

RESEARCH ARTICLE

Same difference? Interrogating the security politics of COVID-19 in the ‘democratic’ United Kingdom and ‘authoritarian’ Thailand

Michael Magcamit¹  and Pradit Chinudomsut² 

¹The University of Manchester, Manchester, UK and ²Mae Fah Luang University, Chiang Rai, Thailand

Corresponding author: Michael Magcamit; Email: michael.magcamit@manchester.ac.uk

(Received 24 October 2023; revised 16 April 2024; accepted 23 August 2024; first published online 10 February 2025)

Abstract

How do different regime types execute a security response during a pandemic? We interrogate the politics of monopolistic securitization which we argue to have significantly directed and influenced the COVID-19 policy strategies adopted in the ‘democratic’ United Kingdom (UK) and ‘authoritarian’ Thailand. Despite their stark political differences, we contend that the British and Thai states’ parallel resort to monopolistic securitization as an overarching pandemic approach effectively made them ‘functionally similar’ by producing security responses that differed only in magnitude and scale but not in kind. Integrating securitization and democratic standards violations frameworks, we find out that the British and Thai authorities’ monopolistic securitization of COVID-19 initially constrained the intersubjective process required to socially construct the pandemic as a primary existential threat endangering both countries. This significantly diminished their public audiences’ individual/agential and collective/institutional capacity to deliberate the immediate emergency measures they unilaterally deployed, particularly during the pandemic’s early stages. Consequently, whether it was in the UK with a supposedly robust democracy or in Thailand with at best a hybrid regime if not outright authoritarian, the security responses that emerged constituted varying types and degrees of violations within the illiberal-authoritarian spectrum. Nevertheless, as the pandemic progressed, the fundamental deliberative-iterative mechanism underpinning securitization enabled the British and Thai public audiences to gradually reclaim their role and space, allowing them to challenge the appropriateness and legitimacy of the existing emergency measures, thereby weakening the states’ monopolistic control over the process.

Keywords: audience; COVID-19 pandemic; emergency measures; monopolistic securitization; Thailand; United Kingdom

1. Introduction

How do different regime types execute a security response during a pandemic? Since the SARS-CoV-2 virus has become a part of the everyday life of more than seven billion people in the world, the debate concerning the supposed primacy of health over political security has become a fierce battleground. Five years after the term ‘COVID-19’ first entered global public consciousness, tensions over the issue of what should be accepted as a constitutional and moral approach to safeguarding public health continues to divide practitioners and scholars from various fields. After leaving a trail of death and destruction, understanding the political processes underpinning the construction and implementation of national pandemic strategies has now become an urgent crucial task. Against this backdrop, our paper has three objectives. The first one is to uncover how the British and Thai states’ resort to

monopolistic securitization as an overarching pandemic approach influenced and directed their respective COVID-19 policy strategies. We define monopolistic securitization as the state's attempts at taking complete control over the framing of an issue as an existential security threat, thereby undermining the capacity of non-state actors to participate in and contribute to what is supposed to be an inherently intersubjective process of constructing security meanings and values. The second is to compare and contrast the security responses engendered by this monopolistic securitization to identify the similarities and/or differences between those implemented in the 'democratic' UK and 'authoritarian' Thailand. The third is to examine the impact of these emergency measures on the provision of and balance between public health and individual political security to highlight the general extent to which democratic and authoritarian regimes become 'functionally similar' by producing security responses that differed only in magnitude and scale but not in kind.

To fulfil these objectives, we comparatively analyse the process, role, and impact of monopolistic securitization that enabled the British and Thai securitizing elites to pass and implement emergency measures with minimal regard for audience consent, particularly at the early stages of the COVID-19 pandemic. Despite the major differences between their respective democratic and authoritarian political systems, as we argue and demonstrate throughout the paper, the British and Thai states' monopolistic securitization of COVID-19 enabled them to initially constrain the intersubjective process required to socially construct the pandemic as the primary existential threat endangering their countries amid its extreme severity and impact. This in turn significantly diminished the public's agential (individual) and institutional (collective) capacity to deliberate the immediate extraordinary measures deployed on their behalf. Consequently, whether it was in the UK with supposedly robust democracy or in Thailand with at best a hybrid regime if not outright authoritarian, the security responses that emerged from the monopolistic securitization of the COVID-19 pandemic constituted varying levels and degrees of violation within the framework of illiberal and authoritarian practices. Nevertheless, as the pandemic progressed over time, the audience was able to gradually reclaim their role and space in this deliberative-iterative process of securitization, allowing them to contest the appropriateness and legitimacy of the existing emergency measures.

By comparing the COVID-19 state and societal responses between a 'developing authoritarian' state in the global south and a 'developed democratic' state in the global north, the paper contributes to the growing but still limited and inconclusive literature on the political drivers explaining the pandemic policy strategies adopted by 'ontologically' distinct governments in three ways. First, by probing the monopolistic securitization politics underpinning the construction and implementation of COVID-19 policy strategies in politico-ideologically distinct states like the UK and Thailand, our paper illuminates the crucial but underexamined interrelationships between pandemics, regime types, and securitization. Second, by examining the dynamics and outcomes of the parallel monopolistic securitization practices observed in these two countries, our paper adds a more nuanced understanding of how different regime types produce and execute security responses in pandemic contexts. Third, by interrogating how the relevant British and Thai public audiences responded to the extraordinary measures and emergency powers exercised by their respective governments through this monopolistic securitization of COVID-19, our paper sheds light on the importance of value preferences towards general public health and individual political security during pandemics.

The paper proceeds as follows. We begin with a brief review of the scholarly literature on the role of institutional differences in explaining how different regimes respond to pandemics. Building on this literature review, we present the key organizing principles and constitutive elements of the two frameworks we are using to analyse how different regime types execute pandemic security responses. These are the securitization theory by Barry Buzan, Ole Wæver, and Jaap de Wilde (hereafter, Buzan *et al.*, 1998) and the democratic standards for emergency measures framework by Amanda Edgell, Jean Lachapelle, Anna Lührmann, and Seraphine Maerz (hereafter, Edgell *et al.*, 2021). Drawing on these discussions, we outline our three interrelated propositions about the process of and dynamics underpinning monopolistic securitization within the pandemic context. We then proceed with our three-pronged empirical analysis of the monopolistic securitization performed by the British and Thai

states to demonstrate and probe our three propositions. Specifically, by examining the three constitutive elements of monopolistic securitization (i.e., the speech acts, extraordinary measures, and audience responses), we interrogate (a) how this overarching pandemic approach directed and influenced the emergency measures implemented by these two different regimes and (b) the general extent to which these security responses (and their outcomes) standardize and/or deviate. We conclude by summarizing our paper's contributions to the expanding but still restricted and fragmented research on the political drivers influencing the pandemic policy strategies adopted by different regime types, as well as its limitations which future studies can help address.

2. Literature review

Do institutional differences matter during a pandemic? The answers being offered by the existing literature vary significantly from one study to another. This lack of clear consensus among scholars underscores the complexity of fully understanding and ascertaining the political dimensions of the COVID-19 pandemic. Nevertheless, some of the recently published works exploring the different facets of COVID-19 politics offer several important insights. For example, in examining the impact of regime type on the decisiveness of the government policy response using data from 186 countries, Alexander Schmotz and Oisín Tansey (2023: 952) found out that 'regime type was not a determining factor in driving the divergent policy responses to the pandemic' and that there was 'almost no evidence that the decisiveness of policy response is driven by the country's regime type'. Contrary to expectations, the authors' findings revealed that authoritarian regimes did not employ constraints more quickly or spend more slowly than democratic regimes, thus underlining the possibility that regime type is 'simply not an important factor in the politics of public policy making' and 'has been simply overstated' in previous studies (Schmotz and Tansey 2023: 952).

The earlier studies conducted by Amanda Edgell *et al.*, (2021) and Nicole Saam *et al.* (2022) offer some clues as to why this may be the case. Using the dataset covering 144 countries (from March to December 2020), Edgell *et al.* (2021) examined the extent to which states violated democratic standards in their COVID-19 responses and found most countries have engaged in some form of violation of democratic standards since the start of the pandemic. Although these violations were more common in autocracies, they were also prevalent in democratic regimes (Edgell *et al.*, 2021). That said, the authors warned against claims that protecting people from the pandemic requires the violation of democratic standards given the absence of any systematic correlation between the severity of violations and reported COVID-19 deaths (Edgell *et al.*, 2021; see also, Bosancianu *et al.*, 2020; Cassan and Van Steenvoort, 2021). Rather than supporting such narratives, Edgell *et al.*, (2021) called for greater vigilance as leaders from both democratic and authoritarian states exploit the pandemic's exceptional context to further consolidate their powers and marginalize their critics.

