

Envisioning the new normal in the wake of the coronavirus pandemic: Inequality, COVID-19 and vulnerability

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Abstract: *The COVID-19 pandemic has adversely affected millions of people across the globe. The pandemic inarguably impacted the social and economic lives of all people, especially in vulnerable and minority groups. This research aimed to identify the pre-pandemic discourse of normalcy among vulnerable and minority groups, and a split in the discourse of the 'new normal' which lessens the likelihood that a new-normal regime will emerge to enhance the resilience of these groups in future crises. The research includes cases of vulnerable and minority groups from four Asian countries: orphans in Thailand, Dalits in Nepal, Overseas Filipino Workers (OFWs) in the Philippines, and elderly people in China. Orphan children in Thailand experienced devastating consequences from the pandemic, being deprived of education, government assistance, medical care and vaccination. Dalits in Nepal are the victims of age-old caste-based discrimination, and they were further discriminated against by pandemic relief distribution and recovery programs and in quarantines. They were excluded from government remedies, denied admission to hospitals, and expelled from work places. Some starved to death due to financial and food crises,*

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and their children were deprived of basic rights including education. In the Philippines, the pandemic had an appalling impact on OFWs and their families, exacerbating non-payment of wages, wage theft and discrimination. Government job preservation guidelines weren't effective for OFWs, especially for undocumented migrant workers. Finally, in China, elderly people were one of the vulnerable groups most impacted by the pandemic. They faced declines in service quality and mental health, and a shortage of professional staff in nursing homes. Their lack of digital literacy excluded them from pandemic monitoring, online medical care and contactless government services. Through these four cases, the research identifies gaps in the pandemic response and remedies of the states for the vulnerable and minority groups. The paper proposes that, instead of a model treating these health crises, economic crises and social crises as consequences of the COVID-19 pandemic, they should be treated as separate issues for specific minority and vulnerable groups to allow appropriate responses to the pandemic-induced challenges that they experience.

Key words: COVID-19 pandemic; minority; vulnerable; new normal; socioeconomic; digital dilemma for the elderly

1 Introduction

The basis for this paper is that there exist disproportionate impacts of the COVID-19 pandemic on societies longing for a “new normal”. On one hand, the COVID-19 pandemic is the closest thing to an equaliser that most people might imagine. It indiscriminately hits people from every walk of life. However, a closer look reveals that the impacts of this pandemic are not equally distributed across different countries and their populations. In most cases, it is those who are socially and economically at the fringes of society who bear the brunt of the socio-economic impacts of the COVID-19 pandemic. In some places, such as Thailand, it has led to huge public protests. Almost immediately after the pandemic became global, there was talk about the potential trajectories, the various kinds of normalcy, or what was predicted or expected to emerge following the pandemic. These diverse and often conflicting views of post-pandemic normalcy are often lumped together under the “new normal” label.

This research aims to envision the post-pandemic new normal by proposing a model that is oriented on the idea of minimising vulnerabilities and enhancing resilience especially for those who are currently portrayed as minorities or the most vulnerable. In doing so, this research involves interpretation of vulnerabilities as perceived by minority and vulnerable groups themselves. For this research, one group is taken as an exemplary case from each of four Asian countries: Thailand, Nepal, the Philippines and China. The vulnerability here is interpreted as how the groups give meanings to the vulnerable situation they confront during the pandemic,

what causes vulnerability, how they cope with such a situation, and what wrongs they perceive.

Anticipating the divided and often conflicting perceptions of vulnerabilities and how they should be addressed, this research involves analysing how perceptions are articulated, and producing discourses for mapping out the post-pandemic new normal. This research aims to identify and explain the pre-pandemic discourse of normalcy, even among these minority and vulnerable groups, and to show how a split in the discourse of the new normal emerges, which lessens the likelihood of the emergence of a new-normal regime that is capable of enhancing the resilience of these minority and vulnerable groups to face future crises.

