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# Management of crisis or crisis of management? The Thai government's "policy as discourse" handling of the COVID-19 pandemic

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The complexity of crisis management in the context of COVID-19, which ranges from the global to the national, reveals a wide variety of means and ends, particularly at the national level. This triggered scholarly interest and raised questions regarding how central (authoritarian) governments handle the COVID-19 pandemic within state borders. The paper evaluates the Thai government's response to the COVID-19 pandemic from the beginning of 2020 to the middle of 2022, when the pandemic was declared over. We employ critical discourse analysis to explain Thailand's crisis management by engaging discursively with different population groups in the country. The findings indicate that the discursive policies and measures implemented by the government to deviate from and halt public pressure resulting from his mismanagement of vaccine policy are based on narratives related to national traditions as a means of resolving dilemmas rather than on the social needs of vulnerable individual citizens. We witnessed how discursive policies and measures can lead to other problems and ineffective responses, specifically regarding vaccine distribution. The article contributes to a better understanding of how, why, and to what extent discursive policies and measures were instrumentalized by an authoritarian government for COVID-19 crisis management, which can likely be inferred in similar cases in developing nations.

KEYWORDS

policy as discourse, crisis management, healthcare policy, COVID-19, Thailand

## Introduction

Beginning in late 2019, the emergence and spread of the COVID-19 virus necessitated complex and difficult crisis management by national governments (and other levels of policymaking) around the world. Especially at the onset of the pandemic, the Thai government's response garnered special attention (WHO, 2020). This attention was commensurate with previously acknowledged international advancements in the development of universal health care in the country. However, it soon became evident that the mode of crisis management was heavily influenced by the authoritarian regime in power. As a result, many measures proved to be excessively restrictive,

preventing not only the spread of the virus but also, increasingly, any form of public participation and freedom for Thai citizens. Consequently, despite the existence of a modern health system and an initially innovative approach to preventing the spread of COVID-19, COVID management by the Thai government in the years 2020–2022 deviated significantly more toward oppression than protection. Therefore, the distinction between the effectiveness of preventing the spread of COVID-19 and the intentionally constructed discourse related to the political oppression by the authoritarian government still needs to be more clearly distinguished and analytically distinguished, despite the likelihood that some explanations of solution-focused problem-solving overlap. However, our analysis focuses on how, by whom, and why policy discourses are framed, examining Thailand's COVID-19 response through the lens of the critical discourse approach.

This paper examines how the Thai government's response to the COVID-19 pandemic can be conceptualized and explained. More specifically, we ask:

(1) How was COVID-19 "policy as discourse" constructed and characterized by COVID-19 crisis management in Thailand?
(2) Why was the "policy as discourse" approach constructed, and by whom, to deal with COVID-19?
(3) How was the "COVID-19 narrative" operated (operational discourses) in the context of COVID-19?

The article clarifies and supplements Bacchi's (2000) "policy as discourse" approach, applying it to the analysis of COVID-19 solution-focused problem-solving by the Thai government, with little contention. Bacchi (2000) used the term policy as discourse to describe how "social problems" or policy problems are "created" through discourse. According to Bacchi, it is erroneous to view governments as responding to "problems" that exist "out there" in the community; rather, "problems" are "created" or "given shape" in the very policy proposals that are offered as "responses". To be fair, our analysis emphasizes that her premise for the approach may be little apparent in contexts where the government engages with the pandemic in a more transparent manner. Consequently, based on our observations and arguments, it appears and is most apparent in times of uncertainty in countries with authoritarian governments.

Our analysis of COVID-19 management by the Thai government is based on the reasoning presented in the previous paragraph, as it is the government's responsibility to take crisis management measures, which affect all segments of the population. Our critique of Bacchi's theory, we argue that the government's policy-as-discourse-based solutions could lead to the emergence of new problems, as neither the problems nor the proposed solutions are honestly aimed at and designed to meet the needs of the population equitably. Intentionally problematic are the government's descriptions for why and how COVID-19 has spread, the rising infection rate, and the problem's description. Therefore, our analysis clarifies the extent to which discursive

policies and measures are created, the reasons for their creation, and how they are implemented, all of which are determining characteristics of COVID-19 management in Thailand. In order to enhance the explanatory power of the methodology, it is necessary to incorporate explicit illustrations of the verbal and rhetorical discourses employed by the government, including competing actors itself.

This article's remainder commences with a discussion of the following structure: The first section discusses works on the roles of the state in global crisis management, including works on how national governments responded to the COVID-19 situation. The second section illustrates how data was collected and analyzed. The third section explains why and how critical discourse analysis makes sense in the context of Thai crisis management and justifies the analytical approach. The fourth section describes the construction and characterization of 'policy as discourse' pertaining to COVID-19 crisis management. The fifth section investigates the reasons why the Thai government adopted the "policy as discourse" approach. The sixth section analyzes how "COVID-19 narratives" have functioned (operational discourses). The final section provides discussions and a conclusion for the policy outlook and generalization of how and why an authoritarian government has utilized crisis management through "policy as discourse".

## The role of the state in global crisis management and the COVID-19 pandemic

According to Coombs (2007) and Coombs and Laufer (2018), "crisis management is defined as a set of factors intended to combat crises and mitigate the actual damage a crisis causes." Literature on (global) crisis management is predominantly and extensively conducted in the field of organizational management (Bundy et al., 2016) within the context of global crises affecting the business sector, particularly multinational corporations. In the context of the global economic crisis, Coombs and Laufer (2018) research asserts that managing a crisis in multiple countries reveals new complexities that present multinationals with formidable challenges. These obstacles consist of state characteristics that could affect the response of stakeholders to crises and the efficacy of corporate responses. In the event that a crisis has a widespread effect on the population, crisis management involves political decision-making. Unlike a global economic crisis, the COVID-19 pandemic witnessed the widespread reversal of nationalism around the world (Bieber, 2022; Mylonas and Whalley, 2022) and the prominent role of a national (authoritarian) government in the use of nationalist discourses during lockdown [whether those groups of population in the countries are conservatives or non-conservatives (Su and Shen, 2021)] to ensure prompt compliance with measures. And these imperceptible transboundary aspects of the COVID-19 pandemic make it more difficult for the government to find the appropriate measures to balance strict health measures and human rights.

