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Introduction to the special section on COVID-19 and Southeast Asia

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Ⅰ. Introductory thoughts and the Conference

The advent of the COVID-19 pandemic from early 2020 up to the present time (and continuing) has been one of the most significant and disastrous global events that we have had the misfortune to witness and experience during the past two years. Its effects on human communities and the contexts in which they conduct their lives have been felt in a range of dimensions: social, cultural, economic, political, psychological, demographic, physiological, and environmental. The statistics for June 2, 2022, at the time of writing this Introduction, are sombre indeed with 533,578,589 cases world-wide and 6,315,786 deaths and rising day after day (Worldometers 2022). Dashboards other than Worldometer provide a similar picture, though the World Health Organization (WHO) seems to lag in its compilation of statistics. From WHO, we have for June 1, 2022, 527,603,107 cases and 6,290,452 deaths (WHO 2022). Johns Hopkins University "COVID-19 mapping" recorded 530,723,021 cases on May 31, 2022, and 6,294,619 deaths (Johns Hopkins University 2022). Finally, the European Centre for Disease Prevention and Control (ECDC) provided statistics for June 2, 2022; 527,878,071

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cases and 6,302,819 deaths (2022). Though the statistics vary, this is a fast-moving situation in that, as I write this Introduction, cases of infection and sadly deaths, are increasing, almost by the minute.

I use the global dashboard statistics to give us some idea of the level of infection and the human suffering that it has produced, but I am wary of the official figures of many of the countries included in the Coronavirus lists. In my view, cases and deaths reported in some government statistics are significantly below the real occurrence of disease and death. This is especially the case in Southeast Asia, but also Asia more generally, Africa and Eastern Europe. I give little credence on the figures issued by Russia, China, and India, for example. Without high levels of testing, the statistics are unreliable. Aside from Singapore, Brunei Darussalam, Malaysia, and Vietnam, the testing levels per million of population in the remaining six ASEAN countries are below 400,000; the lowest levels are Lao PDR and Cambodia, which are below 200,000 per million, and it is no surprise that their recorded levels of infection and deaths are correspondingly low (Worldometers 2022). What we can say from the four major dashboards is that viral infections up to now amount to around 530 million worldwide and deaths 6.3 million.

COVID-19 has transformed our lives during the most severe periods of the pandemic, primarily in negative terms, though there are some observers who argue that there will be positive effects as well. The term coined to capture a post-COVID era is "new normal," suggesting that the virus with high levels of global infection and alarmingly high death rates, which occurred especially in the early, more virulent phases of the pandemic, has brought changes in the ways in which we behave and interact. Recently, some countries, including my own country the United Kingdom, have sought to return to a different kind of normality faster than others and have relaxed restrictions, opened national borders, dispensed with face-coverings, quarantine, and self-isolation, and permitted unlimited travel and large public gatherings within their territories. Others have continued to impose restrictions and been much more cautious in seeking a "new normality."

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Out of these human tragedies, evidenced in the loss of loved ones and livelihoods, researchers like those of us represented in this issue of *Suvannabhumi* have found a whole new field of data to exercise our minds. I think that most academics are conscious of the fact that we have not been opportunistic in this endeavor in using other people's misfortune to conjure more publications. I firmly believe that we are searching for answers to a range of difficult questions. In this spirit, we organized a series of papers in panels on COVID-19 and Southeast Asia at the online conference of the Korea Institute for ASEAN Studies (KIAS), Busan University of Foreign Studies (BUFS) on 21-22 May 2020. Not all contributors to the panels eventually submitted papers for consideration for publication. We have therefore decided to include a special section on COVID-19 and Southeast Asia in this issue of the journal comprising five papers.

The theme of the KIAS-BUFS conference was "Breakthroughs of Area Studies and ASEAN in the Era of Homo Untact." The major theme was the response of research in area studies and in the Association of Southeast Asians Nations (ASEAN) to the pandemic during the past two years characterized by lockdowns, social distancing, restrictions on travel within countries and across borders, masking and wearing protective clothing, and non-face-to-face contact; the relevant word in English is "contact," which in the era of COVID-19 becomes, at least in some modern parlance, "untact" or "contactless"; during the most intense phases of the pandemic, people did not touch, rather they avoided one another. One of the most fundamental characteristics of human beings as social and cultural animals was put on hold; we were not allowed by governments to express our humanity. It is not without interest that the Latin "contactus" (contact) refers to the action of "touching," but usually with something unclean, infected, contaminated, polluted, or which promotes contagion. To avoid contagion is "not to touch," in Latin, "non [con]tactus" or "non tangere." Perhaps an English version would be "homo non-tact" rather than "untact" (hence homo non tactus).