Indeed, the framing of authoritarian regimes as being more efficient and effective in responding to COVID-19 than their democratic counterparts during its early stages led many politicians, experts, and ordinary members of the public to question whether democracy is good or bad for public health during a pandemic. The perception that authoritarian states like China were able to manage the crisis more decisively than some of the world's most powerful democracies including the United States, ignited concerns over COVID-19's adverse effect on the value and future of democratic governance (Diamond 2022; Kavanagh and Singh 2020), especially in light of the initial studies showing a correlation between democracy and worse outbreaks (Cepaluni *et al.*, 2022). As Matthew Kavanagh and Renu Singh (2020: 1002) noted, while a democratic system has a range of mechanisms that allow it to improve public health (e.g., incentives, information, accountability, and association), unfortunately, democracies do face the added challenge of having to manage 'competing political factions and institutions, some of whom may have political incentives to undermine response'.

Saam *et al.*'s (2022) research on the influence of the population's value preferences explains how 'the need to prioritize life over democracy' narratives proliferated during the pandemic. Using data from forty democratic and authoritarian countries, the authors analysed the variation in the stringency

Table 1. Political rights and civil liberties in the UK and Thailand. Source: Freedom House 2023

	United Kingdom	Thailand
Political rights	39/40	6/40
<i>Electoral process</i>	12 out of 12	1 out of 12
<i>Political pluralism and participation</i>	16 out of 16	3 out of 16
<i>Functioning of government</i>	11 out of 12	2 out of 12
Civil liberties	54/60	24/60
<i>Freedom of expression and belief</i>	14 out of 16	6 out of 16
<i>Associational and organizational rights</i>	12 out of 12	3 out of 12
<i>Rule of law</i>	13 out of 16	5 out of 16
<i>Personal autonomy and individual rights</i>	15 out of 16	10 out of 16
Total score	93/100	30/100
Classification	Free	Not free

of COVID-19 policies and found that the pandemic provided an opportunity for autocracies to gain legitimacy in times of crisis. The reason according to the authors is that governments in democratic political systems were ‘less responsive to their citizens’ value preferences for freedom, democratic rights, and liberties than governments in autocratic political systems to their citizens’ value preference for security’ (Saam *et al.*, 2022: 13). Consequently, the authors predict that pandemics like the COVID-19 can potentially strengthen autocratic regimes and weaken democratic political systems as democracies struggle to meet their people’s conditions for freedom, while the autocracies respond to their people’s security demands and use this as a source of legitimation (Saam *et al.*, 2022; see also, Gerschewski 2023; Tannenberg *et al.*, 2021).

Building on this brief literature review, we conduct a discursive comparative analysis of the British and Thai experiences with COVID-19 to enable a more in-depth and nuanced analysis of how democratic and authoritarian states respond to pandemics which is not always possible with large-N studies. More specifically, we examine how these two politico-ideologically distinct regimes deployed and performed securitization politics as an overarching approach and the impacts of this action vis-à-vis the public health and individual political security within their respective jurisdictions.

On the one hand, the UK is widely considered to be a stable and vibrant democracy as evidenced by its regular free elections and thriving media sector. While the post-Brexit era is currently witnessing increased state surveillance of residents and rising Islamophobia and anti-immigrant views, the government continues to enforce robust protections for political rights and civil liberties. On the other hand, Thailand’s transition to a military-dominated, semi-elected government in 2019 is being blamed for the country’s democratic deterioration and the people’s growing frustrations over the Thai monarchy which has since inspired massive demonstrations. In response, the Thai regime employs authoritarian tactics, ranging from arbitrary arrests to *lèse-majesté* charges. In the 2023 Freedom in the World survey conducted by Freedom House, the UK and Thailand received cumulative scores of 93/100 (‘free’) and 30/100 (‘not free’), respectively. Table 1 below shows the relative degrees of freedom (measured in terms of various indicators of political rights and civil liberties) afforded to the people in the UK and Thailand.

Notwithstanding these vast differences, as we argue and demonstrate in our empirical analysis, the monopolistic securitization politics carried out by both the British and Thai governments amid the grave magnitude and immense speed at which COVID-19 spread, allowed them to initially constrain the intersubjective process necessary to socially construct COVID-19 as a primary existential threat and, in the process, undermined the individual/agential and collective/institutional capacities of their audiences to deliberate the immediate emergency actions implemented on their behalf. The unforeseen severity and intensity of the pandemic, coupled with the monopolistic securitization deployed by the

British and Thai authorities in response, virtually homogenized the opposing democratic and authoritarian pressure and incentive structures that would have been highly relevant in policy decision-making under normal (i.e., non-pandemic) circumstances (see, e.g., Lipsky 2020; Schmotz and Tansey 2023). Viewed this way, pandemics like COVID-19 have huge potential to make democratic and authoritarian states functionally similar by compelling them to adopt security responses that differ not in kind *per se*, but only in breadth and depth. However, as COVID-19 continued to progress, the British and Thai public gradually reclaimed their part and status in this deliberative-iterative securitization process, enabling them to begin contesting the legality and suitability of the emergency measures unilaterally put in place by their respective states.

3. Theoretical frameworks and propositions

To systematically interrogate how ontologically distinct states can become functionally similar to a certain extent during pandemics, we utilize two theoretical frameworks. The first one is the Copenhagen School's securitization theory pioneered by Buzan *et al.* (1998) which we use to probe the intersubjective security politics underpinning the framing of COVID-19 as a real existential threat and the construction of the extraordinary measures legitimated and implemented to tackle this threat. The second one is the practice-based framework called democratic standards for emergency measures developed by Edgell *et al.*, (2021) which we employ to compare and contrast the security responses engendered by this securitization politics, allowing us to assess the general extent to which these instruments and their outcomes either deviate or standardize between different regime types.

3.1. Securitization theory

At the heart of the securitization process is the idea that it is by referring to certain issues as 'security' issues that they become security threats (Buzan *et al.*, 1998). By putting the nature and essence of security into question, the securitization theory, as originally formulated by the Copenhagen School led by Buzan *et al.*, (1998), has deepened and broadened the subject and scope of security to include non-military issues and non-state referent objects that need to be protected. Labelling the COVID-19 pandemic as a human security threat, for example, catapults the pandemic into the realm of high-priority issues that demand urgent 'extraordinary measures' such as the state-led vaccination programmes implemented along with lockdown restrictions, social distancing measures, and mask and testing requirements, among others. Together, they demonstrate the logic and impact of urgency and exceptionality. Had the COVID-19 pandemic not been framed as a security threat that demands the interruption of ordinary politics, such measures would probably have neither emerged nor remained in place to this day. In the words of Ole Wæver (1995), 'the utterance itself is the act ... by saying it, something is done'.

This suggests that many of the issues that we treat and accept as security issues are not natural facts but are constructed through language since it is only by uttering or referring to them that they come into being. Specifically, they need to be articulated as 'dangerous', 'menacing', or 'alarming' security problems by the securitizing actors (e.g., political leaders and elites) who have the social and institutional capacity to move those issues 'beyond politics' (Eroukhmanoff 2018: 1; see also, Buzan *et al.*, 1998). These 'speech acts' or the acts in which the securitizing actors frame the issues as security issues that need to be shifted beyond politics are at the core of all securitization processes. To quote securitization theory's principal architects, delivering this securitizing speech act is 'like betting, giving a promise, naming a ship' (Buzan *et al.*, 1998: 26). As such, they can be considered as a form of world-making in the sense that they simultaneously describe and constitute the security 'realities' that activate particular courses of action (Guzzini 2011; Wilhelmsen 2017). While describing the reality that we see, as Erika Eroukhmanoff (2018: 2) surmised, 'we also interact with that world and perform an action that will greatly contribute to seeing that reality in a different way'.

