



Covid-19 and Transitions: Case Material from Southeast Asia

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[Abstract]

During the past two decades, the Southeast Asian region has experienced a range of major crises. Service industries such as tourism and the marginal and migrant laborers who work in them have usually been at the sharp end of these testing events, from natural and environmental disasters, epidemics and pandemics, global financial slumps, terrorism, and political conflict. The latest challenge is the “Novel Coronavirus” (Covid-19/SARS-CoV-2) pandemic. It has already had serious consequences for Southeast Asia and its tourism development and these will continue for the foreseeable future. Since the SARS epidemic of 2002-2004, Southeast Asian economies have become integrated increasingly into those of East Asia (China, Japan, South Korea, Taiwan, Hong Kong). This paper examines one of the most significant current crises, Covid-19, and its consequences for Southeast Asia, its tourism industry, and its workers, comparing experiences across the region, and the issues raised by the over-dependence of some countries on East Asia. In research on crises, the main focus has been on dramatic, unpredictable natural disasters, and

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human-generated global economic downturns. Not so much attention has been devoted to disease and contagion, which has both natural and socio-cultural dimensions in origins and effects, and which, in the case of Covid-19, evoke a pre-crisis period of normality, a liminal transition or “meantime” and a post-crisis “new normality.” The transition is not straightforward; in many countries, it operates as a set of serial lockdowns and restrictions, and to predict an uncertain future remains difficult.

Keywords: Covid-19, tourism, Southeast Asia, crises, impacts, responses.

I . Introduction

There are three problematical issues discussed here in regard to the Covid-19 pandemic. First, we have to address conceptual and definitional problems. How do we define the virus and its effects in relation to other diseases and illnesses which give rise to long-term impairment and, *in extremis*, death? Therefore, what are the discourses surrounding Covid-19, given that there are many agencies and interest groups eager to have their voices heard and the debates are often full of contradictions? How does the pandemic relate to other traumatic events which endanger human life? (Kim and King 2020a, 2020b).

Secondly, there is a problem of the reliability of the statistical data, what is being measured and on what basis in order to formulate policies and strategies to combat the virus; these statistics change rapidly as more infections and deaths are recorded; the locations of the sites where there are rapid increases in infection, both within and between countries can change quite rapidly; and the boundaries and units used for collecting statistical data are often arbitrary. The more recent spread of the Delta variant and now, at the time of writing, Omicron, illustrates the difficulties of capturing the effects of a global, fast-moving and mutating virus, though it seems to be becoming more modest on the demands it sets on humans. Governments also have different definitions of death

caused by Covid-19 in the context of other “underlying conditions,” and they have dramatically different testing levels. In less developed countries where health facilities are usually more poorly developed, organized, and funded, and where many people do not have ready access to medical services, identifying the precise causes of illness and death and providing accurate statistical information on what has caused death are often difficult to determine. Moreover, Covid-19 is part of political processes. Do some governments wish to reveal the true extent of levels of infection and their ability to address these?

Thirdly, although Southeast Asian responses to the spread and effects of Covid-19 have not been coordinated to any extent across the member-states of the Association of Southeast Asian Nations (ASEAN), which has been a particular problem in economic terms, one common feature in every state has been the sharp curtailment of personal and political freedoms (Kurlantzick 2020). There have been some variations in policies and actions within the region, in that some governments and medical authorities have coped better than others. Overall, governments in ASEAN have sought to increase their control over physical movements, social and family life, leisure and tourist activities, cultural events, and other gatherings. Government support mechanisms have also served to exert increasing political and economic controls over the populace (Vatikiotis 2020). The tourism industry has suffered acutely from lockdowns and continuing restrictions, and connected to these constrained circumstances, the poor, vulnerable, marginalized migrant workers and minority groups in Southeast Asia have endured particular hardship (King 2021).

My “Concluding Remarks” also provide an indication of the dilemma and difficulties which ASEAN is experiencing in its vitally important tourism and travel sectors. Overall, it is argued that it has not addressed the pandemic-generated problems in any meaningful regional sense. Indeed, other than in “slogans” and “taglines” and policy and strategy documents, in practical terms it appears to have retreated from the concept of regional cooperation; rather, individual member-states have pursued their own programs and restrictions, often without consultation and out of harmony with

near neighbors. The grand regional plans which seemed easy to implement in the pre-pandemic period of exceptional growth in the tourism industry have been, in practice, all but abandoned since early 2020. It is suggested that ASEAN's pronouncements on tourism in Southeast Asia as "a single destination," and for unity and cooperation in tourism development, seem remote and rather difficult to realize in the near future.

II. Conceptual and Definitional Problems

What is significant and resonant with the presentation of Covid-19 in the media is that most laypersons are confused about the discourse of medics, virologists, epidemiologists, and other scientific experts. Even the term for the virus varies: Coronavirus, or novel Coronavirus (nCoV), or Covid, or COVID-19, or SARS-CoV-2. It becomes even more confusing when we learn that Covid-19 is one of a variety of respiratory, gastro-intestinal, and neurological diseases, and is one among many of RNA (ribonucleic acid) viruses which include the common cold, influenza, SARS, MERS, Covid-19, dengue, hepatitis C and E, West Nile Fever, Ebola, rabies, polio, mumps, and measles. Consistent across numerous countries, governments insist that they are "following the science." There may indeed be "a science" supported by government, but there are "several sciences" competing one with another. Mark Honigsbaum documents these issues in his studies of "the pandemic century" (2019, 2020); it resonates with Michel Foucault's studies on the ways in which knowledge and discourse are constructed, legitimized, and given authority as "the truth" (2002). The discourse on Covid-19 fits neatly into this frame of reference. A further complication is that while some governments continue to impose restrictions on movement, others seem to have relaxed and pursued a policy of "herd immunity." Covid-19 in its latest mutations appears to be something like influenza which can be addressed year-on-year with vaccinations with acceptable levels of infection and death.