The role of the state in global crisis management is highly dependent on the ideology, political system, and national social policy of the government. The state is the principal and legitimate actor in formulating policy to address the crisis on its territory.

The characteristics of a global crisis vary depending on the type of crisis (financial and economic, war or global conflict, radioactive leakage, climate change, or even a COVID-19 pandemic or health crisis). As a result of the inherent heterogeneity of global crises, the responses of states with heterogeneous national contexts (economic systems, social policies, cultures, and political systems) are more specific and diverse. Moreover, the level of involvement in crisis management by transnational actors varies by crisis type.

The COVID-19 pandemic is an exceptionally transnational crisis; it has the potential to have a more severe and rapid global impact than the economic and environmental crises because it cannot be easily controlled and monitored. Unlike the previously mentioned crises, the COVID-19 pandemic relies primarily on a clinical protocol and related scientific approach for prevention, control, and treatment. However, managing the COVID-19 pandemic has overlapping dimensions with others (e.g., economy, policy and social welfare, and politics), with the local population as the primary target group. Thus, it is evident that the government, as the head of state, plays an active role with claims of legitimacy in formulating policies and measures to end or reduce the disease's spread.

Governments play a prominent role in crisis management (despite Thailand being a unitary state and highly centralized, "state" can be used interchangeably with "government" in common speech in the context of an authoritarian government) because, in major crisis situations, the role of the state in terms of its decision-making power becomes more apparent and crucial. It has been observed that when COVID-19 crises occur in many countries, particularly authoritarian regimes, governments are frequently held accountable for the crisis's broader effects. Managing crises effectively and fairly is difficult. Regarding Bacchi's (2000) assertion, it is evident that authoritarian tendencies comprise a powerful group of actors who use discourse in particular ways toward others, and that disadvantaged groups, such as the needy or inferior, are the ones constituted within the discourse. The more powerful actors then create policy discourse to control other groups, preventing the emergence of equal power and competing discourses. Hannah et al. (2022) assert the relationship between ideas and crises in policy and administration; this relationship reflects the roles of government discourses and arguments for citizen compliance with government-imposed measures.

As stated, therefore, crisis management could likely be comprehended through a "policy as discourse" lens. We observed the Thai government's response to the crisis by highlighting the language and arguments used by the government for crisis management and employing them to respond to public pressure, sentiment and to prevent other actors from developing competing discourses against them. We realized that discourses as conceptual schemas are constituted based on particular historical, institutional, and cultural contexts, and that no agent is entirely free to construct or reconstruct them (Bosso, 1994; Bacchi, 2000). As explained in the following section, this article employs a critical discourse approach to analyze the Thai government's COVID-19 crisis management.

## Studying "policy as discourse" of COVID-19 pandemic: data and methods

Qualitative research methods were utilized to closely monitor and track diverse phenomena that transpired during the COVID-19 outbreak in Thailand. Significant events were observed, compiled, presented, and described to elucidate the social phenomena encompassing actors assuming various roles in this context. It indicates that the widespread practice of incorporating political discourse into communication channels is aimed at enabling citizens to fulfill state requirements. This study presents empirical evidence through the collection of verbal discourses exchanged among diverse and competing actors, spanning from the onset of the epidemic in 2020 to the period of relaxation in mid-2022. The data utilized in this study was obtained from a variety of sources, including gray literature, governmental documents, Directives, Regulations, and reports pertaining to the COVID-19 epidemic situation. Additionally, online publications from news agencies were consulted, along with recorded video interviews featuring government officials, experts, and other key stakeholders who provided insights during interviews with journalists. Notably, the CCSA statement, which encompasses the COVID-19 daily briefing, was also considered as part of the data collection process. This study exclusively focuses on the verbal discourse that transpired within the framework of COVID-19 governance, encompassing the exchanges between individuals representing divergent political ideologies or expressing dissent toward the government's COVID-19 management directives, among other related aspects. Subsequently, the process of verbal discourse is organized and categorized in a tabular format, wherein various actors, their respective roles, affiliations, and the messages disseminated to the public are systematically compared. Additionally, relevant links are provided to establish the contextual significance of the conveyed messages at the time of their dissemination (see Supplementary material). Subsequently, the critical discourse approach was employed to examine the discourse process and the construction of COVID-19 "policy as discourse" intertwined with social-historical analysis, utilization of rhetorical discourse, and the operation of the discourse itself, as elucidated in the next section.

## Critical discourse analysis of the Thai government's COVID-19 crisis management

The critical discourse approach views language use as a form of social practice (Janks, 1997) and, in this context, could provide an understanding of the crisis management of a particular government in terms of discursive policies and measures aimed at different groups of people in the country to comply with the COVID-19 prevention measures. To understand crisis management in Thailand's socio-political landscape, which is characterized by subversion and coercion, one must look beyond the healthcare system. The complexity of healthcare policy making and its implementation in this context is attributed to its

multifaceted nature, encompassing various sectors of society and bearing significant political implications. The healthcare system and pandemic management are intertwined. Analyzing the main stakeholders and their interactions with diverse segments of the nation is crucial. Despite similarities, government approaches to crisis management vary from state to state, resulting in distinct outcomes. Understanding the Thai government's response to the pandemic through the lens of critical discourse analysis and interpreting what the government communicates to the various groups of people in the country reveals the rationale behind the policy decisions made by the government during the pandemic.