Convincing the target audience (e.g., the public) to accept a securitizing speech act and its accompanying extraordinary measures requires an investment of significant attention to this issue. The securitizing actors often fulfil this by amplifying the issue's level of urgency by elevating the issue beyond the confines of ordinary democratic politics to justify the creation and implementation of the 'only' viable solutions to the problem in the form of extraordinary measures. Accordingly, the securitizing actors are able to portray some responses as more rational and sensible than others while also allowing them to establish certain 'truths' about the nature of both the issue and referent object in question (Eroukhmanoff 2018; see also Balzacq *et al.*, 2016; Taureck 2006; Stritzel 2014). An issue is said to have been securitized when an audience reaches a consensus about the nature of the threat, compelling its members to support the implementation of the extraordinary measures proposed by the securitizing actors which would have been deemed undemocratic under normal circumstances. Conversely, the audience's rejection of the securitizing actors' speech act suggests that the securitization process has failed and, as such, should only be regarded as a securitizing move (see Balzacq *et al.*, 2016, Floyd 2016; Ruzicka 2019).

A successful securitization designates security as an exceptional realm, affording the securitizing actors the authority to decide when to suspend normal politics and the power to control the public (Eroukhmanoff 2018). The word 'successful' here does not necessarily pertain to a situation in which securitization accomplishes the securitizing actor's stated aim or purpose by successfully averting the threat in question, but, to echo Rita Floyd (2016: 677–8), it 'captures the Copenhagen School's assertion that only when securitization takes a specific form and consists of "existential threats, emergency action, and effects on interunit relations by breaking free of rules" can we recognize it as distinct from politicization' (see also, Buzan *et al.*, 1998: 26; Wæver 2011).

Note, however, that securitization is an inherently intersubjective process involving active audiences, the traditional securitization theory, as Adam Côté (2016: 543) posits, marginalizes its intersubjective nature by characterizing the audiences as 'agents without agency'. As other securitization scholars have already pointed out, the treatment of the audience within the said theory has either been inconsistent or non-existent (Côté 2016; see also, Léonard and Kaunert 2010; Salter 2008; Vaughn 2009; Williams 2011) with many criticizing the lack of clarity and accuracy of the term as defined by the Copenhagen School (e.g., Balzacq 2005; Cavelti 2008; McDonald 2008; Stritzel 2007). Although this might be justified by arguing that the 'relevant audience' is always case-specific, 'the omission of detailed criteria for recognizing and delimiting the audience', as Jocelyn Vaughn (2009: 273) asserts, weakens the utility of the securitization framework in empirical research by deterring analysts from confidently identifying 'which audience has to accept what argument, to what degree, and for how long' (Cavelti 2008: 26; see also, Léonard and Kaunert 2010). By leaving the actual politics underpinning the acceptance of emergency measures proposed by the securitizing actors 'radically under-determined' (Salter 2008: 324; see also, Côté 2016: 542), the audience in the securitization story has also remained 'radically underdeveloped' (Williams cited in Côté 2016: 542).

This problem is exacerbated by the views of other experts who suggest that as far as the traditional securitization theory is concerned, the audience should be viewed more as a normative rather than an analytical concept and, therefore, can either be ignored or negated (Balzacq 2005; Floyd 2010; see also, Côté 2016). These versions omit the stage in the securitization theory in which the audiences decide whether to accept or reject the proposed extraordinary measures, focusing instead on the security actions precipitated by the speech acts, such as the concrete policy or behavioural changes on the part of the relevant agents (Côté 2016; see also Floyd 2016; Salter and Piché 2011). As an intersubjective process, we take the view that the language of the speech is not merely a self-referential activity but to quote Matt McDonald (2008: 566) just 'one component of the intersubjective construction of security' and, as such, opens the door for greater consideration of social interaction and authorization vis-à-vis the 'processes of constructing a shared understanding of what is to be considered and collectively

responded to as a threat' (Buzan, Wæver and de Wilde 1998: 26), as well as the creation of shared security values (see Côté 2016: 542).

Given the pivotal role of the audiences in this context, specifically, the British and Thai public, we adopt Côté's (2016: 552–4) reinterpretation of the securitization theory as 'a deliberative, iterative process between' securitizing actors and active audiences that allows both parties to contribute to 'the construction of shared security meanings and legitimized outcomes'. Thus, ideally, we view the audiences as actively engaged participants that respond in a variety of ways and with varying consequences with respect to the whole securitization process and its individual components, that is, the securitizing actors, the speech acts, and the emergency measures. This results in what Côté (2016: 546) describes as 'repeated, contextually situated interactions' between the securitizing actors and audiences, and which, in turn, lead to 'multiple securitizing moves and audience responses regarding a single issue over time'. The purpose of which is to ultimately secure audience acceptance (Côté 2016; see also, Bright 2012; Hughes 2007; Roe 2008). These assertions about the audience's role in the securitization process underscore the importance of recognizing the context under which the audiences operate. As Côté (2016: 546) puts it further, 'any definition of audience identity requires confronting the audience's contextualized nature while, at the same time, delineating its universal legitimizing character'.

And within the context of this extreme pandemic, we argue that the British and Thai states attempted to take full control over the framing of COVID-19 as the primary existential security threat. Such monopolistic efforts on the part of elite state actors significantly undermined the capacity of other non-state entities to participate in and contribute to this inherently intersubjective process, particularly during the early stages of the pandemic. We outline three propositions explaining how the process unfolded and its outcomes:

Proposition 1: The monopolistic securitization of COVID-19 in the UK and Thailand enabled their respective democratic and authoritarian regimes to initially constrain the intersubjective process required to socially construct the pandemic as the primary existential security threat endangering both countries. Amid COVID-19's extreme severity and impact, the initial securitizing moves launched by the British and Thai states vis-a-vis the pandemic required marginal consideration for audience consent, both internally (i.e., from the relevant state authorities and institutions) and externally (i.e., the ordinary public or the 'the people').

Proposition 2: This, in turn, significantly curtailed the individual/agential and collective/institutional capacities of the general British and Thai public to deliberate the immediate emergency actions deployed by their respective authorities on their behalf. Ultimately, these conditions resulted in security responses that constituted varying levels and degrees of democratic violations within the illiberalism-authoritarianism spectrum, thereby making the UK and Thailand functionally similar.

Proposition 3: Owing to the deliberative-iterative mechanism of the securitization process, however, over time, the general British and Thai public audiences were able to reclaim their role and space, enabling them to begin contesting the appropriateness and legitimacy of the emergency measures unilaterally put in place by their respective states and weakening the latter's monopolistic control over the process.

These three propositions lead to the question of the extent of this functional similarity between these two ontologically opposed states. Edgell *et al.*'s (2021) democratic standards for emergency measures framework is useful in examining the general extent to which the different regimes represented by these two countries become functionally similar in the COVID-19 context.

3.2. Democratic standards for emergency measures framework

Drawing on the International Covenant on Civil and Political Rights (ICCPR) and its interpretation by human rights scholars and experts, Edgell et al's (2021) framework for assessing violations of democratic standards when implementing emergency actions is specifically designed to capture state responses and behaviours during emergencies such as pandemics. Its primary function is to provide a mechanism for assessing whether the limitations imposed on human rights during emergencies such as the COVID-19 pandemic adhere to international norms. Put differently, instead of assessing the qualities that make a regime democratic or autocratic, the framework evaluates the general extent to which government practices digress from standard democratic norms in crisis contexts.

In doing so, the authors adopt a conservative approach when determining whether a specific restriction constitutes a violation by defining violations of democratic standards for emergency measures as restrictions that 'occur in an *unambiguously* disproportionate, non-necessary, or discriminatory way' (Edgell et al., 2021: 3). Accordingly, limitations curtailing free movement and assembly rights such as lockdowns and school or workplace shutdowns become violations only when these measures prove to be 'indefinite, disproportionate, discriminatory, or abusively enforced', whereas election cancellations are not automatically considered as violations given the uncertainties over how these activities could be safely facilitated during a pandemic (Edgell et al., 2021: 3).

The framework has three main categories: (1) illiberal practices constituting violations that 'infringe on personal autonomy and dignity'; (2) authoritarian practices constituting violations that 'sabotage accountability by disabling access to information and voice'; (3) 'intersectional' practices constituting violations that 'simultaneously undermine accountability and infringe on personal autonomy and dignity', specifically, the restrictions on media freedoms (Edgell et al., 2021: 3). Table 2 above summarizes the framework's three categories and the individual types of violations comprising each. Rather than being mutually exclusive, these different violation types under each category are all interconnected.

Based on the statistical analyses conducted by the authors using a large-N dataset covering 144 countries, the seven violations listed do not strongly correlate with each other. This indicates that the governments included in the sample employed a variety and diverse set of illiberal and authoritarian practices during COVID-19. The low-correlation result of the Kaiser, Meyer, and Olkin (KMO) test performed by Edgell et al (2021) also suggested heterogeneity in states' practices which, in turn, provided empirical support for this seven-fold conceptualization of violation. Two main findings are relevant to the current study: (1) that several democracies engaged in different types of violation but with a high degree of heterogeneity vis-à-vis the extent and form of these violations; and (2) that due to the lack of systematic correlation between the severity of violations and reported COVID-19 deaths meant that claims suggesting that life must be prioritized over democracy or democratic standards must be violated to protect the people the virus must be vigilantly challenged (Edgell et al., 2021).

