandemic gave way to a loss of control in April 2021, this paved the way for the third wave of unprecedented magnitude. The soon reached a critical level of stress on both the public health care- and the socio-economic system revealed a number of bad decisions that further increased widespread public discontent with the government's handling of the pandemic. The development of both the spread of the virus and the public health response shall be briefly traced.

To begin with, the containment management of 2020, which had initially been largely successful, comprised various factors and strategies that were soon implemented on the basis of an Emergency Decree. A fairly fast and determined initial government response was accompanied by an early and pronounced societal awareness and instantaneous compliance by large portions of the population. Thailand's strategy during the first wave was marked by the overall efficient implementation of the usual elements of a pandemic response, including social distancing and increased hygiene measures to prevent transmission, the indicated sealing off strategy, as well as testing, tracing, and isolating measures to react to potential infections.

Institutionally, the government's strategy was dominated by centralising decision-making at the top while carrying out important measures on the ground by a network of volunteers. While a newly created body, the Centre for COVID-19 Situation Administration (CCSA), centralised monitoring, coordination, and communication efforts at the top level, a network of "Basic Community Health Volunteers" (BCHV) operated at the household level and at the country's periphery.

The CCSA was created on the basis of the abovementioned Emergency Decree to monitor, analyse, and communicate the situation and to develop and implement an encompassing approach via eight operational centres coordinated by the National Security Council. The CCSA's two key sub-boards, the Medical Advisory Board and the Recovery Advisory Board, were charged with the health and economic aspects of the pandemic respectively and staffed with medical and economic experts (Tangkitvanich, 2021, p. 181).

Meanwhile, the BCHV were entrusted with assisting with health monitoring and carrying out certain instructions, financed by the Ministry of Public Health and the Ministry of Social Development and Human Security. Over a million BCHV were sent out early on at

the local level to monitor people's movement, conduct home visits, and staff street booths to check the temperature and distribute information about COVID-19 and how to prevent it. All recorded cases were reported back to the provincial health offices to be collated by the Ministry of Public Health and then provided to the CCSA. In March 2020, the BCHV had already accessed 12 million people at the community level and brought some thousand high-risk spreaders to local hospitals, an intervention which the World Health Organization (WHO) recognised as a best-practice example in dealing with the pandemic (Boonlert, 2020).

In comparison, early testing and digital tracing, tracking, and monitoring arguably had followed a comparatively lower trajectory, although some testing was conducted and a tracking app has been in use since May 2020.

One of the greatest early success factors, however, was a high degree of voluntary compliance with the government-imposed precaution measures. This demands a closer look at the general marginal conditions of the country's management of the crisis as well as at its pre-existing medical structures.

Whereas a positive correlation between weather conditions and the spread of the COVID-19 virus is discussed to explain a modest reduction in transmissions in hot and humid environments, this factor applies to the tropical zone in general (Tantrakarnapa & Bhopdhornangkul, 2020).⁵ Moreover, the significance of certain restraining effects of weather conditions appears diminished vis-à-vis dramatic developments in other parts of the region and the later development in Thailand itself. More strikingly, socio-culturally induced behavioural patterns seem to have had an effect both on the spread of the virus and on the uptake of the measures employed against it. For example, Thai social norms tend to reflect what might be called a sort of distance culture – such as the dominant form of greeting by putting one's own hands together instead of handshaking (Boossabong & Cham-

chong, 2020; Tantrakarnapa & Bhopdhornangkul, 2020). Social practices like greeting without body contact, speaking with an often rather low voice, and a preference for social encounters outside the private living space⁶ ensure some distance between social contacts that differentiates Thailand from some other countries in the region such as Bangladesh or Indonesia. This preference for relative distance coincides with the absence of a (dominating) religion that requests or encourages *communal* religious practices such as in Christianity or Islam, a notion that runs counter to essentialist simplifications of an “individualistic West” and a “community-oriented Asia”. In particular, the respective first waves of the pandemic in many countries were indeed often related to religious superspreader events.

Arguably the most crucial manifestation of socio-cultural conditions that support virus containment measures, however, was the already mentioned high level of compliance displayed by large parts of the population with government-encouraged and -imposed measures such as social distancing, hand-washing, and mask-wearing. This compliance is largely the result of public morality that places importance on the voluntary avoidance of putting others at risk. It is reinforced by communal pressure to comply with the respective rules and a prevailing mentality of risk aversion.⁷ There is, moreover, an underlying but relatively distinct fear of contagious diseases – in contrast to the risk generally accepted in relation to Thailand's notoriously dangerous traffic – that has been attributed to religiously rooted cultural patterns (Chongkittavorn, 2020).⁸ Another cultural aspect that contributed to high uptake and early compliance with official appeals to wear face masks was the longstanding high level of air pollution in many parts of the country. Due to this, most people in Thailand were socially conditioned to regularly use face masks long before the pandemic arrived (Bello, 2020).

Regarding the influence of political discourses on the general willingness to comply,

for a long time, there were no such significant dissenting discourses liable to exert disuasive effects on compliance. This began to change, however, during the pandemic's third wave, as will be shown below.