There are several ways to comprehend discourse. We focus on language use in the creation of rhetorical discourse among competing actors during the pandemic. Then, we employ a concept of Flowerdew (1999) that comprehended discourse by describing and interpreting the language used in social phenomena. In crisis communication and management, however, the language used by the most powerful actor, in this case a traditional state actor for policymaking, is more complex. The government formulates and executes policies and measures aimed at its citizenry, a collective of relatively less influential entities who are obligated to adhere to them. Government policies and measures may not always adhere to rationality, and their underlying objectives may not necessarily prioritize the public interest. Instead, they may serve the purpose of enabling a group of policymakers to retain their authority during periods of uncertainty or to withstand substantial public scrutiny. Government-created policies and measures can be regarded as a means of formulating governance strategies. According to Bevir and Rhodes (2004), to comprehend governance, we must unpack its constituent concepts and situate them within traditions and dilemmas. In this sense, the mode of governance we discuss goes beyond a term used by Bevir and Rhodes; we refer to discourse created and utilized by a Thai government formed on the basis of political and cultural traditions to address dilemmas that may be more effectively addressed by a group of Thai conservatives.

From this point of departure, we integrate a critical discourse approach to crisis management analysis in the COVID-19 context for the interpretation of how discourses regarding Bacchi (2000) have been instrumentalized and utilized by powerful actors during crisis management. To facilitate comprehension of the argument, the reader is guided through the logical integration of key scholarly concepts (see Fairclough, 1995; Janks, 1997; Flowerdew, 1999; Bevir and Rhodes, 2004) within the context of COVID-19 pandemic, and therefore, the analysis will proceed as follows: (1) Traditions as socio-historical conditions that govern discourse construction, regarding Fairclough (1995): a structural analysis of beliefs, a traditional hierarchical chain of command in a bureaucratic system, the deep state, and authoritarianism; this would enable us to comprehend the rationale behind government decision-making; (2) Dilemmas: the public's demand, pressure, and competing ideas; this would illustrate the difficulties and chaos with which decision-makers must contend; and (3) Narratives: stories or explanations based on actors' traditions and its strategy for dealing with the pandemic; this would illustrate how and in what manner the government operates and justify their means to achieve the desired outcome. This is not the first paper to explain crisis management through the lens of critical discourse analysis; other

scholars have done so in different contexts and with different explanation structures.

As Thailand, as an authoritarian unitary state, adopted a robust health system to combat the pandemic, this paper examined a Thai case as an illustration of the government's COVID-19 crisis management. In order to provide a clearer picture of the relationship between policymakers and citizens during crisis management, we examine their mutual expectations. Our observation of the government's response to the pandemic was that it created discursive policies and measures and utilized them for COVID-19 crisis management, which was remarkably problematic. As Bacchi suggested, analysts must explicitly consider their claims regarding discourse and its effects. A Thai case would be able to explicitly explain policy as discourse and how it is shaped, by whom, and why, as well as its effects on a subordinated group or power with less influence.

## Construction of COVID-19-related "policies as discourse": from bureaucratic polity to deep state and Prayuth regime

According to Bosso (1994) and Bacchi (2000), discourses are formed based on particular historical, institutional, and cultural contexts, and no one can avoid this process. This notion was acknowledged in our analysis of how the COVID-19 discourse was constructed based on the traditions perceived by the government. Traditions here refer to political traditions and legacies, political culture, and governance inherited from the modern state of Thailand's historical and political development, which began during the reign of Rama V. (1868–1910). This includes the internal dynamic after the Siam revolution of 1932, when the military occupied power for almost the entirety of the period in tandem with the strong relationship between the monarchy and the (government) military, and the highly centralized bureaucratic system. These traditions have been transferred to the present government's response to the COVID-19 pandemic, etc. Therefore, traditions refer to the interaction of government, military, and monarchy powers (through his privy councils and networks) who participate in policy decisions, both in the foreground and in the background, in response to the policy environment, such as public pressure, democratization, a trend on human rights in the international arena, and the intervention of various lobbying groups, etc. The policy environment that determines how governments respond to a pandemic is frequently consciously or unconsciously dependent on and based on traditions that are consistent with the prior beliefs of Thai society, which frequently claims to be a Buddhist nation. Thais are educated to adhere to Rama IX's Sufficiency Economy Philosophy, which was officially adopted for the first time in the 9th National Economic and Social Development Plan (NESDP) (2002–2006) despite the fact that this ideology has existed for decades (Office of the National Economic and Social Development Board, 2002).

The term "bureaucratic polity" was coined by Riggs (1966) for his analysis of Thai politics and its modernization; he asserted

that historical paths had shaped highly centralized power within the bureaucracy and that policymaking and implementation were centered on the bureaucratic apparatus. Since he wrote the book more than 50 years ago, the national context has undergone numerous changes, necessitating a revised strategy suitable for the present context. The Thai bureaucratic system continues to play a significant role in policy implementation, but the decision-makers depend on which side attains political power. Throughout the last several decades, the nation's leadership has frequently shifted. Civil servants learn that overt political affiliation is detrimental to their career advancement rather than advantageous. Sometimes, civil servants "put in neutral gear" and oppose operations with which they disagree. Since the revolution of 1932, Thailand has experienced thirteen successful coups and enacted a new constitution after each one. McCargo (2005), Mérieau (2016, 2018, 2019, 2021), and Tonsakulrungruang (2021) all assert that Buddhism, Kingship, and Thai politics played a significant role in the development of the current form of government in Thai society. Several coups that overthrew the elected government illustrate the relationship between monarchy and political change; each coup cited lese majeste and the destabilization of the monarchy as its justification. Since the revolution of 1932, Thailand has recently adopted its twentieth constitution. Because most of the time they are under the control of authoritarian governments, the Thai people have only had a relatively short opportunity to experience and absorb the political atmosphere of democratically elected governments.