Another problem of conceptualization comprises the terms used to capture the nature of the pandemic. The term "crisis"

immediately comes to mind as distinct from disaster, catastrophe or emergency. However, the terms are closely interrelated. The term “crisis” (from the Greek *krisis*) emphasizes issues of extreme difficulty or danger requiring urgent solutions; more specifically, in its original Greek meaning, it indicates “a turning point in a disease... [which]...could get better or worse” (Vocabulary.com 2020). It marks a decisive moment in the progression of a disease, “a time of great disagreement, confusion or suffering” and “an extremely difficult or dangerous point in a situation” (Cambridge Dictionary 2020). It indicates a departure from “normal” activity and behavior.

The present “Covid time” is one of uncertainty, ambiguity, risk, and disorientation; politicians, scientists, and other experts deliver conflicting messages, and attempt to provide a structure to a virus about which we still know so little. Even its precise origin is still unknown nor its long-term effects on the human body, and thus it is the subject of scientific debate and often disagreement. To address something complex, still relatively unknown, and unpredictable in its consequences, we tend to give the virus an anthropomorphic character in the attempt to provide a degree of certainty and understanding. The virus has motivations and strategies; it “thinks” and it mainly targets the old, the vulnerable, and those with “underlying medical conditions.” It is also referred to in war-like terms as “a hidden enemy”; a “destructive” and “merciless” force that has to be engaged in combat and defeated by humankind’s combined strength, resilience, and spirit of survival. Thus, rather than parasitic genetic material requiring human living cells to reproduce itself, and its preparedness to die with its host, it is, in important respects, humanized.

The issues of agency, timing, and consequences may also be brought into consideration in differentiating crisis and disaster, in that a crisis is sometimes perceived as “a self-inflicted event,” for example, downturns in the world economy, or political conflict, terrorist violence and public unrest, human-induced environmental impacts such as deliberate burning of vegetation and the resultant Southeast Asian haze, or, in the case of Covid-19, SARS and MERS, the human transmission of disease. There may also be a slower build up to the realization of a crisis. A disaster, on the other hand,

is viewed as a change in human affairs that is sudden, unpredictable, and drastic or catastrophic in its consequences and over which there is very little, if any possibility of exercising human control. Rather than human-generated, a disaster usually covers such natural events as earthquakes, volcanic eruptions, floods, storms, tsunamis, and landslides; sometimes these are also defined as catastrophes or emergencies with sudden loss of life and property (Rindrasih et al. 2019: 95-96). In this regard, the Covid-19 pandemic could be considered primarily as a crisis, though originating in nature, and, in its tragic and unpredictable outcomes, might also be referred to as a disaster. In my view, the appropriate term to capture this momentous pandemic event in current global experience is “crisis,” though I recognize the problem that, in these definitions and categorizations, there is no sharp and crisp division between crisis and disaster. It is difficult to capture these multidimensional events and dynamic processes, which partake of both the natural and the cultural, in a static classificatory framework (see Neef and Grayman 2019). We might also consider the pandemic to be a catastrophe or an emergency, but I think the notion of crisis captures what we are currently addressing.

In attempting to counter this life-threatening attack on the physical, psychological, and socio-cultural fabric of our being, we also structure our cultural behavior and social interaction. The effects of the pandemic will, in all likelihood, prevent a return to “the normal” even with the benefit of vaccines. The discourse and terminology of expert advisers are designed to structure our thinking in particular ways. In “lockdowns” we are, in effect, in a period of transition, when ordinary, everyday activities and behaviors are put on hold (apparently “lockdown” was the most popular word in use in 2020 [Collins Dictionary 2020]). There is also a range of other frequently-used, pandemic-related words and phrases: “shutdown,” “self-isolation,” “quarantine,” “staying at home,” “staycation,” “awaycation,” “furlough,” “face-coverings”/“face-masks,” “PPE [personal protective equipment],” “social [physical] distancing,” “contact tracing” in order to effect “containment,” “flatten the curve” and achieve a “mitigation phase” and to reduce risk and avoid “community spread,” the danger of “super-spreaders” and those

who are “asymptomatic,” and to protect “key workers.” The alternative is to allow “herd immunity,” though with a “double jab” and possibly a “booster” there might be a way forward, but not necessarily for those who are “immunosuppressed” or “compromised” (Merriam-Webster 2020). However, even with vaccinations it is unlikely we will return wholly to a pre-Covid “normal.”

Indeed, it seems that “the invisible enemy” will never be completely defeated and we have to remain in an uneasy relationship with it and its mutations, fortified by vaccines for those who have access to them. We are told by governments not to expect a return to “the normal,” but to anticipate something that is referred to as “the new normal.” In this connection, the anthropologist Victor Turner referred to a “liminal” period, a rite of passage, and seclusion or separation, in which customary social and cultural expectations are set aside to prepare those undergoing transition to engage with a different set of norms and behavioral expectations (1969).

Turner developed these ideas in his encounter with the work of the Dutch-German-French ethnographer Arnold van Gennep (Charles-Arnold Kurr van Gennep), who analyzed rites of passage, transitions, or “in-between” rituals using the triadic template of pre-liminal rituals of separation, liminal or transition rites, and post-liminal processes of re-incorporation (1960). In a liminal period, different clothing may be worn; in the current pandemic, these are face-coverings, sometimes gloves; a whole armoury of special protective equipment worn by medical personnel. The transition is usually presided over by those in power, who control and monitor the process, advised or represented by ritual specialists, sometimes styled “magicians,” or those who are thought to possess particular kinds of esoteric knowledge; in the case of Covid-19, these are usually medics, virologists, epidemiologists, modellers, and risk and disaster managers. They direct new behavioral forms and ritual expressions and new forms of interaction, often involving a separation from close kin and friends, and virtual encounters which do not permit bodily contact. Turner conceives these forms and expressions as part of a dialectical relationship between “structure” and “*communitas*” (or “anti-structure”) which involves “a periodical

reclassification of reality” or “a deconstruction of the normative order” (1969: 128-129). In this regard, we are currently enduring a time of ambiguity and disorientation, when politicians give us “mixed messages” and our present circumstances are a prelude to an uncertain and potentially risk-laden future.