The suggestion in our preparation for the Conference was that the "new normal" would be a situation of more considered and

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limited physical interaction and a reluctance to touch. Whether face-coverings, restrictions on large gatherings, entry to public places, and precautions for travel on flights and cruises and other forms of public transport will continue to be used indefinitely is a moot point. The current experience in some countries which have relaxed restrictions suggests that, in certain areas of social, cultural and economic life, the new normal will not be so different from the pre-COVID normal. However, the increase in the use of information and communication technology (ICT) which has reached a new high during the past two years, may well continue at a pace, though perhaps tempered by the continued human desire for face-to-face encounters in business, educational, and leisure settings. I have changed my view formed during the early stages of the pandemic. The difference between "old" and "new" normal might not be so drastic as was once expected when we had to confront a large loss of life. The more recent availability of vaccinations, the increase in immunity with the continued spread of variants of the virus, and the less serious effects on health and physical well-being of subsequent, milder variants have changed how we perceive and experience the virus.

Therefore, in my view, the "new normal" will not be as "new" as we had anticipated during the early stages of the pandemic, when loss of life and serious infection were rife and before vaccinations were available. General attitudes are that, as with influenza and the vaccines available to combat it, we live with a virus that has become endemic. However, what indeed seems to have changed are our work patterns. More people work from home; there is more online communication; there is a reluctance to take up jobs which are seen as precarious, should there be another serious outbreak of the virus, as has been witnessed in Shanghai, with its recent lockdown. For these reasons various areas of the service sector, particularly tourism and the airline industry, are experiencing extreme labor shortages.

One response from governments in the Southeast Asian region has been to try to refocus the promotion of tourism much more towards the domestic rather than the international market, and to move away from over-dependence on East Asian mass tourism, especially from mainland China. Another reaction has been to

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emphasize e-learning and e-commerce in the tourism industry and digital forms of entrepreneurship, business, trade, communication, leisure, and entertainment. However, this is nothing new. Over a decade ago, the Southeast Asian Ministers of Education Organization (SEAMEO) had been in detailed discussion about the status of ICT integration in Southeast Asia in education, training, and the regional economy (SEAMEO 2010). More recently the ASEAN Secretariat has focused on "propelling the region towards a digitally integrated economy" (2020).

Ⅱ. COVID-19 and Southeast Asia

It was my contention, during the early stages of the pandemic that overall, Southeast Asian countries had managed to escape the most serious consequences of the virus. The level of infection and the number of deaths in 2020 were relatively modest in the region. Yet the effects on livelihoods, and especially on the all-important tourism industry, were devastating. The economies of the countries with a large stake in tourism were severely undermined—Thailand, Malaysia, Indonesia, the Philippines in particular—where hotels, homestays, restaurants, bars, night-clubs, cinemas, theaters, museums, and "non-essential" retail outlets and other tourist locations such as beaches, national parks, forest and animal reserves, and heritage sites were closed. Workers in the industry lost their jobs, many of them immigrants from other parts of Asia. The Singapore tourism sector also declined dramatically, but given the country's role in the international communications sector, finance, and trade, the city republic managed to weather the storm relatively well. The fledgling tourism economies of Myanmar, Cambodia, Lao PDR, and Vietnam also suffered. Brunei Darussalam, given its small tourism sector, was least affected, and the closing of the land borders with Malaysian Sarawak and the termination of the ferry services to the duty-free island of Labuan, meant that Bruneians reoriented their leisure and shopping practices and began to spend more of their money within the state and not in Malaysia. Perhaps, Brunei was one of the few countries in Asia which benefited economically from closing its borders. On the other hand, the

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Brunei-dependent tourism industries, hotels, restaurants, and retail outlets in nearby Limbang, Miri, Labuan, and Sabah have suffered immeasurably.