Regarding McCargo (2005), the Palace frequently influences decisions through lobbying through the Privy Council and a network of senior Royal Guard officers and senior citizens, such as Dr. Prawase Wasi, the Rural Doctors Network, etc. Mérieau (2016) used the term "deep state" to describe the treacherous nature of the modern Thai state and the transformation of modernized royal power into judicial institutions that determine the nation's political destiny and direction. In particular, the Constitutional Court has discretionary authority to interpret the behavior of politicians and determine whether or not it falls under electoral law. This is evident from the Constitutional Court's role in determining the dissolution of numerous political parties in the past and, most recently, the Future Forward Party, which led to the rise of youth uprisings, supporters, and the party's voice base via political movements concurrent with the COVID-19 pandemic. Mérieau (2021) argued that Thailand's practice of Sacred Buddhist Kingship is based on the Lèse-majesté Law, with the intention of providing the first analysis of how the dual process of secularization of blasphemy and sacralization of royalty via Lèse-majesté throughout Thai modern history contributed to the consolidation of the King's power.

Under the Prayuth administration, Kongkirati and Kanchoochat (2018) coined the term "Prayuth Regime" as a new framework to illustrate idiosyncrasy as a result of the 2014 coup and how the regime was installed by examining the changing political structure, power relations, and military roles in relation to social forces. Prime Minister General Prayut, a former coup d'état leader in 2014, overthrew the elected government of former Prime Minister Yingluck Shinawatra, sister of former Prime Minister Thaksin Shinawatra, who was also seized by a coup in 2006 from the same network of military powers tied to network monarchy

(McCargo, 2005). In respect, we asserted the necessity in elaboration of the Prayuth Regime characteristics, in particular, related to COVID-19 management to overcome the crisis and relationship with the monarchy corporate ownership. Prayuth is symbolic and the leader of the country elitist bureaucratic politics. The Prayut administration seeks to militarize the cabinet, parliament, and even state-owned enterprises, and the new Constitution of 2017 seeks to institutionalize the power of the military and traditional elite over the electoral forces. The Prayuth regime established a close alliance with a group of Sino-Thai conglomerates that served as "Big Brother" mentors for smaller scales in related businesses (Kongkirati and Kanchoochat, 2018). The collective efforts of the conglomerates contributed to the hierarchical aspect of capitalism rather than encouraging local firms to catch up with them, as Kanchoochat et al. (2021) termed "Sick Tiger" as a metaphor for how Thailand suffers from social conflict, state-business relations, and exclusive growth. Before the pandemic dissipated, they used the term Prayuth regime. However, the Prayut regime and government actions still stood tall and were ingrained in current Thai politics, which helps to explain how the COVID-19 pandemic crisis was managed. The COVID-19 crisis management reflects key characteristics consistent with all four scholarly works (Riggs, 1966; McCargo, 2005; Mérieau, 2016, 2018; Kongkirati and Kanchoochat, 2018) in various contexts and ways. In this instance, the monarchy emerged as an important actor alongside the government, which entered the lobby and intervened in decisions regarding COVID-19 management, particularly procurement and vaccine distribution. In reference to the dynamics of a Thai state, Eawsriwong (2017) employed Geertz's (1980) notion of the "Theater State" or "Theatrical State," for characterization of a Thai state. However, Eawsriwong's elucidation, beyond Geertz's state focus, incorporates the inclusion of citizens as participants in the spectacle alongside the state, irrespective of their personal preferences. Obviously, based on our observation, the construction of "policy as discourse" emerged amidst the COVID-19 pandemic within the context of a Thai Theatrical State. It tends to engender political tactics characterized by secrecy, deception, and dissimulation. It is noteworthy that not only did the state actor play a prominent role, but the citizens and competing non-state actors also actively participated.

In the context of limited resources, an effective crisis manager must learn how to determine the most efficient means of managing and the appropriate measures. To comprehend how an actor responds to a specific context, it is essential to investigate the actor's belief structure, as it determines the actor's pattern of behaviors and how they function (Franke and Roos, 2010; Valman, 2016). In 2014, the former Coup d'état government in Thailand occupied and took control of the country. Although Prayuth's government in 2019 was based on an electoral system, it was elected according to rules drafted by a working group appointed by General Prayut himself. A Mixed Member Apportionment (MMA) influenced by the German electoral system (Mixed Member Proportional, or MMP) was utilized for the recruitment of the Prime Minister in order to ensure its fairness (Kongkirati and Kanchoochat, 2018). Still, there is a twist to granting senators the same right to elect the Prime Minister as elected House of Representatives members. In addition, Prime Minister General Prayut led the Palang Pracharath Party, which did not receive the majority of votes but was able

to form a coalition government due to political strategies. The formation of a coalition government involved lobbyists coercing other parties to form a coalition, which is odd compared to the electoral system adopted from Germany, with exceptions.

Not surprisingly, given their prior experience in governing the nation, they rely heavily on centralized crisis management. The old soldiers who took control of the country frequently claimed to be security experts, but they were unable to comprehend how to deal with non-security threats under neoliberalism based on the concept of securitization. Observe the military's efforts to acquire munitions within the context of a "non-traditional security threat" that necessitates a novel countermeasure. The Commander-in-Chief of the Royal Thai Army's response to opposition criticism illustrates this. The Commander-in-Chief of the Royal Thai Army rejected the opposition party's formal request to halt arms procurement due to the pandemic. His refusal to reorder the priorities to address the pandemic is explicable. This mentality may be compatible with crisis management in Thailand, where the leader frequently asserts that a democratic approach to crisis management is unsuitable for a situation requiring timely decisions, resource mobilization, and decisive action. Thailand was the first nation to discover a COVID-19-confirmed case of a Chinese tourist attempting to enter the country, but it was able to respond promptly. In this case, the government likely asserts the authority to establish a solid, centralized command. There is a power structure based on traditional bureaucracy, and the government frequently cites the early success of fighting COVID-19 in Thailand to deflect criticism.

Traditions upon which the government relies could partially justify the means of its COVID-19 crisis management and generate legitimate culturally and politically-related discursive policies and responses to the crisis. In practice, however, reliance on traditions is problematic in a number of ways.