Applying this practice-based framework in combination with the securitization theory, we probe how the securitization politics performed by the British and Thai states directed and influenced the COVID-19 policy strategies they adopted. Assessing the general extent to which these two ontologically distinct regimes utilized and pursued emergency security responses that constituted violations of democratic standards, we demonstrate how and why democratic and authoritarian states can become functionally similar when faced with the pandemic's existential threat. While it may not be particularly surprising that the security responses of the UK and Thailand would look similar considering the 'authoritarian' orientation through which security politics is often conceived within the securitization literature, our comparative probing of monopolistic securitization in both countries demonstrates the approach's crucial role in qualitatively rethinking/re negotiating the constitutive features of democracy and authoritarianism as understood/practiced in the UK and Thailand, respectively. Given the distinctive politico-institutional identities and socio-ideological cultures differentiating the two countries, securitization's inherent intersubjective nature and the deliberative-iterative mechanism

Table 2. The categories and types of democratic standards violations for emergency measures framework. Source: Edgell *et al.*, 2021. Note: The term ‘intersectional practices’ was from the authors’ own interpretation of these practices described by Edgell *et al.*, (2021)

Category	Type	Violation	Description
Illiberal practices (i.e., infringements on personal autonomy and dignity)	Type 1	Discriminatory measures	Pandemic-related democratic violations resulting from the state’s discriminatory actions on the basis of race, colour, sex, language, religion, or social origin.
	Type 2	Derogations from non-derogable rights	Pandemic-related democratic violations resulting from the state’s derogations of inviolable human rights such as the right to life, freedom from torture and slavery, and freedom of thought, conscience, and religion.
	Type 3	Abusive enforcement	Pandemic-related democratic violations resulting from the state’s abuse of power and excessive use of force when implementing emergency measures that undermine the provision of secure and equal freedom for all.
Authoritarian practices (i.e., sabotaging accountability)	Type 4	No time limit on emergency measures	Pandemic-related violations resulting from the state’s arbitrary and unnecessary prolonging of emergency measures due to the absence of limits.
	Type 5	Disproportionate limitations on the role of the legislature	Pandemic-related democratic violations resulting from the state’s vague formulation of laws enabling its executive to rule broadly by emergency decree.
	Type 6	Official disinformation campaigns	Pandemic-related democratic violations resulting from the state’s broader disinformation campaigns that systematically hinder public access to fact-based information.
‘Intersectional’ practices (i.e., simultaneous undermining of accountability and infringement of personal autonomy and dignity)	Type 7	Restrictions on media freedoms	Pandemic-related democratic violations resulting from the state’s imposition of heavy and broad media restrictions that prevent people from accessing accurate and factual information and relevant agencies from contesting disinformation

underpinning this process, can be expected to produce qualitatively different forms of securitization (e.g., within the ‘democratic-authoritarian’ continuum) and different outcomes (e.g., Fisher and Anderson 2015; Galbreath 2012; Hayes 2012; Tickner 2015; Yilmaz *et al.*, 2021, 2023).

On the one hand, owing to its supposedly robust democracy, conventional wisdom would expect the UK government and the public to engage in a productive two-way dialogue as COVID-19 gets to be framed as a primary existential threat alongside the emergency actions presented to be critical to

addressing it right off the bat.¹ However, amid the pandemic's extreme severity and impact, the initial securitizing moves launched by the British state resembled those of the Thai state by constraining the intersubjective process required to socially construct the pandemic as a primary existential security, thus leaving marginal consideration for audience consent. On the other, considering its authoritarian features, one could expect the absence of any meaningful consultation between the Thai government and the public with regard to how COVID-19 should be framed as an existential security threat or whatever necessary emergency policy must be imposed to address it.² Nevertheless, over time, the Thai public, like its British counterpart, was able to contest and alter the emergency measures implemented on their behalf owing to the fundamental deliberative-iterative mechanism underpinning securitization.

Put differently, monopolistic securitization should have been relatively difficult to pull off in the UK given its democratic institutions and ideals designed to ensure checks and balances. Yet, like their Thai counterparts, the British authorities were able to initially bypass the intersubjective process necessary for socially constructing COVID-19 as a primary existential threat and disregard audience consent amid the pandemic's extreme severity and impact. Conversely, monopolistic securitization should have been relatively straightforward in Thailand considering its authoritarian norms and infrastructures designed to curtail and deflect public interference. Yet, like their British counterparts, the Thai authorities faced relentless and fierce resistance from public that continued to intensify as the pandemic progressed. These intertwining dynamics and conditions sustaining and emanating from the politics of monopolistic securitization underscore how and why pandemics like COVID-19 can make ontologically distinct states functionally similar by stimulating security responses characterized by similar types of democratic violations within the illiberal-authoritarian spectrum, albeit at differing magnitudes and scales.

4. Analysis and discussion

The global proliferation and wide-ranging effects of COVID-19 produced a vast amount of data and information describing how states, societies, and individuals in virtually all corners of the world experienced the pandemic, including the UK and Thailand. Due to space constraints, for our analysis and discussion, we provide analytical snapshots of how the monopolistic securitization politics unfolded in these two countries and how this, in turn, influenced the types of emergency measures adopted by their respective leaders. While nowhere exhaustive, our examination of the event demonstrates how and why the British and Thai states' practice of monopolistic securitization vis-à-vis the COVID-19 pandemic made them functionally similar to the extent that it generated parallel security responses that only varied in intensity and range. This helps us demonstrate and probe the three propositions outlined earlier about the dynamics of monopolistic securitization amid a pandemic context.

4.1. Constraining the initial intersubjective process required to socially construct COVID-19 as a primary existential threat (proposition 1): 'democratic' versus 'authoritarian' speech acts

'The worsening Covid situation in the world will have serious consequences on us in Thailand, and we must prepare ourselves. First, it will mean the world economy will take longer to recover with an impact on our economic recovery, too. Second, it will mean that we will have to be even more careful with the more relaxed rules for letting into Thailand people arriving from other countries. [...] The third consequence of the worsening global situation will be the need for us to keep up a much stricter guard inside Thailand. [...] As a result, I may need to introduce additional measures [...] What the world has seen now is that being relaxed about health

¹For more in-depth discussions on securitization in democratic contexts, see, for example, Galbreath 2012; Hayes 2012; Tickner 2015.

²For more in-depth discussions on securitization in authoritarian contexts, see, for example, Fisher and Anderson 2015; Yilmaz *et al.*, 2021, 2023.

precautions leads to great economic suffering for everyone in the country. [...] And, most importantly, families have been spared the deaths of fathers and mothers, brothers and sisters and children – a nightmare that is still being lived every day in many parts of the world. [...] We are a nation that knows how to be self-reliant because we can depend on each other... while the COVID-19 storm gets worse outside of our country, we must be ever more careful. I ask for your continuing cooperation and solidarity in this fight’.

These were the words uttered by Thailand’s Prime Minister General Prayut Chan-o-cha on 23 December 2020 amid the warnings raised by the country’s Centre for COVID-19 Situation Administration (CCSA) tasked to manage and control the pandemic (Newport 2020). The Centre’s warning underscored the severity of the COVID-19 threat as perceived by Thai leaders after the country became the first officially report a COVID-19 case outside of China in January 2020 (WHO 2020). The statement was in stark contrast to the previous stance adopted by the authorities when they called on the people to trust the Thai health system. During the pandemic’s earlier phases, Thai officials responded by implementing a combination of non-pharmaceutical interventions (NPIs), including COVID-19 screening protocol, contact tracing, quarantine measures, and self-assessment, along with strict lockdown measures over extended periods. But as the number of COVID-19-related deaths began to pile up, it became increasingly clear to the public that the state was simply ill-equipped to deal with the crisis. Amid the growing hostile political climate, critics began to question Chan-o-cha’s policy choices whom they suspected of concocting tools for heightened political suppression masked as public health measures (Suriyachotichayangkul 2020).