1.1 Conceptual framework

This research is based on the presupposition that social reality is discursively constructed, and thus radically contingent and political in nature (Laclau and Mouffe 2014). If reality seems to be stable, it is due to certain hegemonic interventions. The perceptions of crisis, vulnerabilities and other symptoms of dislocation come into being in relation to the hegemonic stability. The latter is conceptualised as what Žižek has called a fantasmatic dimension of reality (Žižek 1989, 44), in the framework of Logic of Critical Explanation (LCE), in order to cope simultaneously with the three dimensions of social, political and fantasmatic reality in a systematic manner (Glynos and Howarth 2017).

This theoretical and analytical framework is utilised to investigate the construction of the COVID-19 pandemic and its different impacts as realities for minority and vulnerable groups, but also as a form of the ideal fantasy they project as a new normal. The empirical findings will be contrasted to the ideal found in the necessity of new normal, centered around the ideal of enhanced resilience against future crises and equality, to explain why such discourse tends to be a minor one or even excluded altogether.

The research asks the question: “How does the pre-pandemic ideal of Global Society persist despite the COVID-19 pandemic?”, and examines this through the behaviour of the stakeholders (the state, society, and the private sector), and the practices which contribute to the reproduction of a pre-pandemic norm.

1.2 Methodology

The perspective and approach taken in this research give emphasis to articulation in the constitution of reality. Articulation here refers to more than just linguistic phenomena, and rather to all practices that produce meaning. Being a minority or vulnerabilities and how they should be overcome,

therefore, are not taken as something given but discursively constructed. The discursive construction of minority and vulnerability is the very first object of investigation. This phase involves analysis of alternative discourses which are subordinated in the hegemonic battle over the meaning. The next phase of analysis is directed toward identifying and explaining the fantasy that supports the stability of the hegemonic or dominant meanings of minority and vulnerability. Based on the broad definition of articulation above, the method used for data collection here includes: policy review, media review, literature review, interview, and observation.

2 The context of the COVID-19 pandemic for minority groups

There is a tension for minority groups between the need to pursue economic security and the necessity to cope with and curb the COVID-19 pandemic. There are pre-existing inequalities, disproportionate impacts, and the creation of further vulnerability. Further, the COVID-19 pandemic as a traumatic moment of engagement with reality and the measures taken to cope with it have resulted in disproportionate impacts across social strata and the specificities of the Asia-Pacific region. The paper now examines four country case studies: Thailand, Nepal, the Philippines and China.

2.1 Thailand

Thailand was the second country, after China, to record a case of the novel coronavirus (COVID-19). Due to the mass transmissions from the Lumpinee Boxing Stadium and Thong Lo entertainment area on March 26, 2020, the Emergency Decree on Public Administration in Emergency Situation was announced nationwide by the Royal Thai Government (RTG) to control the outbreak. This resulted in a partial lockdown and, as a consequence, the closure of social services and public facilities in accordance with social distancing regulations.

At the macro-economic level, restrictions on movement, a rapid drop in exports of agricultural products, and the slowdown of domestic demand resulted in business closures which severely impacted the Thai economy (World Bank, 2020b). The hardest-hit sector is tourism (frozen after the State of Emergency), which is Thailand's core economic driver. The pandemic's second wave in January decreased Thailand's GDP by 2.8 percent, and by May Thailand's economic growth sank by another 2.3 percent due to the third wave of COVID-19 infections (Fronde 2021). The pandemic acutely affected the labour market, resulting in growing unemployment. According to the 2021 report of the World Bank, the unemployment rate in Thailand doubled from 1 percent in the first quarter of 2019 to 2 percent in the second quarter of 2020, which meant an estimated 730,000 people became jobless (Reuters 2021). In many cases employers have shortened working hours and lowered wages, which creates other social problems such as household welfare. The gap between

rich and poor has widened with job losses and reduced working hours as major causes of poverty. Those people who live in or just above the poverty line, or with a disability or chronic disease, are most vulnerable.

Assistance from budget and policy responses does not always reach vulnerable affected groups. Schools closed in order to reduce transmission and attendance shifted to online learning which caused inaccessibility to education for many children. To attend online classes, online materials (such as computers, tablets or the internet) are required, though many children and their parents cannot afford them. Orders to stay at home result in economic hardship and a high risk of domestic violence. The Union of Catholic Asian News has cited a survey by the Thai Health Promotion Foundation which “reported cases of domestic violence have increased by 66 percent nationwide since March when the pandemic began to make itself felt in the country” (UCA News 2020).