Recently, an intriguing keynote paper was presented by Professor Jonathan Rigg at the Borneo Studies Network online conference coordinated by Universiti Brunei Darussalam on June 30 and July 1, 2021. He was addressing his remarks in the context of climate change and presented the concept of “the meantime.” Like van Gennep and Turner, he was also examining how we conceive of time (Rigg 2021). I suggest that the notion of “meantime” has parallels with the anthropological notion of “liminality.” What we are engaged in is the ordering or structuring of time, with its relationship to spatial arrangements, in relation to the activities and behaviors of our fellow human beings, and the contexts within which they find themselves. In this paper I am examining Covid-19; in Rigg’s paper he is examining climate change. Both are momentous global events in the current experiences of humankind. Rigg says “The meantime captures the moment in context, the intervening time between past and future, truly then, in-between time” (2021: 2). Although it cannot be mapped directly onto Rigg’s concept of “meantime,” the parallel of “an in-between time” can be drawn with the anthropological concept of “liminality.” Yet, the notion of transition needs modification in the era of Covid-19 because with serial and sometimes extended lockdowns, we experience several transitions in a relatively short period of time, and, depending on circumstances, these might not replicate one another and they may vary in intensity and the range of “normal” activities which come under restriction.

What is more, for marginalized and migrant workers and members of ethnic minorities, the uncertainties are magnified in a period of transition when inequalities tend to increase without appropriate government support (Lee Chen Chen 2020:1). Closing national borders, imposing restrictions on physical movements, travel, and social interaction may result in people turning against each other. Crises can encourage collective responses, but in a

pandemic, there may be need for scapegoats. In efforts to cleanse and protect the nation-state, stronger identifications may be drawn between “us” (majority members of the nation-state) and “them” (migrants, temporary residents, minorities). Social distancing, restriction of movement, and the imposition of prescribed forms of behavior may result in the rejection of others perceived as different and as carriers of infection.

However, as a result of the pandemic, not only are businesses temporarily closed and customers and tourists thin on the ground, but funding and other support for those out of work or temporarily suspended may only apply to certain categories of the national population; these often excluded such groups as migrant workers, and certainly those who are illegal migrants but who nevertheless contribute to the national economy. Those employed in the public sector usually enjoy greater economic security whereas funding programs may exclude areas of the private sector, the self-employed, and the informal economy. The impact of these exclusions is magnified in Southeast Asia where labor migration, unregistered residence, refugee problems, and small-scale, daily and casual work are widespread, without long-term security. Difficulties have been especially severe in the tourism sector, with national and international travel restrictions; and when such venues as restaurants, bars, pubs, night-clubs, theaters, cinemas, museums, heritage sites and “non-essential” retail services are subject to stricter and extended prescriptions (Kim and King 2020a, 2020b). This is an issue of particular concern to the Southeast Asian tourism industry where there are many marginalized and illegal workers and migrants, not to mention stall-holders and street-hawkers. A significant proportion of those who work in tourism comprise women, teenagers, and under-age children, and those households in deprived socio-economic classes with few opportunities for receiving government support.

Even in the early months of the pandemic, World Bank warned that poverty levels and inequality would almost certainly increase, with an obvious negative effect on social and economic well-being. In April 2020, it put in place a plan to suspend the debt of the world’s poorest countries to enable them to deploy measures

to combat Covid-19 (Express 14 April 2020). Within a given country, faced with a crisis on the scale of Covid-19, social inequalities, deprivations, fractures, and conflicts are exposed and often exacerbated. Migrant workers, those in the informal sector, daily workers, ethnic minorities, and certain sections of the female population are especially at risk. Lee Chen Chen says “Already the coronavirus is exposing the weak social protection for the urban poor and vulnerable communities, and this will exacerbate the growing inequality within certain ASEAN countries” (2020:1).

III. The Problem with Statistics

A major problem we face is the reliability of the statistics in addressing the pandemic, in that many countries do not have the capacity to collect accurate statistics. The level of testing varies significantly across countries (Southeast Asia demonstrates this) and the criteria for deciding on death from Covid-19 varies as does the capacity to differentiate death from Covid-19 and that from other underlying conditions and what period medical authorities designate between diagnosis and death. The issue of those who are infected but are asymptomatic also presents major difficulties in determining an accurate level of Covid-19 cases. Regular live updates on the pandemic and its effects are posted in *ASEAN Briefing* (2020) and in such a fast-moving contagion, it is impossible to capture day-to-day events and developments, the ever-increasing record of new cases, deaths and the spread of the infection, and the measures that governments and the tourism industry are taking to address a deteriorating situation. Some countries in the region are reporting more cases and deaths than others, but it must be emphasized that, without widespread testing, tracking, tracing, diagnosis, and recording it is impossible to calculate the real extent of the pandemic.

The main Covid-19 dashboards which record global levels of infection also vary. In writing a paper on Covid-19 in early 2021, I gathered statistical data on March 11-12, 2021 (King 2021). At that time, the World Health Organization (WHO) recorded 117,799,584

cases and 2,615,018 deaths (WHO 2021). WHO data on August 26, 2021 demonstrates that infection rates and deaths almost doubled within the space of about 24 weeks: 213,050,725 cases and 4,448,352 deaths. But as with the March figures the WHO data do not map exactly onto those presented by other global statistical dashboards. For example, we have databases, updates and tracking from such other providers as Worldometer (2021a), which recorded 119,120,511 cases and 2,641,790 deaths as of March 12, 2021, and 214,975,822 cases and 4,481,143 deaths as of August 26, 2021; there is also the European Centre for Disease Prevention and Control (ECDC) (2021) and Johns Hopkins University (JHU) (2021). The WHO statistics consistently lag behind other major organizations. Yet, political decision-makers and experts who advise them have to proceed to address the virus on the basis of inadequate knowledge and statistics.