Another potentially favourable factor mentioned in terms of successful disease management was the comparatively high degree of trust and cooperation between public health authorities and civil society (Bello, 2020)⁹ and, not to be overstated, a comparatively well-developed public healthcare infrastructure as reflected, for instance, by the BCHV. The limitations of this infrastructure and the government's failure to rectify shortcomings became, however, apparent after the third wave surged.¹⁰

This leads to the second main phase of crisis response which appears predominantly marked by wrong decisions, unresponsiveness towards criticism and missed opportunities to adopt. This notwithstanding, the previous, apparently successful phase displayed also some flaws such as “flip-flopping policies, inadequate government communication, and poor management of medical supplies” (Tangkitvanich, 2021), while certain elements of the crisis response during the second phase were not bad at all despite its overall flawed character. However, with the third wave taking shape from April 2021, the more fundamental downsides to and failures of the official management of the pandemic came to the fore. Widely seen as grave mistakes were, for instance, the decision to not shut down the country during the Thai New Year festivities in April 2021, and the way the government closed construction sites in the capital due to spreading infections with the result that infected patients left Bangkok for many provinces, possibly spreading the delta variant into those areas.¹¹

When Bangkok began to run out of doctors, hospital beds, and ICU units in June, the government responded by calling in medical staff from the provinces and setting up more field

hospitals with ICU beds. These measures notwithstanding, news about particularly tragic cases of COVID-19 patients who died after they had waited days for an ICU bed or even only for a COVID-19 test raised questions as to whether authorities had developed an appropriate risk awareness and preparedness before the second and third waves emerged (Wipatayotin, 2021a). Moreover, the shortage of staff and beds also highlighted the structural limitations of the Thai healthcare system, which conflicted with a widespread perception of its often-hailed state-of-the-art condition. In fact, the eight million metropole Bangkok had only 200 ICU beds to offer during the first wave, increasing to 300 during the second wave and to 500 after the third wave began (Bangkok Post, 2021e).¹²

Another lacklustre aspect of the management of the pandemic has been the testing programme. Testing, as instrumental as it is to achieve any appropriate indication of the actual state and trajectory of the disease (Ritchie et al., n.d.),¹³ seems to have been problematic, not because of the absolute numbers of tests conducted but because of how testing is carried out. First, tests are not easily and affordably available for many who would like to be tested. Second, testing seems often to be part of the follow-up measures after a cluster has been detected rather than a measure to obtain representative data by random testing in advance. Third, even in terms of detected clusters, testing seemed periodically to be being carried out more in poorer milieus than in upscale ones. Fourth, even when the third wave surged, testing was not required as a condition of entering public spaces such as shopping malls. Fifth, in July, the health ministry scaled back its testing programme for migrant workers because of a shortage of hospital beds, which meant not only effectively excluding migrant workers from treatment but also leading the government to bury its head in the sand regarding virus progression in one of the most vulnerable populations (Charoensuthipan, 2021b).

The single biggest failure in the government's handling of the pandemic, however, is its vaccination programme. In short, it can be described as “too late, too little, not diversified enough” and in favour of the “wrong product”. As of the end of June, with the third wave in full swing, less than 10% of the population had received at least one dose of the COVID-19 vaccine, and less than 4% were fully vaccinated (Ritchie et al., n.d.). Moreover, the government's choice of the Chinese Sinovac vaccine was accompanied by widespread worries over side-effects after a number of people died following their vaccination (Bangkok Post, 2021d). The already sceptical sentiments were strongly reinforced when the Sinovac vaccine turned out to be far less effective against the delta variant than most other vaccines (Maneechote, 2021a; Parasuk, 2021c). The vaccination failure became evident when the government decided not to administer two doses of Sinovac, instead combining Sinovac with the AstraZeneca vaccine – despite the WHO voicing some concern about the uncertainties involved in such cross-dose policies in terms of immunogenicity and safety in some combinations (Bangprapa, 2021a). When the delivery of subsequent orders of 61 million doses of AstraZeneca vaccine that were supposed to substitute Sinovac were delayed until May 2021, the outlook for the government's vaccination programme became even bleaker (Chetchotiros, 2021).

What makes things worse in retrospect is the early decision-making process for the vaccination programme. After Pfizer and Moderna had approached the government to review and buy their vaccines in late 2020, to no avail (Satrusayang, 2021b), Thailand went on to be one of the very few countries worldwide and the only Southeast Asian one not to join the WHO's COVAX programme earlier in 2021 (Guild, 2021). Instead, the government based its vaccination programme on a local company, Siam Bioscience, producing both the AstraZeneca and the Chinese Sinovac vaccines. After Siam Bioscience, which is owned by the Crown Property Bureau, struggled to meet its

production targets, the government decided at the end of May 2021 to additionally buy China's Sinopharm vaccine (Guild, 2021).

With the vaccination failure at the top of the list, all these mentioned shortcomings reflect a much less successful handling of the pandemic in 2021 than initially appeared to be the case in 2020. Telling is Thailand's rank in the Nikkei COVID-19 Recovery Index, which ranks more than 120 countries on their recovery chances as derived from data on infection management, vaccine rollout, and social mobility at the end of each month. As of July 7, 2021, Thailand ranked not only last in the whole of Asia but almost last of all recorded countries globally at a devastating position of 119, one rank after Zambia (118) and one before the two countries listed last, Namibia and South Africa (both 120) (Li, 2021).