We posed the question during the conference whether or not COVID-19 and its impact on Southeast Asia required the development of new concepts and methodologies to address issues of social distancing and non-contact. Area studies is rooted in a concern with geography and particular histories, localization, and cultures situated in a defined space, and COVID-19 and its globalized consequences, so it is argued by some observers, has served to break down the notion of "area." But is this so? If anything, the virus has acted to construct and confirm boundaries. Though ASEAN will undoubtedly continue as a regional organization, its member states have reinforced their national boundaries, and therefore also the borders between ASEAN and those countries beyond. In Southeast Asia, the members of ASEAN have not acted as a regional body promoting a regional perspective to address the pandemic. Though their plans and policies suggest that ASEAN has acted regionally, these are much more in words rather than deeds. Instead, member states have usually acted unilaterally to secure their national borders against infection. In my own experience, nowhere is this more obvious than in Brunei. It has closed its borders with Malaysia, and it continues to do so. It has acted in its own interests, as has Malaysia, and a country where I regularly entered to undertake research, Thailand. Policies have been characterized by the securing of national borders and passage into and out of the state by land, sea, and air, to ensure infection does not enter from an overseas source, controlling movement in and out of a defined territory, and constructing and confirming categories of people within the nation-state who are given preferential treatment and those, usually migrant workers and illegal residents, who are considered to be possible carriers of contagion. Paradoxically, the strengthening of national borders, provided that the regional organization maintains its commitment to cooperation and its global presence, reinforces the concept and practice of a Southeast Asian region in relation to those countries beyond. Unfortunately, a regional view and position has not, for

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understandable reasons, been demonstrated during the pandemic.

One of the major consequences of COVID-19 has been the strengthening of state intervention. Rules and regulations to monitor and police the pandemic have enabled the state to exert increasing control over its populace. COVID-19 has provided the ideal opportunity for governments, even in liberal democracies, to restrict social and physical encounters, to regulate behavior, and to monitor how citizens and those who enter a country conduct themselves. These have become mechanisms and agents of control: vaccination certificates and passports, evidence of negative lateral or antigen flow/rapid tests, registration with a health authority, enforced isolation, self-isolation, quarantine (which previously generally only applied to animals transported across national borders but has since been applied to the human species), and evidence of COVID-related travel insurance to ensure that you will not be a financial burden on the health service of the country should you succumb to the disease. I never imagined in my lifetime that entering an airport and attempting to travel to another country would become fraught with controls, health checks, and suspicion.

Finally, my overall view is that there is no need to develop a "new normal" conceptual and methodological apparatus to address a post-pandemic situation. The "new normal" with more online activity is not very different from the pre-COVID-19 era. Frankly, I am not attracted to the notion that "newness" requires different approaches, perspectives, concepts, and methods. Given that the "new normal" is not that "new" at all, I propose, certainly in sociology and anthropology, that we can analyze what has happened to our lives in the last two years with the concepts and methods that continue to be familiar to all social scientists. I have modified my perspective on these issues during the last several months.

Ⅲ. The papers on COVID-19 in this journal issue

I have to accept that this is a mixed bag of papers. When the Busan Conference organizers arrived at a COVID-19 theme in relation to Southeast Asia, I thought we might well be inundated with papers.

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Unfortunately, this did not happen. But we have a collection of papers that are relevant to current COVID-19 debates and discourses. My own paper on "transitions" focuses on the ways in which the virus has been perceived, conceptualized, and defined, and the movement from a pre-COVID-19 era through a two-year period of lockdowns, restrictions on movement, testing, masking, vaccinating, and a virtual collapse of parts of the global economy, especially the airline industry, tourism and leisure activities. We are now entering a post-COVID-19 future, but debates continue on whether or not we will experience a "new normal," or simply, given the availability of vaccines (though these are unevenly accessible and poorer countries in Africa, Asia, and Latin America have struggled to ensure that they have appropriate levels of supply) will require us to make only modest adjustments to the ways in which we conduct our social, cultural, and economic lives. Nevertheless, I suggest that online encounters will continue to gather pace.

It was of some interest to me that the global health community, particularly WHO, could not decide what to call the virus. Primarily, we refer to it as "Coronavirus," but then to locate it and its origin, we have defined it as the "Wuhan coronavirus," and the "Wuhan Coronavirus outbreak," At one time, it was referred to as "Wuhan pneumonia." And then we became more technical: "2019-nCoV"; "2019-nCoV, acute respiratory syndrome"; "SARS-CoV-2"; "COVID-19 virus." What we then did was to humanize the virus. We gave it a personality, a purpose, a set of tactics. It had a strategy to spread infection as widely as possible. It invaded the bodies of the weak and vulnerable. It targeted those who had little defense against infection.