In March-April 2021, I remarked on the specific case of Southeast Asia, that the Covid-19 pandemic appeared to have had a relatively modest impact, at least on the basis of the official statistics. On March 12, 2021, ASEAN countries recorded 2,562,842 cases, with 55,210 deaths (Worldometer 2021a). Even then, these figures were certainly underestimates, particularly in such countries as Vietnam, Cambodia, Lao PDR, and Myanmar because of the low level of testing. Only 145,858 cases had been listed (most of them in Myanmar [142,114]), with 3,237 deaths in these four countries (Cambodia recording one death and Lao PDR no deaths; Vietnam 35 and Myanmar 3,201) with an estimated total population of around 176 million in 2021 (Worldometer 2021b). The situation in Southeast Asia on September 11 shows a significant deterioration (2021c). From around 2.56 million cases in March, the figure for September 11 is 10.855 million. The death rate has more than quadrupled in just under half a year to 240,548. But I would suggest that this is still a substantial underestimate. In the order of the number of cases (and deaths), the figures for September 11, 2021 are: Indonesia 4,158,731 (138,431); Philippines 2,179,770 (34,899); Malaysia 1,940,950 (19,827); Thailand 1,368,144 (14,173); Vietnam 589,417 (14,745); Myanmar 427,516 (16,353); Cambodia 98,842 (2,028); Singapore 70,612 (58); Lao PDR 16,936 (16); and Brunei

Darussalam 3,894 (18). Apart from Singapore and Brunei, levels of testing per million population are relatively low, particularly in mainland Southeast Asia, but also in Indonesia and the Philippines. They are as follows: Singapore 3,081,660; Brunei Darussalam 608,046; and then those countries testing at well below 10% of their total population: Malaysia 726,240; Vietnam 432,165; Cambodia 135,127; Philippines 175,634; Cambodia 135,127; Thailand 131,435; Indonesia 123,987; Myanmar 63,090; and Lao PDR 49,933 (Worldometer 2021c).

The range of statistics has not changed that much. The recent infection rate for Southeast Asia as of April 27, 2022 is around 31.8 million, three times the increase from the September 2021 figures (Worldometer 2022d). Even this figure is suspect. World-wide cases have reached 510,926,690, and deaths stand at 6,249,463. The rate of infections has increased: in Vietnam, which from a modest rate has now recorded the most infections which towards the end of April 2022 were 10,620,203, and deaths 43,029; Indonesia was at 6,045,660 cases, though with many more deaths at 156,199; then came Malaysia at 4,436,912 and deaths at 35,520; Thailand has recorded 4,209,591 cases and 28,147 deaths; the Philippines 3,684,385, with 60,195 deaths; Singapore 1,187,914 and 1,333 deaths; Myanmar 612,785 cases and 19,434 deaths; Lao PDR 206,512 cases and 737 deaths; Brunei 141,531 cases and 218 deaths; and then Cambodia with 136,235 cases and 3,056 deaths. After some success at containment in 2020-21, Southeast Asia has apparently succumbed to this highly infectious virus. Therefore, infections at over 30 million have resulted in around 348,000 deaths. Again, there appears to be under-recording in some of the official figures, particularly when we examine the level of testing per one million population; for example, Indonesia, 341,758; Thailand, 246,312; Philippines, 262,580; Myanmar, 143,740; Lao PDR, 165,010; and Cambodia, 172,162. Only Vietnam, Malaysia, Singapore and Brunei have high levels of testing (Worldometer 2022d)

Therefore, in countries without sufficient resources, medical facilities and organizational capacities and the technology and expertise in testing, tracking and tracing, particularly where there are large and widely spread rural populations which are difficult to

access, the statistical data on which to base strategies and policies, and to deploy resources where they are needed most are inadequate.

IV. Crises, Disasters, and Tourism in Southeast Asia

The relationships between crises, disasters, tourism and marginalization in Southeast Asia are complex, but an indisputable fact is that the global tourism industry is extremely sensitive to negative changes in the level of human well-being and security. Higher levels of risk and instability in tourism sites are obviously of great concern to potential visitors. Tourism is also situated in local, regional, and global political-economic, socio-cultural and environmental contexts. However, there are two important elements in tourist decision-making on whether or not to visit a site, country, or region; these comprise the existence of a real and present danger to personal well-being, but also the perception, anxiety, even fear that the destination poses a potential threat. This is especially the case in terrorist incidents in that an attack in one location may give rise to the view that terrorists might strike again elsewhere in the country or in a neighboring country (Mansfeld and Pizam 2006; Pizam and Mansfeld 2006; and see Breda and Costa 2006).

In turn, its successes and failures have considerable impacts on nation-states, particularly in well-established tourism economies such as Thailand, Singapore, Indonesia, Malaysia, and the Philippines, and increasingly in the newly-emerging tourism sites of Vietnam, Cambodia, Lao PDR and Myanmar (King 2018). Total number of visitor arrivals to ASEAN increased significantly during 2005-2018, reaching 135.3 million in 2018—or an increase of 263.7% from 2005. The highest visitor arrivals in 2018 were achieved by Thailand (38.3 million), followed by Malaysia (25.8 million), Singapore (18.5 million), Indonesia (15.8 million), and Vietnam (15.5 million). Then some way behind came the Philippines (7.1 million), Cambodia (6.2 million), Lao PDR (4.2 million) and Myanmar (3.55 million). It should be noted that Cambodia, Lao PDR, and Myanmar have developed their tourism industries from a very low base since

the 1990s. These industries have come to play an increasing role in their respective economies. Given its oil and gas wealth, tourism in Brunei Darussalam contributes a very small percentage to GDP and its arrivals only reached 278,000 in 2018. Nevertheless, this figure only includes arrivals at the international airport and not by land, ferry, or cruise ship; when all visitors are counted, the total comes to over 4 million (Tourism Development Department [Brunei], 2019). Of the overall total visitors to ASEAN, 49.7 million (36.7%) in 2018 came from within ASEAN, an increase of 212.2% from 15.9 million arrivals recorded in 2005 (The ASEAN Secretariat 2018, 2019a, 2019b: 163-179, 2020).