The outbreak of a novel coronavirus widely impacted employment throughout Thailand including the most southern border provinces in which the number of unemployed residences has risen significantly. After being hit by COVID-19, Thailand and Malaysia closed their borders to contain the spread of the outbreak, with movement restrictions that resulted in Thai foreign-hire workers returning to their home country. Over 40,000 people became jobless, including labour returnees and recent graduates from Malaysia (NBT World 2021b).

One of the most vulnerable groups are orphans. Prior to the global pandemic, the protracted violent conflict in the most southern provinces (Pattani, Yala, Narathiwat, and four districts in Songkhla) has caused over 7,000 deaths since 2004. It has also resulted in over 7,000 children being orphaned, of whom more than 1,000 do not receive assistance from the Thai Government, having been classified as ineligible according to the criteria of the remedial assistance policy (Peramathuros 2020). Their ineligibility may be due to their dead parent not being recognised by the authorities, or being a suspected insurgent whose death was caused by extrajudicial killing. The number of orphaned children who are unable to access the government’s remedial assistance has increased. The adverse consequences of school closures and business disruption directly and severely affect them in several ways.

School closures negatively affected the child protection and development of orphaned children. Physical attendance was replaced by distance learning, relying on technology and electronic devices. In the deep south of Thailand, the violent conflict has disrupted the local economy and it has the highest poverty rate in the country (World Bank 2020a). Hence, most orphaned children cannot afford online learning during the COVID-19 pandemic, which results in a high risk of students dropping out. Orphaned children are disproportionately impacted by school and business closures

through job loss of guardians, and working hours and wage reduction resulting in the reduction of family income which makes payment of school-related fees more challenging. Previously, many orphaned children ineligible for access to government remedial assistance could rely on sponsorships or scholarships from foundations and non-governmental organisations (NGOs), but the COVID-19 crisis has worsened the finances of charitable organisations (NBT World 2021a).

Vulnerable groups such as orphans should expect to be helped by the health system, especially with vaccinations and access to medical care. However, unrecognised orphaned children do not receive this care. Even though each of the five provinces is provided with 10,000 doses of vaccines for the most vulnerable, this may not include orphans (NBT World 2021b). Orphans are now highly vulnerable. The COVID-19 recession cut the funds of the charitable foundations, there is insufficient assistance from the public sector and civil society, and difficulties such as food scarcity and inaccessibility of social services means they live in uncertainty.

2.2 Nepal

Nepal detected its first COVID-19 case on 24 January 2020. With a serious impact on human health, the pandemic has badly affected the economy, education and people's livelihoods. Employment is one of the sectors badly affected by pandemics. The United Nations states "those who are marginalized and disadvantaged by income and non-income indicators, however, are exposed to even greater risks, experience more extreme forms of deprivation and discrimination, and are denied a range of socio-economic rights" (United Nations Nepal 2020). According to the International Labour Organisation, 80.8% of workers work in informal jobs and these workers lack the facilities they should have received, such as health, allowance, and social protection coverage (ILO 2020). Discrimination, harassment and salary cuts for the workers are other challenges that are identified in the employment sectors. As the WHO reports, "there have been alarming accounts of stigmatization against COVID-19 recovered people and their families, returnee migrant workers, health workers, and vulnerable groups including people from different backgrounds, ethnicities, and abilities" (WHO Nepal, 2020).

Education is another sector that has been adversely affected by the pandemic. Due to complete lockdown being imposed in two phases, 24 March to July 2020 and April 26 to September 1, 2021, all the educational institutions (schools and universities) remained completely closed. Dawadi et al. (2020) mention that nearly 9 million students were affected by the pandemic. Though the teaching and learning system changed to an e-learning platform, only 40% of students benefited from this, and the rest were deprived of education.