## Utilization of "policy as discourse": competing actors in the pandemic response space in policy

The mismanagement and delay in vaccine distribution by the government increased public pressure on the government. Instead of a prompt response with problem-solving that is solution-oriented, the government releases discursive policies and measures against the opposition and protest. Therefore, a number of actors for the show have emerged and declared their ability to correct the government's errors. In crisis management, this creates dilemmas and interagency issues.

The dilemmas in this instance are expressed in terms of public expectations, pressures, and both the demand and supply sides, which are the responses of the government or related actors to the problems (Bevir and Rhodes, 2004). In this instance, the dilemma in the procurement and allocation of vaccines (as well as vaccine-related issues) is extremely concerning, as the vaccine is a "game-changer" that enables us to return to "a new normal life," or at the very least reduces the severity of symptoms. To comprehend the authoritarian government's response to this dilemma, it is necessary to discuss the tension between competing actors regarding vaccine procurement and allocation. Before mentioning vaccine allocation, however, it is necessary to describe the situation and

the chaos among the relevant actors. Regarding Bocchi (2000, p. 49), policy-as-discourse theorists maintain that no social actor stands outside the process as a technical advisor or policy planner. To comprehend the complexity of decision-making during the pandemic, it is necessary to examine the roles of the various actors involved in the policymaking process. This article could provide a much clearer mapping of the competing policy and political actors in the pandemic response space, or at least the dominant actors listed below.

In practice, several actors are involved in public communication for a national response to COVID-19, but the *Prime Minister's Office (PM's Office)* is the principal actor. It began with the establishment of the Center for COVID-19 Situation Administration (CCSA) (ศูนย์บริหารสถานการณ์การแพร่ระบาดของโรคติดเชื้อไวรัสโคโรนา 2019 - ศบค) as the crisis management command center headquartered in Bangkok (Office of the Prime Minister, 2020). CCSA's primary function is to develop the technical content for daily public briefing broadcasts as well as oversee the national implementation of policies and measures (CCSA was terminated on October 1, 2022). In managing the crisis on a different and lower scale, the *ad hoc* committees for COVID-19 management at the provincial level assume authority over the implementation of COVID-19 detection and prevention measures and take over centralized policies and practices. Thaweesin Wissanuyothin, a psychiatrist and spokesperson for the CCSA, has become an icon of public communication; however, he has been perceived as a politicized figure who prioritized government interests over the COVID-19 crisis (Chachavalpongpun, 2020), as his statement on the COVID-19 daily briefing about delayed vaccine allocation demonstrates:

> "*Whether the COVID-19 vaccine comes sooner or later, it almost does not affect Thai people because we have medical masks—fabric masks for personal hygiene protection—no need to get hurt from vaccinations, and we spend less money. Please wear a mask all the time in the community area.*" *Taweesin Witsanuyothin, a psychiatrist and spokesman for the CCSA (Naewna, 2021).*

In spite of the government's efforts to centralize crisis management by establishing the CCSA as the decisive entity, other agencies have emerged to compete and exert influence over decision-making. These agencies do not enforce government decisions directly, but they indirectly influence social media-disseminated public opinion. For numerous reasons (Bangkok Post, 2021a), the government's short-sighted vaccine plans led to inter-agency problems, such as a dispute between Bangkok Metropolitan and CCSA to unlock some Bangkok areas. A few hours after Bangkok Metropolitan announced the end of the lockdown, CCSA issued a statement reversing the decision.

*The Department of Disease Control (DDC),* under the supervision of *Anutin Charnvirakul*, a Minister of Public Health and a leader of the Bhumjaithai Party and legitimized by the Emergency Operations Center (EOC) structure led by the Permanent Secretary of the MoPH, is one of the most prominent actors in the fight against the COVID-19 pandemic (Office of the Council of State, 2015). Anutin Charnvirakul, the Minister of Public Health and leader of the Bhumjaithai Party, collaborated with other parties to

form the coalition government. Anutin was granted the position of Minister of Public Health in exchange for his support of General Prayut as Prime Minister. Minister Anutin played a minor role in the management of COVID-19, despite the fact that the CCSA, which was chaired by the Prime Minister, and a team of experts appointed by the Prime Minister were in charge of the virus. As the highest-ranking commander in the MoPH, he could influence the policy direction of the Department of Disease Control.

*The Chulabhorn Research Institute*, a biomedical and chemistry research institute, and a Royal-backed institute in Bangkok, to import Sinopharm Chinese vaccine for sale, demonstrates equal power in setting rules, and in some respects, they are exercising power beyond the central government (AP News, 2021; Nationthailand, 2021). The Chulabhorn Royal Academy granted itself the authority to acquire COVID-19 vaccines, medications, and medical supplies. The announcement was unexpected, as private hospitals had been pressuring the government for months to reduce red tape and request permission to import vaccines from their own sources. Clearly, there was a scandal regarding lobbyists for the vaccine industry's attempts to grant *Siam Bioscience's royal capital group, the Palace*, the right to produce AstraZeneca COVID-19 vaccines. Vaccination was obviously politicized when an opposition politician criticized the entire AstraZeneca deal and was charged with lese majeste under Section 112 (Bangkok Post, 2021a). This one-horse bet is costing Thailand dearly; the Thai government has been told repeatedly that the King's Siam Bioscience is well-equipped to produce the AstraZeneca vaccine; however, production delays have occurred, and Siam Bioscience has stated that it has nothing to do with the government. The spokesperson for the CCSA justifies the delay in vaccine distribution by responding to an opposition politician, Thanathorn:

> *"A vaccine usually takes more than a year to develop, so be sure to use it because healthcare professionals will be the first group to use it, and we won't be able to lose them. We believe in the CCSA; it is not one person's thoughts. We walked slowly, but slow and steady wins the race". Taweesin Witsanuyothin, a psychiatrist and spokesman for the CCSA (Thebangkokinsight, 2021).*

Other major players in the pandemic *include the Rural Doctor Foundation (RDF) and other medically-related NGOs*. For instance, RDF plays a crucial role in monitoring the government's response to the pandemic, including the procurement of ATK and pharmaceuticals and the promotion of the use of herbs (such as Andrographis Paniculata) for the treatment of severe COVID-19 symptoms. NGOs such as Zendai (Yarn Group) and the National Foundation for Emergency Medical, among others, have coordinated the transport of intensive care patients from the community to hospitals. This includes providing people with food during strict quarantines or lockdowns. On the other hand, lobbying organizations play a crucial role in negotiating with the government over decisions regarding the procurement of medical equipment, vaccines, and other supplies.