The more remarkable pre-Covid statistics are those which provide the country of origin of international visitor arrivals. Of the 85.6 million non-ASEAN arrivals in 2018, 47.9 million were generated in East Asia (China [29.1 million]; South Korea [9 million], Japan [5.2 million], Taiwan [2.8 million] and Hong Kong [1.8 million]). The other main markets were Europe (especially France, Germany, and UK, followed by Italy and the Netherlands), USA and Canada, and Australia and New Zealand (The ASEAN Secretariat 2019b: 168). Some ASEAN countries are more dependent than others on East Asian visitors, with Thailand receiving approximately 15.5 million visitors in 2018, two-thirds of which came from China (2019b: 178). Malaysia is less dependent but still received 4.3 million visitors from East Asia (2.9 million from China) (2019b: 174). However, dependence also varies within countries; the Malaysian state of Sabah, for example, has been much more dependent on East Asian tourists. Of 4,195,903 visitors in 2019, 2,726,428 came from other parts of Malaysia, but of 1,469,475 international visitors, East Asia provided over one million: 598,566 (China); 396,660 (South Korea), 45,550 (Taiwan), and 24,435 (Japan) (Sabah Tourism Board 2020a, 2020b).

Tourism also has a varied relationship with crises and disasters; it can generate or amplify them, suffer from their effects, or be used in post-crisis/disaster recovery. The ups-and-downs of the tourism industry require strategies for risk reduction, response, and sustainability (Neef and Grayson 2019). Covid-19 is here to stay, and, as with influenza, it necessitates a regular, continuous

vaccination program. In this connection, the tensions between “awaycation” and “staycation” are likely to continue with serious consequences for tourism, and decisions need to be taken on whether the balance between domestic and international tourism requires adjustment towards more local, domestic-oriented activities. One major factor affecting the region is the collapse in the East Asian market as a vitally important source of tourists for Southeast Asia.

Of Thailand’s international tourist arrivals in 2019, for example, 30% were Chinese. The Tourism Authority of Thailand (TAT) estimated potential losses of US\$ 1.6 billion for 2020; this figure has risen, with the continuation of travel restrictions and lockdowns. The annual growth in Chinese tourist arrivals was calculated variously from 2018 through to the end of 2019 (either in October, November, or December) in selected ASEAN countries, which have become increasingly tied to the Chinese market. It ranged from 40% in Myanmar, 16.2% in Vietnam, 15.1% in the Philippines, 11.5% in Lao PDR, and 9.7% in Cambodia. The established destinations like Malaysia, Thailand, Singapore, and Indonesia, which had already attracted large numbers of Chinese visitors, showed smaller percentage increases (from 2% to 4%) (The ASEAN Secretariat 2019a, 2019b). In addition, World Travel and Tourism Council (WTTC) data for Asia-Pacific, including ASEAN, indicates that ForwardKeys air travel bookings statistics for March-May 2020, in comparison with the same period in 2019, were down 42.4% (international inbound), 41.6% (international outbound), and 9.9% (domestic). Hotel occupancy rates for February 2020 (year-to-date) had decreased by 23.8% (WTTC 2020a, 2020b). A major element in these decreases was the decline in activity within East Asia and ASEAN, and outbound travel from East to Southeast Asia.

By definition, tourism requires travel, encounters with other places and people, and facilities in order to pursue recreation, relaxation and curiosity, new experiences and learning opportunities. Restrictions and bans on travel and on close social and cultural interaction have profound consequences for the tourism industry. The major sub-sectors of the industry, including airlines and other

forms of transport, accommodation, the providers of food and beverages, retail outlets, tour operations, sightseeing packages, and guiding and entertainment services, are placed in jeopardy. For example, WTTC projected a possible global loss of jobs at 50 million in 2020 and a recovery period of almost a year after the outbreak (WTTC 2020a, 2020b). In its 2021 report, WTTC compared the global situation in 2019 with what has happened since the pandemic in 2020, in a survey of 185 countries and 25 regions of the world (WTTC 2021). The findings are deeply depressing for the industry, and the report draws attention to the plight of women, minorities, and youth which have been disproportionately affected. In 2019, the industry comprised 10.4% of global GDP worth US\$ 9.2 trillion and generated 334 million jobs. In 2020, it contributed only 5.5% to world GDP or US\$ 4.5 trillion, and job losses amounted to 62 million (ibid: 4-5). Had it not been for the intervention of governments, the decreases would have been even worse. In Southeast Asia, GDP slumped by 52.7% and the Asia Pacific overall by 53.7% with a loss of 34.1 million jobs (ibid: 6). It was one of the worst affected regions and many small and medium-sized businesses have closed, and women, young people, ethnic minorities, and migrant workers have been especially badly affected (Asia Foundation 2021a, 2021b).

There is a considerable literature on crises and disasters and the consequences for the tourism industry in Southeast Asia. There are as well more general publications on managing tourism crises in the Asia Pacific region and beyond, and government responses to these (see, for example, Henderson 2004, 2007; Ritchie and Campiranon 2015). The focus of this paper is not on strategies and management issues, but rather on some of the major consequences and some of the often disparate responses from government and the tourism industry. It is very clear in the current Covid-19 pandemic that the planning for a crisis of such magnitude and extent, and the devising of measures to counter the effects of a disease that spreads with such speed and severity, are fraught with all kinds of difficulties including informed decision-making and its timing, choices between such issues as economic well-being and public health, strategy and short- medium- and long-term planning, the availability of resources

in both the public and private sector, national interest as against international cooperation, and a lack of knowledge of the virus and its mutations, and the ways in which it interacts with the human body.