The pandemic has had serious impacts on the health services in Nepal. Nepal in general has very poor and inadequate public health services and the pandemic worsened the situation. Sunuwar et al. (2020) mention that, due to COVID-19, the majority of health care services halted their regular services, having negative impacts on reproductive, mental and child health services and also affecting those with chronic health conditions. Many women experienced serious health complications or lost their lives while giving birth at home due to unsafe delivery and unhygienic conditions, as they didn't have access to the hospitals during the lockdown. Due to irresponsible or tepid responses from the private hospitals, including declined admissions, negligence and unnecessary referrals, some patients with co-morbid conditions who developed infection symptoms also lost their lives (Sunuwar et al. 2020).

2.2.1 The impact of the pandemic on Dalits

The Dalit community constitutes 13.6% of the Nepal population according to the 2011 census. They are the most discriminated-against minority group in Nepal. Dalits are the victims of caste-based discrimination — violent incidents such as humiliation, physical and psychological torture, socio-cultural exclusion and killings are frequent. Dalits in Nepal have been a socio-economically, culturally and politically excluded and marginalised community for centuries and have very poor access to education, health and employment. According to the 2011 population census report, 68% of Dalits are below the poverty line. The already vulnerable Dalits suffered more due to the COVID-19 pandemic. Insecurity and starvation remained rampant among Dalits, and incidents of discrimination increased. Very few Dalits have their own land and the majority of Dalits are daily wage workers in the private, mostly informal, sectors so the lockdown put them in a dreadful crisis.

As an example, in the Saptari district a Dalit named Malara Sada starved to death because his daily working wage did not earn enough to buy food, and the community donated to perform the death rituals and cremation of Sada because the family was too poor to pay for this (Shakha 2020). This is the reality for the daily wage worker Dalits. Food sufficiency is extremely low for Dalits, comparatively. In Nepal on average 77% of people have sufficient access to food, but for Hill Dalits the figure is 56% and for Madhesi Dalits 53% (Bishwokarma 2020).

Day-labourer Dalits suffered during lockdowns. In an interview with a 30 year old daily wage worker Dalit woman, Kalpana Nagari, she said:

Without work, how are we going to feed our children? That is what I am most anxious about, during every meal, I worry about where the next one will come from, and I feel faint. The landlords did not give me any work in the rice fields because they said, "Your husband has corona, you might also be infected." (Chaudhary 2020)

A nationwide study of 1500 respondents conducted by the Samata Foundation on the issues facing Dalits found that 85% of the respondents reported financial distress due to COVID-19 (Samata Foundation 2020). The finding showed around 53% of the respondent lost their jobs:

Dalits lost their jobs during the lockdown because most of them are daily wage workers. But even after it was lifted, they could not travel to work. Also because of lower literacy levels among Dalits, they couldn't even understand the risks of COVID-19. (Mandal 2020)

Mandal further mentions that 46% of Dalits responded that relief materials distributed by the government were not enough and there was discrimination against them while distributing the relief materials, 10% of Dalits faced discriminatory incidents in quarantine, and Dalits were deprived of health services and denied admission to hospitals.

Dalit children have also been deprived of access to education during the pandemic. Only 15% of the total Dalit population in Nepal has educational attainment which is less than half of the national percentage (Nikarthil 2020). Additionally, only 5% of poorer children took online classes, and Dalits who are below the poverty line cannot manage access to online education for their children.

2.2.2 The responses to Dalits

The Nepalese government took some initiatives in response to the pandemic crisis. Under the leadership of the deputy prime minister, the Corona Prevention and Control High-Level Coordination Committee was formed, which established the Corona Virus Infection Prevention, Control & Treatment Fund. The government has adopted a 6T strategy (Travel restrictions, Testing, Tracking, Tracing, Treatment and Together) to control the spread of Corona. From zero testing the government has increased its capacity. Similarly, along with the awareness activities and campaign, the government established quarantine facilities at both local and central level, a specialised coronavirus hospital, and isolation centres in the hospitals (Upadhyaya 2020). The government created a Coronavirus Insurance policy, and it maintains the Social Security Funds. The government launched the Food for Work Program at the local level in labour-intensive sectors and a minimum daily wage for informal economy workers who became unemployed. Along with the policy to develop an employment service centre, the government introduced the Prime Minister's Employment Program Fund to support jobless workers.