Socio-economic and political consequences of the pandemic and the conditions for resilience and recovery

With the vaccination failure and the arrival of the third wave of infections, the socio-economic outlook darkened even further, compromising an already badly pressured economic system that it was hoped would start to recover in 2021. In 2020, Thailand, which had notably benefited from globalisation, had been hit hard by the pandemic and its ramifications. Due to the third wave, the pandemic's immediate economic havoc is set to continue throughout 2021. Disrupted supply chains, a shortage of labourers in various industries,¹⁴ and the decision to seal off the country from the first quarter of 2020 have strongly affected key sectors of Southeast Asia's second-largest economy. This applies especially to import-export,¹⁵ banking (Ban-chongduang, 2021),¹⁶ manufacturing,¹⁷ catering and entertainment, and tourism-related businesses.

Tourism especially, which accounted for roughly a fifth of the country's GDP and one out of six jobs before the pandemic struck,

has received another direct blow with the third wave. It has also impacted what is left of domestic travel and spending, while hotel occupancy dropped further from 20% in 2020 to 10% as of the end of June 2021, and joblessness in the tourism sector increased to two million (Bangkok Post, 2021f).¹⁸

This glimpse into the pandemic's ravaging effect on the tourism-related economy represents, however, only part of the picture of a national economy that is about to reach or has already passed a critical level in many crucial segments in a way that is exposing it increasingly to the danger of the ripple effects of default and devastation. Adding to a practically suspended tourism industry, these interconnected developments include contracting exports, declining investments, extended business closures, rising unemployment, mounting household debts, non-performing loans and rents, and sharply declining domestic consumption.

At the same time, net capital is flowing out of the country (Parasuk, 2021a), tax revenue collection is reducing (Ashburn, 2021),¹⁹ and demand for liquidity is rising while liquidity supply is receding – for the government, banks, and private households alike (Parasuk, 2021b). Thus, the situation has changed markedly from 2020 to 2021. With financial stress on the budget continuing to mount at a time when new social and economic relief measures of a greater scale have to be financed, a liquidity crisis could eventually loom (Parasuk, 2021b).

Against this background, and with the aggressive advancement of the third wave in the third quarter of 2021 showing no sign of slowing down, an economic crisis of worrying dimensions could be in the making.²⁰ If it manifests, it will likely unfold with tectonic impact, including for the fundamentals of the social and political system at large.

Regarding the long-term prospects of the pandemic's socio-economic situation, it should

be noted that the country is experiencing this crisis at a time when it is already facing the challenges of a rapidly ageing population (Chudasri, 2021; Help Age International, n.d.) and a shrinking workforce against the backdrop of a still insufficient social security system. This, in turn, will affect the social system, exacerbated by the COVID-19 situation.

The effects of the pandemic on the economic system are worrying. Severe stress is being seen as a result of an ever-increasing economic pressure on households together with rising frustration, resignation, anxiety, and isolation in large parts of the population. These immediate effects of the pandemic are amplified by pre-existing societal conditions and structures that influence the extent of people's resilience and ability to mitigate. While some of these pre-existing conditions have been debated since long before the pandemic, the importance of others has been exposed by the COVID-19 situation. Others, such as the rampant inequality of Thai society, have been highlighted by this crisis once more.

An obvious and immediate social consequence of the pandemic is the continuing rise of unemployment and declining income for millions of people (Saengmanee, 2021). With household debts having already been comparatively high before the pandemic, an increasing number of households and small and medium enterprises have exhausted all available sources of financing, or are about to face the rapidly approaching end of the line in terms of their financial options (Thailand Business News, 2021).

Although this trend is hitting the economically weakest hardest, it is also encompassing many middle-class households, while the wealthy segments of the society have largely been able to avoid the pandemic's ramifications.²¹ Beyond the society's ever widening gap between the rich and poor and the increase in number of those classified as poor, the pandemic situation is affecting almost all the traditionally more vulnerable groups

of Thai society. Many who belong to these groups are seeing their vulnerabilities, marginalisation, and exclusion aggravated and entrenched by the pandemic situation.²² This applies especially to women, children, youth, elderly, people with disabilities, transgender, ethnic minorities, workers in the informal sector, and migrants.²³

The pandemic's second direct impact on the personal condition of millions of people is on their psychological wellbeing.²⁴ Social distancing and a semi-withdrawal to the private sphere have had two major consequences. For many people, long periods of staying at home under rather crowded conditions have contributed to higher levels of stress that manifest in increased substance abuse and domestic violence. For others, social distancing has aggravated pre-existing experiences of isolation and loneliness. In addition, for many, a creeping sense of uncertainty about the future and resignation about the government's ability to handle the crisis has further contributed to feelings of anxiety and hopelessness. An indication of the pandemic's impact on the social system in this respect is a marked increase in the country's crime rate and a significant surge in suicides.²⁵

As indicated above, the immediate societal effects of the pandemic often added to already existing conditions and trends that have affected the outlook of the Thai people in terms of resilience and recovery, during the protracted COVID-19 situation. However, it has not only been in negative terms.

An example of positive aspects are the numerous private charity initiatives whereby fellow citizens generously supported people in need at the neighbourhood level. As much as these initiatives make a difference with every meal or other good distributed, the scale of the actual needs requires other measures and mechanisms of mitigation.