In the studies of management in relation to disasters, much is made of forward-planning, the formulation of strategies, ensuring that resources and funds can be mobilized quickly and efficiently, a well-crafted communications strategy, the coordination between the private and public sectors, and close cooperation between national government bodies and transnational tourism, relief, and aid organizations (Faulkner 2001; Ritchie 2004, 2008). The literature falls within what might be referred to as normative social science; the tools of management are deployed with an emphasis on rational or operational decision-making and the ability to translate the models devised from one case to another (see, for example, Deverell 2012; Holla et al. 2018). Very often, this approach assumes the ability and capacity to use a standard template and without addressing, in sufficient measure, contextual issues and transnational cultural variation between cases. It is clear that nation-state-based responses to the Covid-19 pandemic have varied; schedules of decision-making and the decisions taken by governments and stakeholders have differed considerably in detail, though overall the strategies have been based on the restriction of movement and contact and the closing or partial closing of national borders. Furthermore, in the case of the pandemic, even the kind of measured management-science-based, forward-looking approach has proved insufficient to address the speed with which the disease has spread and mutated, and its highly infectious nature.

V. The Marginalized, Vulnerable, and Minorities

There has been increasing attention in the media and among aid organizations, NGOs, and UN agencies to the consequences of Covid-19 for the vulnerable. Virgil and Lie (2020) investigated the responses to the pandemic of ASEAN governments and the major issues which these responses raise for those, such as migrant

workers, who have very little, if any, protection or support when they lose their jobs and income. They argue that the virus has a disproportionate impact on minorities and the vulnerable, and this is increased because of differences in healthcare capacity and access to medical services. The situation is even worse for refugees, of which there are 200,000 in Malaysia, with limited legal rights and fear of arrest, especially those who are illegally in the country (Abdul Waheed Parry 2020).

In addition, in her discussion of “pandemic politics” in Southeast Asia, Khoo Ying Hooi argues that, though the response has varied, the pandemic has offered increased opportunities for central political control (2020). With reference to the case of Cambodia, she points to the arbitrary extension of government control over assembly, press freedom and disinformation, surveillance, policing, the role of the military, and physical movement. She suggests that it violates international human rights laws; the accused can be subject to fines, arrest, or imprisonment. More generally, people’s movements are tracked and their privacy invaded. Migrant workers are more likely to be arrested and detained than citizens of the state.

The *Rapid Gender Analysis* undertaken by CARE Australia is even more dispiriting in regard to the marginalized (2020). In a study in April-May 2020, during the beginning of the pandemic in mainland Southeast Asia (and the situation has clearly worsened since the study was undertaken), the research documented a wide range of concerns (2020: 5-6). With increasing unemployment or reduction in wages, the burden of managing household affairs has grown and falls particularly on women. For female migrant workers especially, loss of income has meant a drastic reduction in remittances sent home, and the consequent exodus of labor returning to home, have placed increased burdens on families there. Sex workers and other marginal groups have suffered further exclusion from decision-making spaces which provide support services, particularly healthcare. This problem is exacerbated when funds of civil society organizations, NGOs, and charitable bodies have been reduced. Restrictions on physical movements and interaction have also made it more difficult to access support

services. The report collected evidence of increased human trafficking and gender-based violence. Prejudices and discrimination against migrant workers also increased. In the Southeast Asian tourism industry, which also involves provision of sexual, escort, and massage services, women, where they retain employment, have exposed themselves to an increasing risk of contracting the virus.

In addition, minority groups involved in providing cultural experiences and ethnic arts and crafts for tourists have suffered because of the rapid decrease in tourism; including longhouse tourism among the Iban in Sarawak (Dias 2001; King 1994); hill tribe trekking among such communities as the Akha and Karen in the northern uplands of Thailand, and the sales of their ethnic products to tourists (Trupp 2014, 2015a, 2015b); souvenir selling among the Toba Batak in Sumatra (Causey 2003); elaborate funeral rituals and mortuary art and other artefacts provided by the Toraja in Sulawesi, Indonesia (Adams 2006, 2009); and the stunning rice terraces and cultural landscapes of the Ifugao of northern Luzon (Bilian 2007; Dulnuan 2014). Akha women, increasingly known for selling ethnic crafts in the main sites of international tourism in Thailand, have more or less disappeared from the streets as their customers vanished (Trupp 2016).

The International Labour Organization (ILO), in its report on migrant workers in Thailand, has reported similar problems (2020). In March, before the lockdown in Thailand and the closure of its borders, there were problems over work permits and immediate job losses. ILO estimated that around 700,000 migrant workers were made redundant from March to July 2020. With the fear of Covid-19 worsening, there was a large outflow of workers from Thailand to Cambodia, Lao PDR and Myanmar in late March and early April. In December 2019, there were 2,788,316 registered migrant workers in Thailand and an unknown but a substantial number of illegal workers. The ILO estimated that around 10% of migrants had returned to their home countries in the early months of the pandemic, in the context of an estimated 8.4 million job losses, with 2.5 million in the tourism industry. Although officially illegal, the sex industry in Thailand, partly linked to tourism, suffered a drastic and probably irretrievable decline. Significant numbers of migrant

workers, particularly prone to the disease because of crowded and poor-quality accommodation, were also coerced into working in spite of the restrictions, although they lacked protection from the virus. The Asia Foundation's survey of small businesses and workers also stated, in relation to Thailand, that the "tourism and business travel sectors have experienced unprecedented contraction" and "With each passing month, tens of thousands or more Thai workers have become at risk of sliding into poverty" (2021a).

The Foundation found a similar situation in an earlier survey of small businesses in the Cambodian tourism sector (2021b). "Many businesses have closed permanently... As the pandemic drags on, temporary losses [of small businesses] have become permanent and household incomes have plummeted."