The government and other stakeholders brought relief packages to labourers, poor and marginalised people as well as distributing urgent foodstuffs, but the implementation of such relief packages has not been

effective because they were unavailable to many poor households. There was not enough proper coordination among the stakeholders, nor was there a monitoring mechanism for the distribution of packages. Under its National Relief Programs, the government created a \$359 million budget for social protection of the poor and vulnerable, including food distribution, one-month social security funding for employers, and the extension of employment support to informal sector workers (Asian Development Bank 2020). However, these programs were not targeted to vulnerable Dalits and did not, for example, address discrimination.

Human rights are the entitlement of every citizen equally, and all citizens should experience and exercise these rights in practice. Marginalised and vulnerable groups need more special provisions, policies and programs from the state. Dalits, as a minority and vulnerable group, expect and need effective and special programs and policies not only during but also after the pandemic. This vulnerable group wants to live their life with dignity and respect and to have access to the basic rights: the right to health, to education, and to employment.

2.3 The Philippines

The Philippines was dramatically affected by the COVID-19 pandemic. The first case of COVID-19 infection was reported in January 2020. In a short period of time, within two months of the first case, the country faced the abrupt and adverse effects of the pandemic on the health system, economy and social aspects. The difficulties escalated to a situation that required the government to address the emergence of serious challenges following the health crisis. Thus, on 8 March 2020, Philippine President Rodrigo Duterte, through Proclamation 922, declared the country under a state of public health emergency.

The Philippine health system went into pandemic shock. The Department of Health (DOH), as the lead agency in health governance, had to make significant reforms to cope with the needs of infected Filipinos. However, longstanding problems in the system persisted, as it has faced maldistribution of equipment and care facilities, scarcity of medical staff and experts due to poor financing, and lack of coordination among concerned agencies and LGUs, making it difficult to ensure that everyone has access to quality affordable healthcare. In the same vein, the disruption in the health system caused by the pandemic has also affected non-COVID patients where the hospitals have been at full capacity and unable to accommodate more patients, even those with health problems other than COVID-19, such as patients with diabetes and cancer. In some cases, hospitals were shifted to “Covidisation” which directly denies non-COVID patients their access to assessment and treatment.

The Philippine economy has faced a major downturn in income, with the travel and tourism industries hit hard due to the cancellation of flights and the mandatory shutdown of any hotel operations that were not approved to operate as alternative quarantine facilities. According to the Asian Development Bank (ADB) report, the Gross Domestic Product (GDP) of the country has been substantially slowed down by the health emergency, accounting for a negative 7.3% growth in 2020 (Asian Development Bank 2020a). The pandemic caused households to hold back in terms of their consumption of non-essential commodities, such as clothing, footwear, furniture and other miscellaneous items, which has slowed down the growth of the country's economy.

Aside from the Philippine economic dependency on tourism, migration is a common option for Filipinos who want to improve their quality of life. The Philippines is one of the major labour-sending countries of migrant workers worldwide, with the Department of Foreign Affairs (DFA) tallying a total of 9.1 million active Overseas Filipino Workers (OFWs) in 2015. A stock estimate conducted by the Department of Labour and Employment (DOLE) in 2006 suggested that more than 870,000 OFWs were irregular or undocumented migrant workers (Calzado 2007). The DOLE reported nearly half a million OFWs infected by COVID-19. There are as many as 5.8 million families in the country who depend on overseas remittances as their main or supplementary source of income, and this may be under threat. These families comprise as much as 27% of the total number of families residing in the country. One area of concern is the non-payment of wages, or wage theft, leaving many with no choice but to return home.

Migration provides opportunities, especially for migrant workers in the pursuit of improving their economic life. However, the challenges of vulnerabilities and discrimination also surface in all stages of migration — from pre-departure and transit, to on-site while in the country of employment, to return and reintegration in their home country. Migrants who are part of a minority group, such as those with an irregular migration status, tend to be denied their rights and disproportionately vulnerable to discrimination and marginalisation. Thus, the promotion, protection and fulfilment of the human rights of these migrant workers is a crucial role of the government.