The initial public backlash did not prevent the Ministry of Public Health (MOPH) from announcing the inclusion of COVID-19 under the 2015 Communicable Disease Act, following the World Health Organization’s (WHO) declaration of the viral infection as a pandemic (WHO 2020). The Thai prime minister doubled down on his position when the state declared an emergency decree on 15 October 2020 which was supposed to facilitate a more centralized response to the pandemic alongside key public health authorities (Bunnag 2022). The state justified the decree’s implementation by highlighting the inability of the existing Communicable Disease Act to control the people’s movements within and outside of Thailand while waiting for COVID-19 vaccines to be invented. As CCSA’s Taweelilp Visanuyothin pointed out, the measure allowed the state to take swift and decisive actions such as putting in place quarantine and tracking measures necessary for containing the COVID-19 virus. Since its imposition, the emergency decree was renewed nineteen times and was only terminated on 1 October 2022.

Meanwhile, watching from afar as COVID-19 swept East Asia at the start of 2020, the UK’s then-prime minister, Boris Johnson, addressed the nation on the country’s COVID-19 situation on 23 March 2020:

‘The coronavirus is the biggest threat this country has faced for decades – and this country is not alone. All over the world, we are seeing the devastating impact of this invisible killer. [...] Without a huge national effort to halt the growth of this virus, there will come a moment when no health service in the world could possibly cope [...] To put it simply, if too many people become seriously unwell at one time, the NHS will be unable to handle it – meaning more people are likely to die, not just from Coronavirus but from other illnesses as well. So, it’s vital to slow the spread of the disease. [...] The way ahead is hard, and it is still true that many lives will sadly be lost. [...] Each and every one of us is now obliged to join together. To halt the spread of this disease. To protect our NHS and to save many thousands of lives. [...] The people of this country will rise to that challenge. And we will come through it stronger than ever. We will beat the coronavirus and we will beat it together. And therefore, I urge you at this moment of national emergency to stay at home, protect our NHS and save lives’.

During the pandemic’s early phase, the British authorities were convinced that their initial ‘four-pronged plan’ to contain, delay, research, and mitigate was enough to fight what would have turned out to be one

of the worst pandemics in modern history. The country's Scientific Advisory Group for Emergencies (SAGE) downplayed the WHO's earlier warnings and rejected the lockdown measures already implemented in Italy, Spain, and France as COVID-19 began to plague Europe (Abbasi 2020). But as the death toll continued to rise, the parliament finally passed the Coronavirus Act on 25 March 2020, granting it the emergency powers to adopt emergency measures to contain COVID-19. Similar to the Thai state's initial policy measures, these were mainly NPIs designed to 'slow [the] rate of transmission of a virus, the incidence and prevalence of cases, and resultant hospitalizations and deaths' (Tatlow *et al.*, 2020: 2). The idea was to 'flatten the curve' by reducing the burden on the National Health Service (NHS) and preventing resources from being completely depleted (Tatlow *et al.*, 2020).

In the absence of a vaccine, the UK government and its advisers struggled to justify the implementation of what was then seen as 'eye-catching measures' which included the banning of mass gatherings and school closures (Grey and Macaskill 2020). The misguided view by some SAGE experts that most COVID-19 cases would be relatively mild also inspired the state's chief scientific adviser to try to sell the herd immunity approach that was supposed to allow the population to build up natural immunity against the virus (Kermani 2020). The proposal was retracted immediately after a modelling experiment conducted by the Imperial College COVID-19 Response Team (2020) revealed that about 250,000 people could die from this strategy, whereas physical distancing measures would significantly limit deaths to roughly 20,000. By the time Johnson formally announced a lockdown on 24 March 2020, almost sixty days of crucial preparation and prevention time had already been wasted which, as observers pointed out, was likely to have resulted in more deaths (Abbasi 2020).

Here, we see how amid the extreme severity and impact of the COVID-19 virus on the various aspects of human lives, the monopolistic securitization approach deployed by the British and Thai states allowed them to initially constrain the intersubjective process required to socially construct the pandemic as a real and tangible existential threat. In designing their respective securitization speech acts, both the British and Thai authorities emphasized the biopolitical imperative of saving and protecting lives which was systematically and consistently delivered throughout their respective campaigns. This biopolitical logic, as Baele Stephane and Rousseau (2023: 219) put it, 'rests on the diffusion and internalization of norms of self-care and well-being as well as on the sacralization of life, rather than on hard security measures necessarily involving heavy sacrifices and life loss'. Following Foucault's original conceptualization of the term, the speech acts used by Johnson and Chan-o-cha underscored the centrality of life as both the primary referent and the overarching objective of this biopower that is intended to 'improve life, to prolong its duration, to improve its chances' (as cited in Baele and Rousseau 2022: 2019).

By doing so, both the democratic British and authoritarian Thai states proved relatively successful in convincing the majority of 'the people' as their primary external audience about the 'objective reality' of COVID-19, a reality that, in turn, informed their interests and behaviours within this context. Indeed, because the ultimate goal of national security shifted from the defence of the sovereign state to the preservation of the people's lives and their existence, the public was compelled to take on their responsibility as active partners in upholding this cause. By recalibrating how the public understood and enacted their own freedom, this specific framing of the securitization speech acts led to a situation where the conduct of regular British and Thai people was virtually governed at a distance (see Baele and Rousseau 2023). Exploiting this context, the authorities in both the UK and Thailand had been largely effective in persuading their respective populations that the basic aim of the emergency measures implemented had always been to protect and save lives. In the UK, for example, the state continues to frame its security responses in the context of Article 2 of the European Convention on Human Rights which requires states to undertake the necessary measures to safeguard lives. In Thailand, the state continues to rely heavily on various iterations of the emergency decree in defeating the pandemic. But while this monopolistic securitization practised by the British and Thai states enabled such rigid, straightforward actions, it significantly diluted the intersubjectivity that was crucial to the issue's social construction as a legitimate existential security threat.

In both cases, the security meanings pertaining to COVID-19 were produced mainly through the actions of the same small circle of state elites who were also responsible for the intersubjective authorization of those actions as part of 'normal' day-to-day politics (see Balzacq 2008; Bigo 2002; Côté 2016). These select few then move to cascade, socialize, and institutionalize these securitizing meanings within the larger society. The channels that should have been created by the initial securitizing move to facilitate dialogues and negotiations between the state and the people were largely blocked, limiting the latter's capacity to influence the securitization process and the construction of security meanings resulting from this. Consequently, rather than actively contributing to the production of security meanings within the COVID-19 context, the boundary between the internal 'high politics' (state elites) and external 'low politics' (the people) audience was delineated in a manner that largely excluded ordinary members of the British and Thai public from the process.

By severely constraining the space through which the general public could co-articulate and co-create the security reality precipitated by the pandemic, the British and Thai states effectively reduced the former's role to a security spectator whose main responsibility was to accept or reject the securitizing move presented to them. Put differently, the states' monopolistic securitization of COVID-19 resulted in the public's treatment as passive entities whose only task in the process was to approve or deny the security meanings constructed by the securitizing actors (see Balzacq 2008; Côté 2016). Viewed this way, the notion of intersubjectivity, as Côté (2016: 550) puts it, 'is manifested only through the need for the actor to couch [their] securitizing moves in pre-existing, contextualized rhetoric and practices in order that they have a better chance of success', ultimately undermining the 'intersubjectiveness' of the whole process. This, in turn, afforded the securitizing state elites greater leverage to make decisions concerning the pandemic's urgency and exceptionality, including the types of extraordinary measures deemed necessary to effectively defeat the threat. As posited earlier, the other major consequence of the monopolistic securitization approach was the substantial weakening of the British and Thai public's individual/agential and collective/institutional capacity to deliberate the emergency actions sought and implemented by their respective governments on their behalf.

4.2. Curtailing the audience's individual/agential and collective/institutional capacity to deliberate the immediate emergency actions (proposition 2): 'democratic' versus 'authoritarian' extraordinary measures

On 8 December 2020, the UK finally deployed the world's first COVID-19 vaccine (BBC 2020). The parliament members heading the Department of Health and Social Care (DHSC) trumpeted the state's vaccination programme as a phenomenal success for saving countless lives and reducing pressure on the NHS. As the vaccines became available, the British state bolstered its monopolistic securitization of the pandemic further by portraying the COVID-19 vaccination as the most effective way to defeat the pandemic. The state has since implemented an aggressive vaccination campaign that emphasized the role of vaccines in building 'a wall of defence around communities across the country' and 'saving countless lives and allowing a phased return to normality' (UK Cabinet Office 2022). Such narratives were supported by the statements made by leading vaccinologists, including Sarah Gilbert, leader of the Oxford Astrazeneca vaccine team, who questioned the logic of those 'ideologically opposed to a safe and cost-effective public health measure that saves millions of lives' (cited in Semino 2021).