Hence, Thailand's pandemic experience has to be seen in relation to its social structure in

general, the state's social security system, and the acute measures taken by the state to mitigate the socio-economic effects of the crisis.

To start with the role of the state, the pandemic has exposed the lingering shortcomings of a social system that does not yet seem prepared to meet emerging material and mental needs in a situation like the present one. These structural limitations notwithstanding, the government launched a series of emergency measures to support both sections of society who are mentally and economically in need and a faltering economy. This included postponing the collection of official fees and charges, extended deadlines for tax submission, the reductions of taxes, the allocation of lower-interest loans, money handouts, and stimulus schemes financed by the state. At the time of writing, the government appears to be planning more state support for certain small and medium enterprises, aiming at a coverage of 50% to 80% of the business cost starting from 1 October 2021 (Bangkok Post, 2021i; Help Age International, n.d.). These measures have been enabled by a relative financial discipline as it traditionally characterises Thai governments' spending habits but might, however, not be enough to mitigate the effects of the third wave of the virus.

To help those psychologically suffering from the pandemic's consequences, different helplines were put in place, even if they were often reported to be understaffed and insufficient.²⁶ In sum, the state-induced relief measures reflect a willingness to help but often fail to sufficiently meet the demand. This highlights an interesting facet of the country's social aid system which is the traditionally semi-official function of the state-regulated Buddhist community in providing social services. While monasteries as traditional providers of social services are doing their best to mitigate the consequences of the crisis, many of them are reported to be struggling themselves given the scale of the problem and their own dependency on alms.

Thinking about possible lessons that can be learned from the crisis, the COVID-19 experience could encourage a re-evaluation of the actual impact of the organised Buddhist community on the provision of basic public services in relation to the state's performance, and related implications.

Regarding the impact of supportive social structures beyond the religious sphere, especially in terms of immaterial support, the acute impact of the pandemic has coincided with an undercurrent of long-term socio-cultural change that might negatively affect the country's resilience.

It has already been indicated that Thailand is a rapidly ageing society, in fact the third most rapidly ageing society in the world (Chudasri, 2021). This, however, only reflects that Thai family structures have to a significant degree transformed towards the increasing prioritisation of the individual alongside declining family cohesion across the social stratum.²⁷ This process results in high numbers of single-person households, children brought up not by their parents but in skipped-generation households, and, especially in lower-income households, a large group of single underage mothers.²⁸

This overall development is, moreover, accompanied by a relative lack of a particular type of sustaining social formations, namely social associations that provide some security and support beyond family and friendship groups.²⁹ A central quality of such associations – traditionally religious associations and societies – is their ability to contribute to social cohesion and belonging in a way that is freely accessible to outsiders. Sport, leisure, and social and cultural activities in Thailand tend, however, to be predominantly experienced either in life-long friendship groups or in the form of economic products which are sold to customers. Those who do not enjoy such membership – for instance because they have moved from the province to the capital or have no money to join costly activities – risk isolation.

Adding to and reinforcing these insufficiencies of the social structure is the *slow burning crisis of orientation and belonging* that has accompanied Thailand's deep political divide since 2006. Since then, it has become entrenched in the wake of the 2014 coup and the 2016 passing-away of the late and highly revered King Bhumipol, who had reigned for almost seven decades. This socio-political crisis has manifested in a cultural transformation if not revolution in large parts of the population. This has strongly affected the hegemonic societal consensus on core values and the resulting "social contract" that underlies the social and political system at large. This trend has led to shared collective identities, social trust, and a sense of confidence in the future being continuously put under stress, further contributing to deep-seated feelings of dissatisfaction and fear for the future among many Thais.³⁰

These developments will arguably also affect Thai society's chances of resilience and recovery, which are themselves aggravated by the pandemic. Arguably, this impact of the COVID-19 experience has, for example, significantly eroded trust in one of the country's central narratives that contributes to the traditional construction of its collective identity.

This narrative, which is currently also under particular stress, is the belief in an ever-present rural utopia of self-sufficient subsistence in the countryside that is ultimately open to every Thai as a fallback option in times of setback.³¹ Probably for the first time since Thailand's post-World War II recovery, the reassuring certainty of this self-sufficiency narrative seems to be eroding. Contrary to popular assumptions and despite a generous tropical climate and environment abundance, most people in the countryside have not actually been living in an agrarian self-sufficient paradise during the pandemic. To a significant degree they are dependent on non-agrarian sources of income for their expenses such as remittances from

relatives who are working in urban centres, especially Bangkok. With these remittances decreasing amid generally surging economic hardships for the countryside's often over-indebted households, many are experiencing a deep disenchantment with the countryside as an almost mythical fall-back option. Contributing to this disenchantment are the effects of a two-year drought and the return of many Thais to their rural home households during the crisis.

By adding to the described crisis of orientation and belonging the damage done to the narrative of an ever-present agrarian refuge based on environmental abundance and fertile farming should not be underestimated. In particular, one has to recognise the inherently political meaning of this narrative to understand how harmful its disillusionment by the pandemic experience could actually be. In fact, it is not only contributing to a constructed collective identity but is also linked to justifications of the socio-political status quo challenged by past and present protest movements.