With regard to the drastic job losses, the Philippine government, through the DOLE, issued a guideline for employers dedicated to job preservation through different alternative job schemes. Some of the schemes include transferring their employees to other offices, which may resolve some issues, but problems such as wage theft are more difficult. In response to wage theft, the government has mandated the DOLE to give assistance to the displaced OFWs, specifically in the form of financial aid. However, the guideline and application form to claim the monetary

assistance has sections that are discriminatory to undocumented migrant workers. An undocumented migrant worker has to submit proof that they are trying to regularise their status, together with a copy of the court decision of their case, also with copies of a legal contract, pay slip, valid and appropriate visa, and proof of payment. These requirements are impossible for most workers. The Commission on Human Rights of the Philippines (CHRP) urged the government to establish a justice system or labour courts dedicated to wage theft cases without the need for OFWs to pay for any court fees. This would also include free legal assistance to enable OFWs to continue to receive their salaries even post-repatriation.

Lastly, the state, through the DOH, released Administrative Order No. 2020-0016, aimed at ensuring that the health system follows the Universal Safety Measures and keeps every worker safe. The government has also ratified the Bayanihan Act, which is dedicated to providing COVID-19 response and intervention to expedite the country's recovery from the crisis. The Act includes a provision to help frontline workers by providing assistance and compensation in the event that they get infected with the virus.

2.4 China

On 27 December 2019, a case of unknown pneumonia was found in Wuhan, which was deemed to be viral pneumonia after preliminary medical investigation. The Wuhan Municipal Health Commission, the National Health Commission, and the Centers for Disease Control and Prevention (CDCs) released information bulletins, deployed to strengthen the epidemic prevention and control work in Hubei Province and Wuhan City. In the early stage of the outbreak of COVID-19, its transmission capacity and routes of transmission were unknown. China closed the entrances to Wuhan and Hubei on 20th January. At the beginning of the COVID-19 pandemic, during the Spring Festival travel season in 2020, around 15 million people travelled in and out of Wuhan, accelerating the spread of the virus. Moreover, the long incubation period of the COVID-19 virus made the prevention and control of the epidemic extremely difficult. China has adopted nationwide prevention and control measures, and local governments have adopted grid-based epidemic prevention and control measures based on *lian fang lian kong*, *qun fang qun kong* (prevention and control through administrative cooperation, prevention and control through grassroots cooperation). Every province and city initiated an emergency response to the COVID-19 pandemic, and China implemented extremely comprehensive, strict and nationwide epidemic prevention and control measures.

2.4.1 Normalising the closed community

In order to reduce the flow of people in and out, communities have become the first line of defence for COVID-19 prevention and control. Every community, sub-district office, village committee and neighbourhood committee set up a working group to monitor the entering and exiting of residents in their community. Residents who came back from Wuhan or Hubei needed to supply information on their history of travel and health conditions. Communities started to set up personnel access inspection facilities to conduct information registration and body-temperature testing for personnel entering and exiting. Some villages also set up roadblocks at the village entrances to strictly control the entry of outsiders into the village.

During the epidemic a digital “on-code economy” was developed. To better monitor the situation, Zhejiang Province launched the COVID-19 public service and management platform based on the government service application, which other cities have adopted. These use big data, artificial intelligence and other digital technologies to innovate epidemic monitoring methods. Ningbo’s COVID-19 Real-Time Dynamic Map can indicate the number, location, and distribution information of confirmed cases of COVID-19. Data of new infected, cumulative diagnoses, deaths and cures were updated every day by official accounts like DingXiang Doctor. The State Council has released the Patients’ Contacts Inquiry application, and the China Railway launched the Train Number of COVID-19 Inquiry function. Everyone can inquire whether they were in the same train or plane with any confirmed, suspected or asymptomatic patients of COVID-19 within 14 days or 30 days after entering personal identification information.