In February 2022, fourteen months after the vaccine rollout, all remaining domestic restrictions across the UK were lifted subject to appropriate parliamentary scrutiny. Given these results, vaccines now 'underpin all of these principles and form the basis of the state's strategy for living with COVID-19' as stated in the 2022 UK Guidance on COVID-19 Response. The said document also highlighted the defining role of effective vaccines in enabling the economy and society to reopen, thus giving the people the ability to 'live with the virus' (UK Cabinet Office 2022). The state message was clear: vaccination is the most effective way to protect those at risk from COVID-19. With the emergence of new variants, the state insists that 'deeper and broader population immunity' becomes even more necessary and can only be achieved if everyone gets all the doses of vaccination and boosters available

to them (UK Cabinet Office 2022). To date, around 79.27% of the total UK population (estimated at 67 million) already received at least one dose of COVID-19 vaccine, making it one the largest vaccination programmes in the country's history (Johns Hopkins Coronavirus Resource Center 2023).

But as the British made strides with mass inoculation, the Thai authorities had to wait for six months before they were able to finally roll out their own vaccination programme. While trying to procure COVID-19 vaccines, Thailand relied on the emergency decree imposed by the prime minister in attempting to control the pandemic. The country's relative success in evading the worst of the pandemic for most of 2020 gave the impression that the decree was working (Beech 2021). Nevertheless, as the country began to grapple with the third wave of the pandemic that pushed the number of infections to hundreds of thousands, the Thai officials, like their British counterparts, significantly enhanced their efforts to secure COVID-19 vaccines and convince the public to get inoculated as part of their wider monopolistic securitization of the pandemic.

At the forefront of Thailand's vaccination strategy is the National Vaccine Institute (NVI) established through the National Vaccine Security Act 2018. The NVI's National Policy and Strategic Plan for Vaccine Security aimed to provide all Thai people equal access to quality vaccines by implementing a host of national self-reliance programmes (Margetts 2022). This led to unprecedented investments in COVID-19 vaccine R&D and production in the country (Kategeaw *et al.*, 2022). In June 2022, Thailand started human trials of two out of its four homegrown COVID-19 vaccine candidates. The goal was to develop vaccines that would fight the newer COVID-19 variants, including the South African and Indian variants (Peter 2021). Until then, Thailand had to continue with its controversial strategy of mixing vaccines created by foreign companies to reach herd immunity by the end of the year (Associated Foreign Press 2021). Before these developments, the state procured a few million shots from China's Sinovac and secured an agreement with AstraZeneca to let a local drugmaker, Siam Bioscience, manufacture its COVID-19 vaccine in the country (Peter 2021). As of August 2023, 82.5% of the total Thai population (estimated at 71 million) already received at least one dose of the COVID-19 vaccine (Johns Hopkins Coronavirus Resource Center 2023). While pursuing their respective vaccination programmes, the British and Thai authorities employed emergency measures and engaged in actions, at both intuitional and individual levels, that constituted different types of democratic violations ranging between illiberal and authoritarian practices.

Table 3 above provides examples of these non-democratic emergency measures and actions, which as previously mentioned, are not exclusively linked to a specific violation type but are all interconnected. The first three types include illiberal practices, that is, pandemic-related democratic violations resulting from (type 1) the state's discriminatory actions on the basis of race, colour, sex, language, religion, or social origin; (type 2) derogations of inviolable human rights such as the right to life, freedom from torture and slavery, and freedom of thought, conscience, and religion; and (type 3) abuse of power and excessive use of force when implementing emergency measures that undermine the provision of secure and equal freedom for all.

Examples of type 1 violations constituting discriminatory measures were the scapegoating of targeted ethnoreligious groups such as the Muslim and Burmese communities across the UK and Thailand, respectively, who were blamed by the British and Thai authorities for spreading the virus and causing the outbreak.³ In terms of type 2 violations, derogations from non-derogable rights were evidenced by the British state's 'no jab, no job' vaccine mandate for care home workers and NHS staff,

³Sakinah Abdul Aziz, 2020. 'Together in tribulation': British Muslims and the COVID-19 Pandemic'. London: Muslim Council on Britain. Available at: <https://mcb.org.uk/wp-content/uploads/2020/11/Together-in-Tribulation-British-Muslims-and-the-COVID-19-Pandemic.pdf>; Peter Walker and Josh Halliday, 2020. 'Tory MP condemned for claim BAME people breaching lockdown most'. *The Guardian*, 31 July. Available at: <https://www.theguardian.com/world/2020/jul/31/tory-mp-craig-whittaker-condemned-claim-bame-people-most-covid-19-lockdown-breaches>; Samut Sakhon, 2020. 'Thai PM blames migrant workers for market coronavirus outbreak'. *France 24*, 12 December. Available at: <https://www.france24.com/en/live-news/20201221-thai-pm-blames-migrant-workers-for-market-coronavirus-outbreak>; Nyein Nyein, 2021. 'Myanmar's migrants face discrimination amid surging COVID-19 in Thailand'. *The Irrawaddy*, 9 January. Available at: <https://www.irrawaddy.com/specials/myanmar-covid-19/myanmars-migrants-face-discrimination-amid-surging-covid-19-in-thailand.html>.

Table 3. Examples of the emergency measures implemented in the UK and Thailand that constituted democratic violations within the illiberal-authoritarian spectrum. Source: Based on the authors’ analysis

Category	Violation type	United Kingdom	Thailand
Illiberal practices	Type 1: Discriminatory measures	Ex: British authorities negatively portraying Muslims as virus carriers and using them as scapegoats for the former’s failed COVID-19 responses	Ex: Thai authorities singling out and blaming the Burmese people for the spread of the virus in the country and the resulting outbreak
	Type 2: Derogations from non-derogable rights	Ex: British state-sanctioned ‘no jab, no job’ vaccine mandate for care home workers and NHS staff	Ex: Dehumanizing actions by Thai authorities against migrant workers communities that further abrogated their rights and endangered lives
	Type 3: Abusive enforcement	Ex: British police’s alleged abuse of power through excessive use of force and breach of civil liberties during COVID lockdowns justified within the ambit of the Coronavirus Act 2020	Ex: Malicious intimidation, harassment, and prosecution of protesting citizens under the Thai state’s draconian emergency decree
Authoritarian practices	Type 4: No time limit on emergency measures	Ex. Inconsistent, uncertain, and unequal enforcement directives over pandemic lockdowns and other COVID-related measures coming from the UK Parliament granted with emergency powers	Ex: Repeated extension of the emergency decree passed by the Thai authorities amid intensifying public backlash and discontent towards the government and monarchy
	Type 5: Disproportionate limitations on the role of the legislature	Ex. British ministers’ ‘quite extreme’ and ‘not normal’ government and rule by decree under the Coronavirus Act, blocking the usual Parliamentary debates, discussions, and votes	Ex. Thai authorities’ imposition of severe and protracted state of emergency to quell growing protests against the prime minister and the ruling military junta
	Type 6: Official disinformation campaigns	Ex. British ministers deliberately misleading the Parliament over the ‘Partygate’ scandal	Ex. Thai ministers deliberately lowering daily infection counts and covering up facts about long COVID
‘Intersectional’ practices	Type 7: Restrictions on media freedoms	Ex. Attempts by certain British government camps to censor alternative COVID-19 news to create one official narrative	Ex. Thai officials’ banning news causing ‘public fear’ and taking critics to court for a allegedly spreading fake information about COVID-19

particularly in England, and the dehumanizing actions taken by provincial Thai authorities against migrant workers groups, such as encircling their houses with barbed wires to physically restrict their movements and labelling them COVID convicts or criminals that further stigmatized and put them in precarious positions.⁴ And concerning type 3 abusive enforcement violations, examples include the British police's misuse of power and breach of civil liberties when enforcing the COVID-19 lockdowns across the UK, and the malicious intimidation, harassment, and prosecution of individuals charged under the Thai government's Emergency Decree (B.E. 2548) for allegedly violating some vague and overbroad restrictions on their freedom of movement, expression, peaceful assembly, and public participation.⁵ Together, these first three types of illiberal practices demonstrated by the British and Thai states constituted democratic violations that infringed on the personal autonomy and dignity of the people in the UK and Thailand during the COVID-19 pandemic.