After all, this narrative also forms a part of the sufficiency economy conception developed by King Rama IX and propagated by loyalist governments, monks and civil society groups. Often heralded as a basis for moderating the expectations of the poor and as an alternative to a hyper-capitalist debt economy, the pandemic experience has simply overwhelmed the actual potentials of a self-sufficient rural utopia and a sufficiency economy. Moreover, the disillusioned narrative construction of a shared Thai identity, also used to compensate the great inequality between centre and periphery at least symbolically by attributing a utopian value to the countryside.

Such conceptions and narratives are so important not only due to the scale of the much debated inequalities of Thai society as they are exposed and aggravated by the pandemic but also because the ambivalent notion of at least some of these inequalities from a tra-

ditionalist Thai perspective. In fact, as much as these inequalities are lamented as leading to dysfunctional socio-political dynamics as much do they also represent, from a conservative perspective, an inherent operational principle of Thai society, rooted in its fundamental values as derived from an orthodox interpretation of Theravada Buddhist ethics. According to the latter's central assumption of the life-defining consequences of past deeds and merits, inequality is just an inevitable consequence of the cosmic law of dharma, the distributive justice of the Buddhist political theology which is forming a core part of Thailand's national ideology.

Against this background, the creeping corrosion of collective identities and the socio-economic fallout of the pandemic resonate at a fundamental normative and ideological level with the latent volatility of the country's political system in a critical way.

Besides these tectonic movements in the socio-political fundament, whose outcome remains to be seen, Thailand's COVID-19 experience also develops some direct political impact.

For any government in a politically deeply divided society like the Thai one, maintaining sufficient legitimacy in difficult times is already a challenge. This is even more true if the government is still dominated by the key figures of the previous 5-year-long post-putsch military government such as the current Thai cabinet. For such a government, legitimacy derives very much from its performance in terms of the degree of stability and effectiveness it provides. In fact, the present government, which is led by the same people who were responsible for the 2014 Coup and the 2017 Constitution, rules on the basis of three claims, namely to maintain stability, to provide good governance, and to protect the monarchy-centred constitutional identity.

In all three dimensions of legitimacy – good governance, performance, and the protection

of the constitutional identity – the government’s ability is increasingly questioned by a growing portion of the population across the ideological spectrum.

A critical development is the fact that many Thais, who did not initially oppose the government ideologically and who accepted its tough choice to put a prime focus on public health by sealing off the country in 2020 despite the high economic cost of this decision, have gradually changed their attitude during the course of 2021. The vaccination failure in particular, and the ongoing economic downturn, have undermined their trust in the leadership of their government. It would be interesting to see how far the accompanying disenchantment with the healthcare system’s efficacy or the promised potential to take refuge in an agrarian-based self-sufficiency actually impact on this ongoing erosion of trust.

In any case, under the third wave, business and professional sectors that were once particularly supportive of the government seem to have become increasingly disillusioned with its performance in managing the COVID-19 situation (Macan-Markar, 2021). In addition, there are growing signs of defiance at new containment measures by a formerly highly compliant public, including segments that were initially also not politically opposed to the government.³²

This erosion of faith in the government’s performance is reinforced by the doubts expressed within an expanding constituency as to its record of good governance. This includes both citizens who once supported the government as well as those who were politically silent but already weary of it long before the third wave took off. Many among both groups now question the government and the standard of good governance they require in the present situation.

What has not been conducive for a good governance-related legitimacy was, for instance, political communication, specifically when

the government blamed the public for the advent of the third wave without acknowledging its own failures and mistakes when they became apparent. This and the lack of any personal consequences for government mistakes only reinforced the impression of inadequate responsiveness and an absence of accountability.^{33, 34}

Likewise, many feel that the level of transparency is low, for instance regarding the government’s vaccination programme. There was criticism in this regard, surrounding the choice in favour of the Chinese vaccines, which were allegedly bought for the same price as other, better products that could have been purchased. There were also allegations of a lack of timely and clear communication on why and how such vaccines were ordered as well as criticism of their efficacy (Maneechote, 2021b; Parpart & Satrusayang, 2021).

While dissatisfaction, from significant segments of the population, with the government’s performance and governance in handling the crisis is currently increasing, it remains to be seen how further damage to the socio-economic fabric due to the third wave will impact on the government’s stability.

The described disillusionment and dissatisfaction could strongly exacerbate the existing political volatility if the damage caused by the pandemic reaches critical levels. There is already a fundamental opposition to the existing political system that took off as an organised movement after the first wave of the pandemic had ebbed away in July 2020. This movement, which is currently hampered, although not completely muted, by the imposed COVID-19 containment measures, is mainly carried by the youth. Organised in various groups, the movement’s political demands and strategies deviate from those of former protest movements.

With their demands to “Resign, Rewrite, Reform”, the largely peaceful protest movement shook the very foundations and pillars of the

country's socio-political system with unprecedented rigour.