VI. Concluding Remarks

The consequences of the Covid-19 pandemic for those who work in the Southeast Asian tourism industry, many of them migrant workers, women, young people, and minorities, have been devastating. To be sure, there have been some local imaginative and energetic responses to the predicaments which the virus poses (Vichit-Vadakan 2021). However, for the marginalized and vulnerable, there are limited options, and they may experience difficulties in accessing vaccines. In the Southeast Asian tourism industry, there appears to be no likely turnaround in prospect even in 2022. For example, Singapore is projecting a possible return to financial stability in its tourism sector by 2024 at the earliest. Thailand is looking at 2026 for a recovery in tourism, which does not seem to square with the aspirations of ASEAN Ministers and its Secretariat (ibid).

It was relatively easy to promote tourism as a regional enterprise when the industry was growing exponentially up to 2019. Before the pandemic, ASEAN tourism plans on a regional basis were expressed in two important documents: the *ASEAN Tourism Strategic Plan*, the first one operated between 2011 and 2015; the current plan runs for a ten-year period, 2016-2025 with a Mid-Term Review

in 2020 (The ASEAN Secretariat 2015a); and the *ASEAN Tourism Marketing Strategy*, launched in 2012-2015, continued from 2017 until 2020 (The ASEAN Secretariat 2017), with the current *Strategy* operating from 2021 to 2025. The ASEAN Tourism Ministers held their 24th meeting online, hosted by the Kingdom of Cambodia, on February 4, 2021 (The ASEAN Secretariat 2021a). Attention was paid to the Joint Statement of the ASEAN Tourism Ministers of April 29, 2020 titled “Strengthening Cooperation to Revitalise ASEAN Tourism” and the *Post-Covid-19 Recovery Plan* agreed in December 2020. But, as yet, “No country has found the magic formula to revive tourism” to its pre-Covid level (Vichit-Vandakan 2021).

However, the virtual meeting was organized in the sober context of 2020 during which time, and, in comparison with 2019, the Southeast Asian tourism sector had lost 75.8% in tourism receipts, 80.5% in international arrivals, “massive cancellations” in bookings, and the lowest hotel occupancy rate in recent history (Kon 2021). For example, taking it forward, a survey of hotels in Thailand in April 2021 indicated that 47% would be likely to close within three months if the restrictions imposed by the pandemic were not eased; in 2020 the average hotel occupancy rate in Thailand was 29.5% (Cusmano 2021). Vichit-Vadakan says that after the first quarter of 2020 when the pandemic was taking hold, “international travel all but dried up.”

The 24th Meeting emphasized such themes as “the road to recovery,” “a single destination,” and “sustainable, inclusive and resilient tourism development.” Predictably, the meeting expressed the importance of cooperation in strengthening the association’s data and information network, “flagship projects,” training, person-to-person exchanges, the digitization of tourism, and promoting “connectivity” and travel facilitation to and within ASEAN. The message was repeated in a follow-up exchange entitled “Unity for Sustainable and Responsible Tourism Recovery” organized by Brunei on February 6, 2021 (The Star 2021).

Given what has happened to tourism in Southeast Asia during the pandemic, sustainability, inclusiveness, resilience, unity, and cooperation seem distant goals. The restrictions imposed by the

separate governments of Southeast Asia have varied. Brendan Sobie, in a series of commentaries on the Channel News Asia (CNA) website, suggests that Southeast Asia is possibly going to fall further behind other regions in encouraging international visitors to return (2021). He argues this for several reasons. Other countries are increasing their vaccination levels and opening up their borders, and, in some cases, reducing, or waiving quarantine restrictions for vaccinated passengers. He suggests that Southeast Asia in general is moving in the opposite direction.

If we examine the travel restrictions imposed by ASEAN member countries, they are far from being tourism-friendly (The ASEAN Secretariat 2021b). Most continue to maintain a pre-booked, 14-day hotel-based quarantine period, the costs of which have to be borne by the visitor. Pre-departure and arrival, Covid-19 tests are required, costs again to be carried by the visitor. In some countries, specific Covid medical insurance is required to a specified level should in-country treatment be required. Some countries are quite explicit, including Indonesia, Malaysia, and Vietnam, that “Passengers are not allowed to enter...” with certain exceptions (which usually include nationals or those married to nationals and permanent residents; students with immigration approval; expatriates with employment visas or other longer-term residence or official visas; individuals in the diplomatic service; essential business travellers along with company staff, skilled workers, technicians, medical personnel; air, sea or land transport staff; Safe or Green Lane travellers [this could include tourists]). Cambodia commences its list of restrictions with “All visa exemptions, visas on arrival and e-visas are suspended...tourist visas are still on suspension” (ibid). However, ASEAN’s inviting slogan or tagline remains as “Southeast Asia feel the warmth.” Another tagline is “One vision, one identity, one community” (The ASEAN Secretariat 2018, 2020).

It is not surprising that, as an independent aviation consultant based in Singapore, Sobie points to a dramatic regional drop in international passenger traffic, and suggests that it shows no clear signs of increasing significantly while infection rates are currently rising in the region, in some cases quite dramatically. He also argues for a multilateral solution in ASEAN in relation to standards and

protocols for aviation, and notes that there is no mutual recognition of Covid-19 tests and vaccines. Instead, countries have usually adopted their own regulations without regional consultation and retreated into a closed border mode. The result is “a complex patchwork of rules that can be difficult to adhere to, leading to confused passengers and unusually long airport check-in times.”

There has been considerable criticism of ASEAN’s lack of regional cooperation in regard to the travel and tourism industry despite official pronouncements to the contrary. It is worth noting too that, ASEAN sees tourism as a vehicle for unity and connectivity. Its main objective is to promote the region as a single tourist destination. Before Covid-19, there was always competition between the association’s members, and, in some cases, a complete failure to coordinate activities and policies. There have always been established players in the field (Thailand, Malaysia, Singapore), conscious of the need to maintain their advantage. In addition, in this pre-Covid competitive arena, there were those countries which were losing ground; over the recent years, Indonesia had not achieved the visitor arrival targets that it had set, particularly as a result of natural disasters; the same may be said of the Philippines, which for many years, has been beset by typhoons, floods, earthquakes, and volcanic eruptions, and has also failed to keep pace with some of its neighbors. In 2018, Indonesia and the Philippines were within the top five countries in Asia Pacific which were most at risk from multiple hazards, mainly environmental (UN ESCAP 2019). Increasingly, within ASEAN in 2018, international visitors (over 29 million of them) went to the emerging markets of Vietnam, Cambodia, Lao PDR, and Myanmar, a trend which continued into 2019. Again, the proximity of mainland Southeast Asia to the East Asian markets was a factor. But the exploration of new tourist destinations, ease of access, and value for money have also played a role in tourist decision-making during the past 20 years. On the other hand, Singapore, Bangkok, and to some extent Kuala Lumpur, increasingly served as regional hubs for these newer markets and their stopover traffic increased.