Meanwhile, the next three types include authoritarian practices, that is, pandemic-related democratic violations resulting from the state's (type 4) arbitrary and unnecessary prolonging of emergency measures due to the absence of limits; (type 5) vague formulation of laws enabling its executive to rule broadly by emergency decree; and (type 6) broader disinformation campaigns that systematically hinder public access to fact-based information. Examples of type 4 violations resulting from the lack of time limit on the emergency measures imposed were the inconsistent, uncertain, and unequal enforcement of lockdown rules coming from the British ministers and parliament in the UK, and the repeated extension of Thailand's brutal emergency decree which critics dismissed as an unnecessary tactic for quelling political dissent and protest during COVID-19.⁶ In terms of type 5 violations, disproportionate limitations on the role of the legislature were evident in the British ministers' resort to 'government and rule by decree' without the usual, debate, discussion and votes in Parliament in the UK, and the Thai authorities' imposition of severe state of emergency in response to the major street demonstrations led by student activists calling for the prime minister's resignation and the establishment of a new constitution.⁷ And concerning type 6 official disinformation campaign

⁴Jedidajah Otte, 2021. 'No jab, no job': care home workers in England on the Covid vaccine mandate'. *The Guardian*, 11 November. Available at: <https://www.theguardian.com/society/2021/nov/11/england-care-home-workers-on-mandatory-covid-vaccines>; Louise Savic, Sinisa Savic, and Rupert Pearse, 2022. 'Mandatory vaccination of National Health Service staff against COVID-19: more harm than good?'. *British Journal of Anaesthesia*, 128(4), pp. 608–609. Available at: [https://www.bjanaesthesia.org/article/S0007-0912\(22\)00039-3/fulltext](https://www.bjanaesthesia.org/article/S0007-0912(22)00039-3/fulltext); Samut Sakhon, 2021. 'Migrants in Thailand face racism amid new coronavirus outbreak'. *ASEAN Today*, 2 January. Available at: <https://www.aseantoday.com/2021/01/migrants-in-thailand-face-racism-amid-new-coronavirus-outbreak/>; The Nation's Editorial, 2021. 'Are Myanmar migrant workers becoming criminals during Covid-19 crisis?'. *The Nation*, 19 August. Available at: <https://www.nationthailand.com/international/40004899>.

⁵Al Jazeera News Agencies, 2020. 'UK police accused of abusing power to enforce COVID-19 lockdown'. *Al Jazeera*, 31 March. Available at: <https://www.aljazeera.com/news/2020/3/31/uk-police-accused-of-abusing-power-to-enforce-covid-19-lockdown>; Metropolitan Police, 2022. 'Covid 19 breaches by Police Officers'. *Metropolitan Police*. Available at: <https://www.met.police.uk/foi-ai/metropolitan-police/d/february-2022/covid-19-breaches-by-police-officers-including-arrests-cautions-fpins-from-october-2020-to-april-2021>; Amnesty International Thailand, 2022. 'Thai officials must drop all the ongoing prosecutions under the Emergency Decree'. *Amnesty International*, 8 November. Available at: <https://www.amnesty.or.th/en/latest/news/1052/>; Tyler Roney, 2021. 'Thailand's protests are turning dangerously violent'. *Foreign Policy*, 23 August. Available at: <https://foreignpolicy.com/2021/08/23/thailand-protests-violence/>.

⁶Simon Williams and Kimberly Dienes, 2021. 'The public aren't complacent, they're confused—how the UK government created "alert fatigue"'. *The BMJ Opinion*, 19 February. Available at: <https://blogs.bmj.com/bmj/2021/02/19/the-public-arent-complacent-they-are-confused-how-the-uk-government-has-created-alert-fatigue/>; Aubrey Allegretti, 2020. 'Coronavirus: Some lockdown rules look "inconsistent", minister admits'. *Sky News*, 26 June. Available at: <https://news.sky.com/story/coronavirus-some-lockdown-rules-look-inconsistent-minister-admits-12015092>; aBangkok Post Online Reporters, 2022. 'State of emergency extended for 2 months'. *Bangkok Post*, 8 July. Available at: <https://www.bangkokpost.com/thailand/general/2342432/state-of-emergency-extended-for-2-months>Fortify Rights, 2021. 'Thailand: Prevent misuse of COVID-19 emergency decree, bring provisions in line with human rights law'. *Fortify Rights*, 28 September. Available at: <https://www.fortifyrights.org/tha-inv-2021-09-28/>.

⁷Adam Wagner, 2020. 'Boris Johnson's Covid laws took away our rights with flick of a pen. Don't let that happen again'. *The Guardian*, 13 October. Available at: <https://www.theguardian.com/commentisfree/2022/oct/13/boris-johnson-covid-laws-rights-decree-two-years-democracy>; BBC Writers, 2020. 'Coronavirus: Ministers "ruling by decree" on virus, warns Sir Graham

⁹Charlotte Tobitt, 2021. 'Journalists claim alternative Covid-19 news has been "censored" to create "one official narrative"'. *Press Gazette*, 26 July. Available at: <https://pressgazette.co.uk/news/journalists-claim-alternative-covid-19-news-censorship-create-one-official-narrative/>; The Telegraph Investigation Team, 2023. 'How secretive units tackling Covid disinformation "strayed towards censorship"'. *The Telegraph*, 2 June. Available at: <https://www.telegraph.co.uk/news/2023/06/02/covid-19-counter-disinformation-policy-forum-censorship/>; Zsombor Peter, 2021. 'As Thailand's COVID cases soar government takes critics to court'. *Al Jazeera*, 6 August. Available at: <https://www.aljazeera.com/news/2021/8/6/as-thailands-covid-cases-soar-government-takes-critics-to-court>; Rebecca Ratcliffe and Navaon Siradapuvadol, 2021. 'Thailand bans sharing of news that "causes public fear" amid pandemic criticism'. *The Guardian*, 30 July. Available at: <https://www.theguardian.com/world/2021/jul/30/thailand-bans-sharing-of-news-that-causes-public-fear-amid-pandemic-criticism>.

The comparable manner in which these two ideologically opposed states resorted to this monopolistic securitization as an overarching pandemic approach that directed and influenced their respective policy strategies underscores COVID-19's extreme severity and impact. As the world watched the pandemic claim millions of lives and hundreds of trillions of dollars, the normal rules and institutions of everyday politics in both democratic and authoritarian states came under intense scrutiny and were routinely upended during these extraordinary times. In arbitrarily suspending the conventional political practices and mechanisms, the predictable works and functions of established institutions were superseded by ad hoc emergency measures and arrangements despite the enormous uncertainties confronting the state authorities and political elites (see Kirk 2023; Kirk and McDonald 2021). The UK and Thailand were clearly no exceptions from these trends amid the earlier failures of their respective governments in minimizing the pandemic's devastating effects across all sectors.

Consequently, the British and Thai states' monopolistic securitization of COVID-19 led to a closer alignment between the supposedly democratic and authoritarian policy mechanisms in the UK and Thailand than they would have normally been under non-pandemic contexts. This was particularly the case during the earlier stages of COVID-19 in which the differing value, mobilization, and electoral mechanisms between a democratic and an authoritarian regime became functionally 'homogenized' to the extent that helped facilitate security responses that constituted similar types of democratic violations and comparable examples as Table 3 illustrates.

In terms of value mechanisms, for example, the competing value systems influencing the significantly different emphasis being placed by democratic and authoritarian regimes on the issues of freedom and accountability or justice and the rule of law (Schmotz and Tansey 2023, see also, Dalton and Ong 2005; Welzel and Kirsch 2019; Stevens *et al.*, 2006) did not yield ontologically distinct emergency measures that would have prevented the former from implementing those that breached its democratic norms and principles. Similarly, the differing functions and structures of mobilization mechanisms found in democratic and authoritarian states that should have exposed democratic officials to their citizens' actual concerns and policy preferences more than their authoritarian counterparts (Schmotz and Tansey 2023, see also, Hellmeier and Weidmann, 2020; Kadivar 2018; McGuire 2013) did not prevent the former from wilfully ignoring their people's grievances and unilaterally employing their emergency measures. Likewise, the opposing ethos and logic of the electoral mechanisms underpinning democratic and authoritarian governments that could have provided democratic elites with significant incentives to align their policies with public preferences to a much greater extent than authoritarian actors (Schmotz and Tansey 2023, see also Acemoglu and Robinson 2006; Achen and Bartels 2017; Boix and Svolik 2013) did not result in emergency measures that necessarily maximized the former's chances of securing further electoral incentives.