*Bureaucratic factions inside the MoPH*, such as medical doctors, scientists, and executives who have voiced and criticized government policies, as well as CCSA's experts and advisers, have utilized traditional and new media to persuade and inflame public sentiment. Before the outbreak of COVID-19, these factions existed within the ministry, originating from diverse working systems and goals. In the COVID-19 situation, the management of the pandemic by the MoPH has been met with numerous controversies from various groups and factions. Experts who did not serve as CCSA advisors frequently contest and refute the claims made by CCSA that it used scientifically sound data to support government decisions and enact measures. This critique originates from reputable medical specialists affiliated with a large hospital or the Department of Disease Control (DDC) experts, including medical professors affiliated with top medical schools and epidemiologists from research institutes and the national research bureau. This became a topic of widespread and intense criticism of the government, resulting in the revocation of policies and measures that had been announced to appease the opposition.

Procuring vaccines was also problematic and too late due to the intransigence of *business interest groups and lobbyists*. CP Pharmaceutical Group, a partner and 15% (US$515 million) shareholder of Sino Biopharmaceutical and a major shareholder of Sinovac Life Sciences (Nikkei, 2020), is skeptical of lobbying to achieve a particular import quota. To meet vaccine goals, the Thai government ordered 9 million doses from Sinovac Biotech Ltd., with AstraZeneca shots slated for export (Bloomberg, 2021). The Thai government has signed a contract with AstraZeneca Company, and Siam Bioscience is the sole vaccine production base in Southeast Asia (Bangkok Post, 2021a). Considering alternative options, it may have been possible to allocate vaccines from other countries. As with the case of importing donated Pfizer-BioNTech from the United States, however, this has been delayed by bureaucratic red tape; a conversation between the Thai politician Sudarat Keyuraphan and the Thai-born US senator Tammy Duckworth revealed that:

> *"I've been advocating for Thailand to get more vaccines and for all the Indo-Pacific region to get more vaccines." And Thailand has a million doses waiting to go, but Thailand has not finished the paperwork. I know I told the ambassador a month ago." (Tammy Duckworth, United States Senator, September 23, 2021) (Bangkok Post, 2021b).*

Due to internal conflicts and the interference of lobbyists, such as pharmaceutical companies and private hospitals, in vaccine procurement and distribution, the government is unable to compromise the interests of high-demanding actors. As vaccine distributors, *the private sector and civil society*, such as the Chamber of Commerce of Thailand and private hospitals under the Thonburi Group, play a proactive role. Both domestic and international pharmaceutical companies play assertive roles in government procurement decisions for COVID prevention and treatment pharmaceuticals. Representatives of vaccine manufacturers attempt to lobby and negotiate with government officials to obtain permission to import vaccines and COVID-19 drugs (Molnupiravir and Favipiravir). The lobbyists negotiated and delayed government decisions, and private hospitals began importing vaccines through their personal connections (via the Government Pharmaceutical Organization), but the government prevented and prohibited this.

*The WHO and other international agencies* guide and shape pandemic surveillance and prevention policies and strategies. This includes WHO, UNICEF, EU, and USFDA. For instance, the Thai government and other actors frequently cited the recommendations

and practical guidelines of these organizations to support their proposals or arguments against opponents. The ideas and discourses of the IOs regarding health have been translated into policies and measures that make sense in national and local contexts.

In conclusion, this persuasive argument demonstrated the actors' positions, interests, and respective roles in shaping policy, as well as how the intense competition between them manifested itself on crucial issues, such as vaccine policy. Therefore, it is understandable why the Thai government crafted a dominant policy discourse to ensure population compliance with all policies and measures.

## Operation of "COVID-19 narratives": imagined immunity and nationalist discourse

Over the past four decades, Benedict Anderson's "Imagined Communities" has provided critical perspectives on nation-building and nationalism based on the social community's collective imagination (Anderson, 1983). By creating a nation through individual imagination, people have a shared understanding of unity and nation, despite the fact that, even in the smallest nation, the majority of people in the country or political community will never know, speak with, or meet. Individuals have a mental representation of a community. Anderson's concepts can be applied to understand narratives of outbreaks that explore the dynamics between individuals and the state, particularly in terms of fostering a collective response to address the pandemic within a particular setting. This paper aims to utilize Anderson's conceptual framework of nationalism to analyze the ways in which the management of intersubjectivity between the state and the pathogen has been employed to influence individual behavior within the nation.

The presentation of outbreak narratives often adopts a dual epidemic pathway structure, yet it remains rooted within the confines of a nation-state framework. First, it views the epidemic as originating from immigrants, foreigners as strangers, and those from less developed nations than its own political community (nation). Second, it stems from people in their own communities who reside in filthy and unsanitary living conditions, as well as the government's characterization of the epidemic's spreaders as irresponsible, unpatriotic, and selfish. Understanding through the lens of "imagined immunity" (Wald, 2008, p. 29–67) enables us to comprehend how defense nationalists can be created by the paranoia ignited by government and disease (epidemic and nationalism). On the other hand, governments may use the narrative to manipulate their citizens and incite patriotism by manipulating the epidemic. In times of epidemic, creating a shared imagination is a means of manipulating the populace. A common imagination can be used to convince people to obey and submit to government orders; the government uses the way of thinking it has injected to control the disease through an internal mode of control and to create the autoimmunity of paranoid nationalism (Gillespie, 2021, p. 218–221). Ideas and discourses provided by the powerful actor (the government), such as nationalist discourses such as "Stop Germs for the Nation," are essential stratagems. The logic is that the epidemic