The core demands were for the military-backed government to resign and the political establishment to agree to rewrite the very constitution that key figures of the same establishment had created to prevent the kind of reform the protesters demanded. This included a fundamental reform of the monarchy in particular, the very centre of the country's constitutional order. Effectively, the protesters required a change to the constitutional basic structure and the country's hegemonic social contract. With such demands and related activities at demonstrations, the protesters entered the uncharted, previously tabooed territory. From the perspective of the government and those supporting it, their aims reflected a mission with an outright revolutionary notion that no previous protest movement would have dared to announce in such a way.³⁵ The inability of the government to live up to its claim to protect the monarchy from any challenge and to effectively end the protesters' continuing reform campaign deeply disappointed conservative Thais who had formerly supported the government.

At the end of 2020, however, the protest movement eventually ran into some factional struggles over the limits of its programmatic radicalism in demanding a full Western-style constitutional system. Since then, and in the wake of the arrest of many of its leaders, its activity declined in relation to COVID-19-related restrictions. This seems to change at present with various anti-government groups once again becoming more articulate and publicly present during the third wave of the pandemic.

This leads to the question of how far pandemic-related legislation and rulemaking has affected the protest movement and the articulation of political rights in general. Although the COVID-19-related emergency regime had been kept conveniently in force even over the extended periods of almost full relaxation

of the health situation in 2020, its impact on the protests has been mixed. While the related prohibition on demonstrations was frequently ignored, this prohibition proved to be a helpful legal tool to advance against single protest leaders and participants, probably deterring many others from joining further protests. Besides, the COVID-19 restrictions do not form the sole basis of "protest containment" rules. Instead, they are reinforced by an arsenal of other applicable legal restrictions that are often applied together with COVID-19 regulations.

In addition, a new decree based on the existing emergency regime bans "the distortion of information and news that cause misunderstanding in the emergency situation, the presentation and dissemination of news [...] that contains messages that incite fear to the public, or intentionally distort information to create misunderstanding in [the] emergency situation that impacts state security, peace and [the] morality of the public" (Bangprapa, 2021b). Differing from previous regulations during the pandemic, the new one is far broader and does require law enforcement officials to first warn potential offenders to amend the information before legal action is taken (Bangprapa, 2021b). Whether such measures are conducive to relaxing the public pressure being exerted upon the government is questionable. Major media organisations and NGOs in Thailand have already condemned the move (Bangprapa, 2021b).

In general, the political volatility that built up over recent years and months will likely remain after the pandemic public health challenge recedes. Yet when public life returns to pre-pandemic conditions, the pandemic's socio-economic fallout will have reached a much larger level of devastation and political tension.

If the polity is further fragmenting and tensions are rising, the pandemic experience could eventually catalyse major political shifts in a country that has proven to have

a remarkable ability to deal with protracted volatility for some 15 years. The outcome could resemble the political instability of the 1970s or lead the concerned parties to forge a new compromise to reset the system before things become worse. However, the possibility and sustainability of such a compromise are less likely than a period of protracted unrest and violence or another coup.

Finally, an aspect of the country's COVID-19 situation pertains to its consequences in terms of foreign relations. In times of increasing geopolitical rivalry between the United States of America and the People's Republic of China in Southeast Asia, the COVID-19 experience has developed a distinct geopolitical edge in the region, which deserves some attention, especially in relation to Thailand. Here, several factors intertwine. First, it is noteworthy that Thailand initially decided not to join the COVAX programme to order Chinese vaccinations over other available products from Europe and America and, indeed, to sustain this policy even after the lesser efficacy of these Chinese products had become clear.

Second, and contrary to the often-claimed success of Chinese vaccine diplomacy (Huang, 2021), the outcome of the Thai government's vaccine orientation towards China turned out to be a veritable burden for Chinese soft power aspirations. The bottom line, despite all official advances to China, is that large portions of the Thai public associate the Chinese factor in Thailand's vaccination campaign with an intensive and profoundly negative learning experience. The bottom line, despite all official advances to China, is that large portions of the Thai public associate the Chinese factor in Thailand's vaccination campaign with an intensive and profoundly negative learning experience. Arguably, the bad and worsening reputation of the Sinovac vaccine significantly hampered Chinese soft power in Thailand. If this notion sustains, the initially successful Chinese vaccine diplomacy in Thailand became a major

marketing disaster that reinforced almost forgotten stereotypes about the lower quality of Chinese products in general. Moreover, with fortuitous timing, the US donated 1.5 million doses of the Pfizer vaccine at the very point at which complete disenchantment with Sinovac was achieved, adding further to the debacle (U.S. Embassy & Consulate in Thailand, 7 July, 2021).

Conclusion

Thailand was affected early by the COVID-19 pandemic and managed the related public health risk initially with remarkable success although at high socio-economic cost. When the health situation changed drastically in spring 2021 with a devastating third wave of the pandemic, severe flaws in the government's handling of it became apparent. Reflecting insufficient awareness, planning and preparedness, the flaws included a failure to prepare medical equipment such as ICU beds, suboptimal testing practices, and, most of all, a vaccination programme that came too late with too few vaccine doses, a lack of diversification, and a focus on the wrong product.

When the health situation rapidly deteriorated since April 2021, this further increased the already high socio-economic cost of the pandemic, putting even more pressure on the government. As state and society faced exhausted financial resources after having had to navigate the already strained conditions of 2020, the outlook for recovery has become increasingly bleak. Having thus been particularly hard by the pandemic, Thailand is experiencing this challenge at a very unfavourable time.