We should also note that the *ASEAN Tourism Strategic Plan 2016-2025*, as it was originally formulated, in its consideration of

constraints, challenges, and threats to the tourism industry, mentions in passing, and without elaboration or any policy statements to address the issue, “possible pandemics with resultant negative travel advisories” (2015a: 26). The ASEAN Secretariat does have a Crisis Communications Manual which provides a standardized “Communications Toolkit” to address the ways in which media messages and communications strategies can be handled, devised, and delivered, reputations and images sustained and stakeholders and the general public reassured (2015b; and see Wilks and Moore, 2004). However, it is not a particularly useful aid to respond to a region-wide and global crisis such as Covid-19, in which each country has decided to impose its own solutions to address the crisis. Not only is there an information and communication problem within ASEAN at the present time, but also a need to address the operation of transnational tourism supply chains (and see Breiling 2016).

In these circumstances, the future is bleak for those working in the tourism industry and supporting service sectors in Southeast Asia, including migrant workers, small-scale retailers, and those operating in the informal sector, ethnic minority communities providing cultural performances and tours for visitors, those working in craft and souvenir production as well as a substantial number of women working in the retail sector, in bars, restaurants, night clubs, and massage parlors. Even UNESCO in the region cannot give reassurance to these categories of workers in the industry. A recent online event and debate organized by the UNESCO office in Hanoi, along with several other partners, on the future shape of tourism in Southeast Asia concludes that “the pandemic has moved most if not all regional transactions to the online space, limiting in-person contact and disabling—if not transforming—collective gatherings and such shared experiences” (UNESCO 2021). As an anthropologist, I find this deeply dispiriting. In the interest of promoting “the nexus” between sustainable tourism and cultural diplomacy, it envisioned “e-learning and e-commerce as the new normal for social transactions in the region,” encouraging interaction between “young tourists, entrepreneurs and cultural enthusiasts” and developing “online tours, cultural classes and webinars” (ibid). In

this connection what has happened to the vibrancy of Southeast Asian cultural life on the ground, face-to-face, in social and cultural interaction?

The UNESCO proposals for “the new normal,” with the reliance on online e-experiences and e-learning, and with the deployment of new communications technology, privileging the young, along with “entrepreneurs and cultural enthusiasts,” and the ASEAN-proposed future of the improvement of data and information networks, digitization and connectivity seem far removed from the pre-Covid lives of a significant number of the marginalized and vulnerable. It suggests that those who provided a substantial dimension of the pre-Covid tourism experience in Southeast Asia will no longer have a place.

Given the uncertainties surrounding the future development of the Covid-19 pandemic and the socio-economic, political and health consequences, it is difficult to make firm predictions about the future of tourism. The seriousness of the pandemic, its rapid spread, and the lack of knowledge about the virus and its origins suggest that the repercussions on tourism will continue for a considerable and undefined period. We need to know more about the changes in travel behavior and perceptions of risk and decision-making occasioned by the pandemic. As we have seen, Erik Cohen has examined the coincidence, antecedence, interaction and dynamics of crises in the context of Thailand (2010; Cohen and Neal 2010). As a result of the Covid-19 crisis, the tourism industry will never be the same again; some businesses have already disappeared and will continue to do so; some destinations may be avoided for some time; people may continue to be wary of close contacts in airline, train, river and bus travel and on cruise liners. The time of Western tourists going in search of “the exotic” and “the mysterious East” may be largely over. In a possible post-pandemic there may be contentment with the familiar, predictable, and trusted in domestic and regional settings.

The overdependence on the East Asian market has already resulted in calls for the diversification of tourist source countries, encouraging domestic tourism, and, in certain sites, moving away

from low-revenue, less sustainable East Asian mass tourism. Nevertheless, the influence of East Asia and the revenue and employment generated in Southeast Asia may be too significant to resist and may already be too embedded in East Asian regional supply chains to encourage more radical changes in tourism strategies. An apparently attractive response on the part of several governments in the region has been to encourage more domestic tourism; it has a role, but it will never reach the level of revenue generated by high-spending international tourists from the West.

Finally, there are certain problems with the ways in which Covid-19 has been conceptualized and debated. Obviously, political elites and their senior advisers construct discourses in addressing the pandemic, and introducing policies and strategies by “following the science.” However, these discourses are frequently confusing and contradictory, as we would expect in dealing with an uncertain future. Governments have to balance the need to combat the spread of infection with the negative consequences for their economies and the more general physical, social, cultural, and psychological well-being of the populace, particularly the vulnerable. Some countries have performed much better than others in guiding their countries through these difficult times, others have made serious mistakes. It remains to be seen what the world, and, in this case the tourism world, will look like into 2022 and beyond. With the availability of vaccines, there is an increasing optimism, but whether this will make much difference to the marginalized populations of Southeast Asia is a moot point.

Returning to Victor Turner and Arnold van Gennep, we are currently in a global transition expressed in the rituals which we have embraced, we are adopting behaviors that are “abnormal” and “liminal,” and in doing so, we hope for a future that returns to the “normal.” Unfortunately, the weight of evidence suggests that the transition will lead to something very different within which some of humankind will survive and perhaps flourish and others will suffer and succumb. The “new normal” will be with us for some considerable time to come and we have to adapt and respond to it.

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