poses a risk to those who contract it but has no direct impact on the nation. Instead of saying something more reasonable (such as the epidemic is destroying the economy and infection may lead to death), the government says, "Stay Home, Stop Germs for the Nation," which is a play on words and a metaphor for people to imagine what they have done for the country. This concept of imagined immunity and the nationalist discourse employed by the Thai government reject the belief that one's selfishness and doing for personal gain can lead to the prosperity of the nation, as stated in David Ricardo's theory of comparative advantage, which states that everyone can be selfish because one's selfishness will lead to the creation of mutual benefits and ultimately the prosperity of the nation as a whole (Rand and Branden, 1964).

In practice, however, it is complicated as governments attempt to push their ideas and practices to stop the epidemic through nationalist narratives, but the problem lies in the different interpretations of the word "nationalists," which has a similar meaning in Thai to "patriotism" or "Doing for the Nation." Not only do "nationalism" (patriotism) and "Doing for the Nation" have different meanings from the perspective of a powerful actor within the state (the government) and those who live in the state, but in terms of intersubjectivity, individuals living in the state may interpret and understand the word "nationalism" (patriotism) differently. Therefore, the meaning of "nation and nationalist" is diverse and reified according to the actors' internal modes and environments.

In this instance, narratives refer to the storylines and explanations as well as the actors' strategies for addressing the dilemmas of demand and supply in cases of vaccine procurement and distribution. First, Prayuth Chan-Ocha defended the discursive policies and measures of COVID-19 on the grounds that they prioritize health over individual rights and liberties (Rojanaphruk, 2020). The dissolution of the Future Forward Party (FFP) in late February 2020 initially prompted his de facto announcement, which was frequently used as a bluff against the protests; the demonstration resumed in mid-July 2020. His remarks reveal a deep-seated authoritarian orientation. It appears to be exaggerated compared to what most countries, such as Australia, New Zealand, Turkey, France, etc., have been doing to combat the COVID-19 pandemic. It sounds like a normal COVID-19 response at first glance. In the operations of the aforementioned nations, it is likely that rights restrictions are correlated with infection rates in a meaningful way. In the case of Thailand, however, the government insisted on the principle, while the COVID-19 situation was eased (the first wave) and less concerning than in other nations. In this regard, our observation reaffirmed the distinctive attributes of Thailand's socio-political landscape within the framework of the pandemic, specifically pertaining to subversion and coercion.

In practical implementation, the aforementioned principle has been employed in a discriminatory manner, targeting specific adversaries with the intention of impeding their ability to orchestrate a protest against the governing authority. During the democratic administrations led by Thaksin and Yingluck, Thailand experienced the emergence and spread of various transnational diseases, namely SARS (severe acute respiratory syndrome) in 2002 and avian influenza (bird flu) in 2013. In stark contrast to the above-mentioned non-authoritarian nations, it is evident that

in Prayuth's administration, people are controlled more than is necessary to combat the pandemic. Thus, this revelation is not shocking; the junta leader has been in power since 2014, and COVID-19 reaffirmed the rights and freedoms of the Thai people in a precarious situation (Tonsakulrungruang and Leelapatana, 2020, p. 2).

The latent nationalism present in almost every policy is evidence that military generals actively participate in policymaking because the coup d'état-based government makes up more than half of the Executive Committee. It is evident from the slogan "Stay at Home, Stop Germs for the Nation" *(Yuban Yoodcheu Pheuchart)* that reducing the burden on medical personnel is a goal. "Don't let your guard down" *(Guard Yah Tok),* "Thai Knows, Fight COVID" *(Thai Roo Su COVID),* and "Vaccinate, Stop Germs for the Nation" *(Cheed Vaccine Yoodcheu Pheuchart)* are used when they want people to stay at home and avoid physical contact. "Health before Freedom" *(Sukapap Makorn Sereepap)* is used when they want as many people as possible to be vaccinated. These slogans frequently depict COVID-19 as a metaphorical enemy that must be eradicated. The soldier must strengthen his defenses and engage the enemy in battle. The COVID-19 pandemic will be beaten if we all work together. The government (metaphorically the Generals) and the people (metaphorically the soldiers) are encouraged to fight together against the threat (COVID-19). Intriguingly, all slogans are metaphors for traditional security terminology and nationalist narratives.

The CCSA was established with a psychiatrist as its spokesperson, who attempted to reduce public tension through *ad hoc* television programs (Television Pool of Thailand, TPT), Facebook Live, and YouTube Live referred to as "COVID-19 daily briefings." It is more important to be able to respond to the needs of the population in a timely manner than to be able to appease the audience discursively and rhetorically. Without effective and practical responses to the pandemic, they are ineffective. Netizens are dissatisfied with the manner in which the CCSA spokesperson communicates; they frequently lecture people on how to live and adhere to King Rama 9's "Sufficiency Economy" propaganda, which frequently contradicts individual reality.

In sum, the government's discursive policies and measures for dealing with COVID-19 have operated through nationalist narratives and narrative outbreaks based on imagined immunity in the sense of national (government) power and interest.

## Discussions and conclusion

This study examines how the Prayut administration handled the COVID-19 outbreak in Thailand. It is essential to comprehend how the government of an authoritarian regime responds to the pandemic in light of his previous military experience and political power derived from a 2014 coup, as well as the Thai state's power structure and political and cultural traditions and legacies. Policymakers must orient policies and political decision-making within the context of traditions and political and cultural legacies, as seen in the government's response to the COVID-19 pandemic.