Big data technology has also been applied to daily access management, scanning health codes and filling in information for entering communities, supermarkets, and so on. Health codes have been launched in various places. The health code applets are linked to WeChat applications such as Sichuan Tianfu Health Pass and Beijing Health Pass to record personal health status, and to help with vaccine services. According to Tencent Research (2020), the Tencent Health Code was used by nearly 1 billion people, in more than 26 billion visits.

2.4.2 Threats to the elderly

The CDCs report that residents aged from 30 to 79 are the most susceptible to COVID-19, and the death rate among elderly confirmed cases over 60 years old is as high as 30% (Ma, Zhu and Yang 2021). Among the 44,672 confirmed cases in China as at 11th February 2020, there were 13,909 elderly people aged 60 and above, accounting for 31.2%, and the elderly accounted for more than 80% of the deaths due to COVID-19. Facing the COVID-19 pandemic and the new normal of it, the vulnerability of

the elderly is a concern. There are cases of elderly cluster infections in aged residential homes (Jun et al. 2020). However, during the epidemic, problems such as the shortage of professional staff in nursing homes, the decline of service quality, the mental health of the elderly, and the shortage of supplies became more prominent. During the epidemic, nursing homes completely stopped group activities and asked the elderly to reduce outdoor activities, and their families and friends were forbidden to visit. The elderly also had different awareness of the COVID-19 pandemic, and some of them had mental health problems such as anxiety and depression. Thirty-one percent of nursing homes were unable to provide sufficient nursing staff, and 62.1% were unable to supply enough epidemic prevention materials (Jun et al. 2020).

Although the development of digital technology has greatly improved public services such as pandemic monitoring, online medical care and contactless government service, the rapid and highly digital-based public services have brought obstacles to the elderly. The elderly had difficulty adapting to digital life. The cognition and use of new technologies is difficult for the elderly (Li 2018). As at March 2020, the number of Chinese netizens had reached 904 million, and netizens aged 60 and above accounted for only 6.7% (China Internet Network Information Center 2019). According to estimates of the population ratio at the end of 2019, there were approximately 253 million elderly people over 60 years old in China, which also means that nearly 190 million elderly people in China could not use the internet. As of December 2020, the number of netizens in China is 989 million, 11.2% of those netizens (about 111 million) are over 60 years old, and there are about 153 million people over 60 years old who cannot use the internet (China Internet Network Information Center 2020). Through the above data, although it can be seen that the proportion of people over 60 using the internet has increased rapidly since March 2020, about 57% of this age group still cannot use the internet, despite the fact that they are involved in digital life in the new normal of COVID-19 (Wang 2021). Due to the widespread use of health codes during COVID-19, the gap caused by digital technology has been widening, and more than half of the elderly no longer exist as members of the digital community because of their difficulties in learning new technology and using new devices (Wang 2021).

For the elderly, the requirement of scanning health codes in the community can be alleviated by residents' assistance. However, the health code is not only used for daily entry to the community and health information inquiries, but also widely used for access to public places and travel. The difficulties faced by the elderly when using health codes in public places are gradually emerging. In August 2020, an old man was stopped by a security guard when he was trying to get on a bus without health code. Another old man in Heilongjiang was refused entrance to a bus by the driver because he could not scan the health code. At the

hospital, the elderly also face difficulties in registering because of the cumbersome online hospital appointment registration. It is difficult for the elderly to keep up with information technology, so they are facing obstacles to accessing public services. On one hand, as people grow older it becomes difficult to learn to use new things, and applying a health code is encumbered with requirements to fill in personal information, itineraries and contact information. On the other hand, some elderly people may not have or use a smart phone at all.

2.4.3 Policy guidance at the national level based on local practices

Facing the problem of the living needs and health needs of the elderly during the epidemic, the Working Group of the State Council's Joint Prevention and Control Mechanism for COVID-19 issued the Guidelines on Medical Treatment for Elderly People in Nursing Homes During COVID-19 Epidemic Prevention and Control, in February 2020. It requires local working groups and relevant departments to arrange medical services for elderly people in nursing homes while in the quarantine period (Working Group 2020).