First, the country is experiencing a protracted challenge to its social contract and political identity that is accompanied by a slow-burning crisis of orientation and belonging. While this socio-political condition negatively impacts the potentials of resilience and the chances for recovery in the pandemic situation, the pandemic's socio-economic fallout

reinforces and entrenches the indicated crisis of orientation and belonging.

At the same, Thailand, as a politically deeply divided society for about fifteen years, experiences a new form of political opposition driven by the youth, which is articulating an unprecedented challenge to the throne as the country's central institution. This challenge is aggravated by the severe disappointment of some of the government's own constituencies with its handling of both the pandemic and the protests of the opposition. An increasing number of people who are not belonging to the opposition is disillusioned by the government's lack of performance and good governance during the pandemic and in face of the protests.

It is unclear yet where this coincidence of a deep socio-economic crisis and a polity being disintegrated at its bones might lead to. It is to be hoped that Thailand will be able to use all its forces to respond to this double challenge and that it will eventually succeed in doing so.

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FOOTNOTES

- 1 The legal basis for these measures was the Price of Goods and Services Act, B.E. 2542 (1999).
- 2 These cases were related to several women who had returned from Myanmar, which was much worse affected by COVID-19 than Thailand. The women had informally crossed the border with Myanmar, where they had worked in the casino industry, and infected some of the people with whom they had contact back in Thailand.
- 3 Taking the perspective of the bi-weekly *change* in new infections as a good indicator for the actual development of the pandemic situation in terms of the actual acceleration, stagnation, or decrease of its spread, the second wave peaked at the very end of 2020.
- 4 Taking the perspective of the bi-weekly *change* in new infections, this third wave peaked on April 20.
- 5 Tantrakarnapa & Bhopdhornangkul (2020); See also a Harvard study, which was still pending peer review when retrieved: Xu et al. (2020).
- 6 With such a preference as it is claimed here, the control and regulation of access to restaurants and sites of entertainment also promises to have a correspondingly increased effect on the prevention of transmissions.
- 7 Notably, these rules reflect an often-coinciding notion of Buddhist fatalism as it has been observed for other social contexts. See, for instance: Engel & Engel (2010).
- 8 It might be interesting to examine the extent to which Thai society displays a strong aversion to risk in terms of particular risks commonly attributed to a certain societal caution. While risk perception is always socially constructed, the level of related aversion varies and seems to be comparatively high in Thailand.
- 9 Bello explains that this basic trust lies behind the high degree of public compliance with current disease prevention measures, and he describes such trust as having built up over a decade-long history of cooperative public health campaigns. In that regard, he refers to “four landmarks in the country’s history of cooperation between the public health authorities and civil society”. These are: a family planning campaign starting in the 1970s; a counter HIV-AIDS campaign of the 1990s, which encouraged habitual condom use by prostitutes; the introduction of universal healthcare coverage by the Thaksin Shinawatra government in 2002; and, albeit not actually a health campaign, an anti-littering campaign in the capital. Concerning the latter two, it might be argued that in fact they reflect neither cooperative efforts of state and civil society nor a healthcare-related campaign respectively. Arguably, Bello’s four “landmarks” might not constitute a sufficiently coherent and pervasive collective experience to actually constitute that state–civil society cooperation in public health to exert the degree of social disciplining and learning claimed by Bello. Rather than representing a specific development of state–civil society cooperation, some of Bello’s “landmarks” seem to reflect two qualities that are currently relevant. First is the tendency of those in Thai society to comply with the kinds of normative frameworks that support public health-related compliance; and second is a history of continuous efforts towards creating and maintaining a certain public healthcare infrastructure that serves as a basis for the present COVID-19 response. This pre-existing infrastructure and experience pool comprised, for instance, the health volunteer system that became a central part of the government’s crisis response. Trust in the medical profession derives also from a Buddhist appreciation for a profession mitigating suffering.
- 10 A question to ponder is how much the learning experience of the 2003 SARS epidemic added to these pre-existing structures and the potential of Thailand’s healthcare system to deal with a pandemic. Although the SARS epidemic of 2003 was generally taken much more seriously in Asia than in Europe, Thailand in particular seemed to have been less concerned about it than Singapore and most East Asian societies.
- 11 See for instance: Pinitwong (2021).
- 12 According to the Bangkok Post, the Ministry of Health planned to increase the number of ICU beds during the first wave in 2020 from 120 to 187 by the end of April 2020, and to further increase them to 292 by the end of May 2020 (Wipatayotin, 2020). The insufficient medical infrastructure might in part also be responsible for a comparatively low public commitment to the testing of suspected cases to avoid to be quarantined in makeshift field hospitals.
- 13 As the counts of confirmed cases depend on how much a country actually tests, no adequate picture can be gained without sufficient testing. Only with enough data of confirmed cases can one extrapolate to actual cases in that country.
- 14 This shortage comes despite increased unemployment as some Thai workers have returned to their home towns while migrant workers who left Thailand have been unable to return.
- 15 An important export good are cars, whose exports plunged 30.19% last year. Due to a shortage of chips, aspects of production have even been brought to a halt, while domestic car sales fell more than 21% last year. See: Bangkok Post (2021b).
- 16 Ten listed Thai banks reported in their then unaudited financial statements on average a 32% decline in profits for 2020, largely attributed to higher loan-loss reserves. The country’s largest bank, Bangkok Bank, reported the biggest decrease, of 52% year-on-year due to expected credit losses. At this time, the government might not be able to provide financial support to banks in a worsening situation due to its own fiscal and liquidity problems.
- 17 Especially due to labour shortages and disrupted supply chains. See also: Bangkok Post (2021h).
- 18 From April to September 2020, foreign tourist arrivals were driven back to zero. Although travel restrictions were moderately eased in October, the situation has not improved much since. See: Bangkok Post (2021a). A new