There are two major tragedies that the pandemic has occasioned, and they are given emphasis in this issue of the journal. First of all, not only in my paper which traces the demise of the tourism industry in Southeast Asia and the parlous circumstances of migrant workers, under-age children, minorities, asylum seekers and illegal residents working in the service sectors in such countries as Thailand, Malaysia, and Singapore; but also in AKM Ahsan Ullah, Diotima Chattoraj and Zawawi Ibrahim's detailed documentation of the plight of migrant populations in their attempts to survive and

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eke out a livelihood in the extreme conditions imposed on them by COVID restrictions. Not only have they suffered economically and socially. Many have either been stranded in the countries in which they currently work and reside, or have simply had to return to their homelands, out of work, with no income, dislocated, and displaced. The suspicion in government circles and among local populations in the countries in which migrant workers have resided and labored is that they are also possibly carriers of contagion and should be treated with caution and kept at a distance. Messages to "stayhome," "keep safe," and practice "social distancing" have little significance for migrant workers who have to travel to work and mix with others, and have no or little recourse to national health care and welfare services.

Secondly, a further significant point raised in this journal issue, is the way in which the pandemic has been politicized. In their "production of fear," Wiman Rizkidarajat and Aidatul Chusna document the responses of local communities in the Indonesian regency of Banyumas to national policies of emergency and the restriction of movement. "Strangers" or "outsiders" were warned through prominent messages ("warning visuals") at the entrances to villages and settlements, declared as "Kawasan Steril COVID-19," that they are "forbidden to enter" (*dilarang masuk*). Those denied entry also comprise debt collectors and creditors.

Vicente Angel S. Ybiernas, in his paper on the vaccine nationalism of President Rodrigo Duterte, demonstrates how the chief executive used various forms of political and diplomatic leverage in support of those countries which could supply the Philippines with vaccines. In this regard he negotiated principally with the USA, UK, Germany, China and Russia. In the case of the USA, what was put at stake was the US-Philippine Visiting Forces Agreement; with UK and Germany, the supply of Philippine nurses for their health services; with China and Russia, concessions to support their foreign policies.

Finally, Stephen Keck provides a historical context in relation to the occurrence and spread of disease in 18th and 19th century Java, particularly with regard to malaria and smallpox in Batavia

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(Jakarta). He demonstrates the importance of the development of "colonial knowledge," tropical medical traditions and statistical data on disease and its causes in the writings of John Joseph Stockdale, Major William Thorn, and Sir Thomas Stamford Raffles. Examining the issue of the relationship between a site and disease, he refers to Batavia, with its Dutch-constructed canals, as the source of disease and death. It was named the "Cemetery of the East" and a "deathtrap." We might make a similar reference to the origins of the Coronavirus virus in Wuhan, Hubei Province, China, which was thought to be the "epicenter" of the pandemic. In some studies, Wuhan was defined by the virus. As in the SARS epidemic of 2002-04, animal markets where live animals were sold, and the disease then crossed the human-animal divide, were "a very important spreading location" (Nature 2022). Two-thirds of the initial case cluster identified in November-December 2019 were linked to the Huanan Seafood Wholesale Market in Wuhan. There is still dispute about the precise origins of the virus, but it is thought to have a zoonotic origin, though the animals responsible for its spread could have been bats or closely related mammals. Another study suggests raccoon dogs as the source.

Undoubtedly the pandemic has had a major negative impact on the lives of Southeast Asians in the space of around two years. The first cases appeared in the region from January 13, 2020, first in Thailand and then quickly in Vietnam, Malaysia, Cambodia, and the Philippines (Dinh-Toi Chu et al. 2022). However, up until July 2021, the region had been relatively successful in limiting its worst effects and holding the number of cases and deaths to a relatively moderate level in comparison with some other parts of the world (AKM Ahsan Ullah et al. 2021). With the spread of the highly infectious Delta variant, the situation in the region deteriorated rapidly. Lockdowns and strict restrictions on physical movements within and across borders were imposed. Yet infections spread with the long-shared territorial borders in Southeast and the ease with which these could be crossed.

Much of Southeast Asia has been reluctant to remove restrictions, in part due to the difficulties of securing vaccine supplies, pressures on health care services, and low testing levels. It

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remains to see what will happen during the forthcoming year. What is clear is that the need for careful and detailed multidisciplinary research will still be urgently needed.

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