Thailand has an international reputation for its AIDS/HIV and UHC health care policies, but not for its management of COVID-19. Although the World Health Organization praised Thailand for its

ability to effectively manage the pandemic, this praise was limited to the country's prompt and effective detection and reporting at the outbreak's onset. Thus, recognition is limited to the early phase of the COVID-19 outbreak that occurred prior to April 2020, when only a handful of infection cases were discovered before the announcement of successful COVID-19 vaccine production experiments (WHO, 2020). Since 2005, Thailand's success can be attributed primarily to the strength of primary health care and a network with a Surveillance and Rapid Response Team (SRRT) as a mechanism to deal with epidemics and health threats that constitute public health emergencies. Specifically, Village Health Volunteers (VHVs) are present in every village to monitor and enforce surveillance and disease prevention measures against their neighbors and relatives. According to the GHS indicators (GHS Index, 2021), Thailand ranked second globally in terms of disease detection and reporting in the global health security index. This is consistent with the research report submitted to King Prajadhipok's Institute by Khwanriang et al. (2021), which asserted that village health volunteers play a crucial role in preventing the spread of COVID-19 from the ground at the community level. In addition to being condemned (by the government) as superspreaders and non-patriots, social control mechanisms are the disguise that people tend to fear. For example, people are afraid of being vilified in modern public media such as Facebook, Twitter, and TikTok applications. Particularly on Facebook, one of the most popular social media platforms among Thais, the CCSA frequently informs patients that they must report a personal travel timeline, which will be disseminated via the CCSA's Facebook page and public media.

Applying a critical discourse approach to crisis management in the context of COVID-19 necessitates an understanding of what, how, and why policymakers communicated with different groups of the country's population. The cognitive and social structures that already exist, as well as the background of the policymakers, are crucial in determining the direction and pattern of policy implementation, whether under normal or crisis conditions. Pressures, conflicts, and demands from various social groups through more divergent and multiple channels, particularly social media, can influence policymaking and even change enacted policies. However, the Thai government's response is still influenced by its traditions, dilemmas, institutions, belief system, and decision-makers' backgrounds; it cannot be completely divorced from the traditional social structure.

This paper makes two significant contributions to the literature on crisis management analysis. Initially, a critical (policy as discourse) approach assists in analyzing and comprehending the role of political traditions and preexisting belief structures in policymaking and its patterns. Second, the critical discourse approach aids in comprehending mechanisms for responding to pressures through "policy as discourse" and conflicts between key actors and public sector demands based on the conventional thought structure of decision-makers. By interpreting the critical discourse approach in three dimensions (traditions, dilemmas, and narratives), an analysis of crisis management in the context of COVID-19 reveals at least three perspectives on crisis management.

First, under certain conditions, particularly in authoritarian regimes, crisis management can be resolved through "policy as discourse." Due to the context of this paper, the COVID crisis has created a policy environment that affects policymaking constraints

and may lead to the creation of pandemic-related discourses or narratives in order to maintain their existing power position. A policy is a tool for a powerful actor, in this case, the government (the PM's Office), to gain people's cooperation and adherence to government-issued policies and measures. Both negative and positive connotations are attached to discourse. However, discourse has frequently been used to manipulate dissident citizens and create policy problems simultaneously. During the pandemic, policies created by dominant discourse actors became a political instrument and a means for dominant actors to establish social norms and standards for subordinated groups (for a similar approach, see Bacchi, 2000). Similarly, "policy as discourse" analysis reveals the use of what Foucault (2007) has termed "biopower" and "biopolitics," which are in harmony with knowledge and power exercised through rhetorical discourses that the government used to manipulate its people, as discussed.

In addition to a traditional approach to crisis management, Thailand may require novel and more innovative approaches to resolve policy dilemmas. Based on the evidence from the Thai case, effective crisis management suggests that innovative solutions should be developed and reconsidered beyond the boundaries of traditional practices that rely on traditional Thai institutions. To escape the social shackles by which dominant groups have presented their political culture, ideas, and beliefs through deft policy discourse and control of their citizens or lower power actors. Multiple actors are required to resolve the novel crisis in Thailand, where the COVID-19 issue has been politicized. Comparing Thailand's health system to those of other upper-middle-income nations, coups and elections conducted under unfair conditions have contributed to the system's decreased efficiency and strength. In addition, the government's approach to combating the pandemic is based on bureaucratic traditions and conventional thought, which has enabled the emergence of a "deep state" and made combating the pandemic even more difficult. In order to resolve novel emerging health crises, policymakers should be given the opportunity to seek out novel problem-solving strategies. As was the case in Thailand, policymakers should not be limited to traditional ways of thinking and practices that have been used in the past and may eventually lead to organizational sclerosis.

In the end, the COVID-19 response in Thailand demonstrates the significance of social media as one of the most effective channels for communication between people, between people and government, between non-CCSA experts and CCSA experts, and between non-CCSA experts and people. This case study differs from the analysis of Bourdieu et al. (1994) regarding the monopolized power of the state; they stated that the state is the culmination of a process of capital concentration involving various species in the absence of social media. A case study reveals the complexity of modern society when social media is the only means of communication during pandemics and quarantined people are able to communicate through the metaverse despite state control. Social media is also an open and public platform for contesting divergent ideas, discourses, and practices in which actors beyond a state actor could wield power equally because the state actor cannot monopolize social policy and the construction of truth. In many instances, social media can influence policy decisions, prescriptions, and even changes to previously enacted government measures that were enacted in response to public sentiment.

In summary, our article raises inquiries regarding the manner in which the Thai government has addressed the COVID-19 crisis; Management of Crisis or Crisis of Management?. Specifically, we question whether the government's management of the crisis has been effective or if the implementation of discursive policies and measures has inadvertently exacerbated issues, resulting in a crisis of management. As previously mentioned, there is a prevailing tendency wherein the latter scenario may be indicative of a crisis of legitimacy within the government's sources of power, resulting in a lack of transparent and truthfulness of information being disseminated to the citizens.

## Ethics statement

## Author contributions

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## Conflict of interest

## Publisher's note

## Supplementary material

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