- bubble-seal strategy called the Phuket sandbox scheme has just been implemented but will arguably not become a trend changer in 2021.
- 19 Thailand's Tax revenue collection ratio to GDP is relatively low compared to OECD countries, however.
 - 20 For a far more optimistic account see: Bangkok Post (2021g).
 - 21 The richest members of society are reported to have become significantly richer since the beginning of the pandemic in the country. See: Bangkok Post (2021j).
 - 22 Regarding many members of typically marginalized groups, the success of official relief schemes was hampered by a lack of access to information and online application, and inaccessibility for those having no bank account. See the report of Global Call to Action Against Poverty: Malay & Baisakh (2020).
 - 23 According to reports, many sick and elderly people cannot access COVID-19 tests with the consequence that many of them stay untreated at home where they frequently die. See: Bangkok Post (2021k). According to research by Deloitte Global, nearly 82% of women surveyed said their lives have been disrupted by the pandemic. See: Bangkok Post (2021c). Informal workers were for instance required to have monetary deposits in a bank account to be eligible for certain state-offered financial relief schemes, a condition many could not fulfil. See: Chantanusornsiri (2021). In early 2021, the labour ministry offered an estimated half million illegal migrants the chance to be registered in order to obtain the right to work but if this was not taken up within a couple of weeks, they would face deportation. Likewise, the government extended by six months the deadline for registered migrant workers to renew expired visas. See: Charoensuthipan (2021a).
 - 24 See also: Goodwin et al. (2021).
 - 25 Noteworthy, however, is that Thailand's suicide rate was already high before the pandemic, the highest in South-east Asia. See: Chai Chin & Klimowicz (2021).
 - 26 The pandemic's significant effect on the psychological wellbeing of many Thais highlights, moreover, the insufficiency of the existing psychological infrastructure. Instead of using therapeutical services from qualified psychiatrists or psychologists, many Thais suffering from mental illness are still seeking help from fortune tellers and monks.
 - 27 This transformation might largely be explained as a consequence of globalization and entrenching modernization. To some degree, however, this condition reflects what was called a "loosely structured social system" as a cultural expression of the Thai society long before the forces of modernization and globalization kicked in. Notably, this "loose structure" is also responsible for the considerable freedom and tolerance the individual traditionally enjoys in Thai society when compared to other societies in the region. See: Embree (1950).
 - 28 See: United Nations Population Fund (UNFPA) (2018). Affected by these long-term changes are also traditional family values and traditional cultural practices in general, which are currently contributing to a politically relevant generation gap.
 - 29 On a cultural level this might be partly attributed to the dominance of Theravada Buddhism in Thai society, which stresses a strong sense of individualism. This is different, for instance, from Islamic groups in Thailand as well as in Muslim-dominated neighbouring countries where the concept of "ummah" provides strong incentives to maintain religiously defined social support groups and large religious associations with strong social functions.
 - 30 A manifestation of these sentiments became obvious when hundreds of thousands of Thais, many of them students and young professionals, formed a Facebook group named "Migrate" to discuss possibilities for emigration. The dominant notion reflected by the discussions in this group were frustration, anger, and anxiety over the economic and political outlooks of the country under the guidance of the incumbent government.
 - 31 Underlining the depth and importance of this mythos is the fact that the latter is reflected by Thailand's so-called "First Constitution", a 13th century stone inscription on behalf of "Father King" Ramkhamhaeng, one of the iconic texts of classical Thai literature defining the dominating construction of Thai national identity. In this text, which has repeatedly been interpreted politically, the legendary founder-king praises the Land of the Thai where there is plenty of "fish in the water and rice in the fields", lines almost every Thai knows and used to learn as part of the official self-description of the country. See for instance: Seni Pramoj (1990).
 - 32 When the government ordered restaurants to close for dine-ins and an early closing at 9 p.m., the hashtag "We're staying open. What are you going to do about it?" trended on Thai social media followed by another trending hashtag a few days later accusing the government of being "murderers".
 - 33 In an official government order on new containment measures released in the Royal Gazette, the government used the following words: "... with the majority of citizens relaxing their attitudes towards the situation ... without exercising caution, protecting themselves during the beginning of stages of the infections, has made the disease spread throughout the kingdom." See, also for the translation: Satrusayang (2021a).
 - 34 A damaging rumour concerned a nightclub-related virus hotspot which was considered to have contributed to the virus's third wave at the beginning of April 2021. When a government minister contracted COVID-19 shortly after the club was identified as a hotspot, this reflected badly on the government's governance. See: Beech and Suhartono (2021).
 - 35 See, for the challenge to constitutional basic structure and struggle over it: Glaser (2021).