After elderly people's travel difficulties during the epidemic attracted social attention, some local governments launched paper health codes or health certificates to make it easier for citizens who do not use smartphones to travel, and other places have introduced a "health code for the elderly and children" and a separate "health code for others", so that fellow travellers can apply health codes for the elderly. Local practices promote the introduction of public policies at the national level. In November 2020, the General Office of the State Council issued the Notice on the Implementation Plan for Practically Solving the Difficulties of the Elderly in Using Intelligent Technology, requiring all departments to provide "services for the elderly in the state of emergency response", "convenience for daily transportation and medical treatment of the elderly", and other initiatives to resolve the difficulties encountered by the elderly in the use of smart technologies.

2.4.4 The limits of the responses

While the COVID-19 epidemic has brought both physical and psychological shocks to the elderly, it has also helped somewhat to ease older people's psychological rejection of digital integration (Dai, Liu and Shi 2021). The digital life under the new normal of COVID-19 has forced the elderly to learn to use smartphones. However, the current countermeasure is to develop "elderly-friendly" services and technologies to give the elderly access to digital life through education and training.

While digital life brings convenience and efficiency, it also brings obstacles to the elderly, forcing the elderly to learn, use and adapt to digitisation. In the process of digitisation, the personal choices of the elderly need to be considered in policy-making, no matter whether they want to learn digital technology or prefer to keep it as old times. Therefore, while vigorously supporting digitisation, “non-digital channels” should also be left for the elderly.

3 Between the need for survival and nurturing resilience based on equality: the symptoms of the split subject

The elaboration in the previous sections of how the COVID-19 pandemic has hit the vulnerable groups in the four states of Thailand, Nepal, the Philippines and China gives several illuminating points.

First, there has been a tendency to frame the pandemic and its consequent crises rather as separate issues for specific sectors. This tendency treats each of the crises — health crisis, economic crisis and social crisis, for example — as a separate issue, and thus the solutions are also specifically targeted to the corresponding sectors. This model of approaching the pandemic and its consequent crises may at some times and to a certain extent alleviate the hardships experienced by the public in those countries, including their respective minority and vulnerable groups. The limitations, however, soon become visible as the pandemic has caused crises on a broader scope that last longer than expected.

Second, most if not all of the responses are based on the view that the pre-pandemic situation is the benchmark of what is considered as ‘normal’. This view becomes problematic as the vulnerability of the minority and vulnerable groups has its root causes exactly in the pre-pandemic ‘normal’, even though some may not have been so visible but have then become more visible during the pandemic — such as the case of elderly people in China. This is related to the first point, not only in that it limits the effectiveness of the responses especially for the minority and vulnerable groups, such as the Dalits in Nepal, but also as it can hardly be expected that the post-pandemic situation would be better for the minority and vulnerable groups.

Third, the development of a more comprehensive model for alleviating the hardship of the minority and vulnerable groups is still a minor discourse, even among those who themselves are part of these groups. Many of them just want the pandemic to end, the sooner the better, hoping that life will return to normal as before the pandemic. They often express that their pre-pandemic situation, no matter how difficult it was, was still better than the hardship they have been confronted with during the pandemic.

In order to address this tendency, it is necessary to construct a new horizon that articulates the dislocations that these groups experience and their roots in the pre-pandemic normality. The pandemic is only a factor that renders these dislocations more severe and thus more visible in certain cases. The current pandemic situation has caused sudden, and sometimes even violent, changes to social, economic and political life for most people around the globe. Among them, those who are in minority and vulnerable positions often get hit harder and have to endure the hardship further. At some moments, the pandemic also reveals the interdependency between the elements of society. In other words, it becomes more visible that the more fortunate elements of the society somehow also owe their better livelihood to the existence of these minorities and vulnerable groups.

The latter debt, however, is often overlooked, especially in the design and approach used in government interventions to alleviate and cushion the impacts of the pandemic. Not only are most of the interventions conducted in piece-meal manner, obscuring the interconnectedness between the issues at hand — they are also based on the view that the pre-pandemic normality is their benchmark. Thus, there is only a very tiny chance that minority and vulnerable groups will positively benefit from these interventions, or, if they do benefit from them, that the benefits will have long-term impacts on their situation.

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