By restricting their public audience's capacity to debate these immediate emergency actions resulting from the monopolistic securitization of COVID-19 amid the pandemic's extreme severity and impact, the security responses produced by the democratic British and Thai states invariably resulted in democratic violations that varied only in extent and form, thus making them functionally similar. As noted earlier in our examination of their speech acts, the leaders of both countries justified their resort to such democracy-violating illiberal and authoritarian practices as being crucial for mitigating the spread of the virus and, therefore, saving lives. But do such democratic violations necessarily make the states' security responses more effective? And how sustainable are these emergency measures? As we also posited earlier, as the pandemic protracted, the fundamental deliberative-iterative mechanism underpinning securitization enabled the British and Thai public audiences to gradually reclaim their role and space in the process, allowing them to challenge the appropriateness and legitimacy of the emergency measures unilaterally put in place by their respective states and weaken their monopolistic control.

4.3. Reclaiming the audience's role and space in this deliberative-iterative securitization process (proposition 3): 'democratic' versus 'authoritarian' audience responses

For the British and Thai authorities, safe and effective vaccines created the pathway out of the pandemic. Yet, to this day, several groups from different quarters remain unwilling to get immunizations. This lack of intention and refusal to get vaccinated is referred to as 'vaccine hesitancy' and is defined by experts as the 'behavioural delay in acceptance or refusal of vaccines despite availability of vaccine services' (Freeman *et al.*, 2020: 1; MacDonald 2015). A person's hesitancy towards vaccines resides between the acceptance and refusal continuum and varies depending on the disease (Freeman *et al.*, 2020). Scientists researching people's perceptions towards vaccines argue the decision to either accept or reject a vaccine is essentially a matter of weighing up the expected risks and benefits of the action. Hesitancy arises when a person believes that there is no drastic need for vaccination (i.e., complacency) or is concerned about the efficacy and safety of vaccines in general (i.e., lack of confidence) (Freeman *et al.*, 2020; see also, Larson *et al.*, 2015). Medical scholars have identified several reasons why some people remain highly sceptical of vaccines including (1) misconceptions over how immunization works, (2) significant distrust towards state and healthcare authorities, (3) the novelty and, therefore uncertainty associated with the new vaccines, (4) the general accessibility and availability of these vaccines (i.e., convenience), and (5) underlying social processes such as norms, values, and principles (Freeman *et al.*, 2020; see also, Fournet *et al.*, 2018; Karafillakisa *et al.*, 2019).

In the UK and Thailand, several studies have specifically zeroed in on the impact of misinformation on people's attitudes and perceptions towards COVID-19 vaccines. Scholars define misinformation as false or misleading information considered incorrect based on the best available evidence from relevant experts at the time (see Lazer *et al.*, 2018; Vraga and Bode 2020). One of these studies revealed how 'misinformation lowers intent to accept a COVID-19 vaccine' in the UK (Loomba *et al.*, 2021: 338). In another study, researchers investigated how a wide range of COVID-19 misinformation resulted in 'confusion, distress and mistrust', ultimately leading to higher vaccine hesitancy among the locals in one UK city (Lockyer *et al.*, 2021: 1159). These findings were also observed in a number of studies investigating vaccine hesitancy and refusal in Thailand. One research examined how information sources impacted people's willingness to get vaccinated and showed that those who refused vaccinations did not use the resources produced by public health centres or medical associations (Yoda *et al.*, 2022). In a related study, researchers found that vaccine illiteracy and restriction on vaccine choice were also significantly linked to negative attitudes towards vaccination (Sirikalyanpaiboon *et al.*, 2021). Meanwhile, the fear and hesitancy associated with misinformation and illiteracy also proved to adversely affect COVID-19 vaccine acceptance by raising the people's 'concerns about safety, general lack of trust and doubts about the efficiency and provenience of the vaccine' (Siewchaisakul *et al.*, 2022).

Together, these studies underline the importance of implementing vaccination programs that are 'focused, localized, and empathetic' to address vaccine hesitancy amid the growing misinformation about immunization in general (Lockyer *et al.*, 2021: 1159). But instead of taking this route, both the British and Thai authorities aggressively pushed for what may be termed as *de facto* mandatory vaccination to deal with the vocal and resolute anti-vaccine groups among their respective populations.

In the democratic UK, the government passed regulations on 11 November 2021 that made COVID-19 vaccination a condition of deployment for health and social care staff (UK Department of Health and Social Care 2022). For example, nearly all NHS staff were instructed to get at least the first vaccine dose by 3 February 2022 to avoid the risk of losing their jobs (McKee 2022). While contentious, the mandate led to an increase in vaccine uptake within the sector after 127,000 members came forward to be vaccinated (Iacobucci 2022). Despite these figures, however, the fact that more than 80,000 staff (5.4% of the total) were still unvaccinated by 16 January 2022 cast significant doubt on the wisdom and feasibility of such regulations (Iacobucci 2022). The mandate's credibility was undermined further after it was blamed for the exodus of about 40,000 staff in the care home sector (Iacobucci 2022). These

unforeseen outcomes compelled the UK government to announce its decision to revoke the said policies three days before the initial deadline given to the unvaccinated staff and were all officially cancelled on 15 March 2022 (UK Department of Health and Social Care 2022). The state's last-minute U-turn received mixed reactions from the British public. Amid the 'acute workforce shortages and record waiting lists', the leaders of the British Medical Association and Royal College of Physicians welcomed the news while still encouraging members to get vaccinated (Iacobucci 2022). On the contrary, the NHS chief executives raised their concerns over the state's policy reversal and its implications on the 'wider messaging about the importance of vaccination for the population as a whole' (NHS Confederation 2022).

The same situation has also largely played out in the authoritarian Thailand. Although the state did not make COVID-19 inoculation mandatory, those who refused to get vaccinated have since faced several problems. Among the Thai frontliners (e.g., doctors, nurses, and village health volunteers) vaccine hesitancy also proved to be a problem (Siewchaisakul *et al.*, 2022). While some rejected vaccination in general, others refused certain brands, particularly non-Western vaccines that were deemed unsafe and ineffective (Mueangpoon *et al.*, 2022; Sirikalyanpaiboon *et al.*, 2021). The regulations imposed by the state meant that although it is illegal to dismiss unvaccinated workers, many were pressured to take whatever vaccine was available or risk losing their jobs (Kitro *et al.*, 2021). Outside the health sector, unvaccinated people have faced similar challenges. Most business firms in the country have put in place measures that effectively require employees to get vaccinated in line with the guidelines coming from the MOPH. Those who refused were accused of being irresponsible and reported experiencing discrimination in their respective workplaces and communities (Khajornrungsilp 2021).

To this day, there is no consensus regarding this ethical dilemma even among human rights experts. While others argue that mandatory vaccination, in principle, is compatible with human rights law (King *et al.*, 2022), others contest that the mere spread of such policies does not necessarily mean that they do not violate these rights (Dzehtsiarou 2021). As Kanstantsin Dzehtsiarou (2021) notes, the word 'compulsory' can have different meanings, from vaccinating physically retrained patients (which certainly violates human rights) to sanctioning individuals who fail to comply with the requirement (which may not constitute a violation). Under a mandatory vaccination policy, two issues demand careful consideration on the part of the state: (1) who gets to be exempted (if any); and (2) what punishment to impose for non-compliance (Dzehtsiarou 2021). Denying vulnerable individuals the choice to opt out despite having legitimate health-related reasons, for instance, will be a violation of human rights. Likewise, imposing brutal punishments such as huge fines or imprisonment for those who refuse vaccinations also risks human rights infringements. Other groups also rejected the introduction of vaccine passports or COVID status certifications as 'an innocuous route to freedoms', when they are simply the by-product of the government's failed pandemic response (Liberty 2021). Indeed, the policy of mandating COVID-19 vaccination is difficult because it requires the state to strike a fair balance between multiple, and at times, conflicting interests and within the ambit of human rights law (Dzehtsiarou 2021; King *et al.*, 2022).

Despite their benefits, the UK and Thai states' respective COVID-19 vaccination programmes have become emotional and polarizing debates, implemented in a manner that did not take human rights considerations into account more fully. The states' lack of transparency in justifying their decision-making, coupled with the failure of several of their authorities to observe the very same COVID-19 rules they imposed on the regular people, particularly during the death-filled lockdowns, fuelled enormous anger and resentment among the British and Thai public (Ratcliffe 2020; Smith *et al.*, 2021). Despite the official proclamations that these emergency procedures were necessary, proportionate, and based on relevant scientific evidence intended to minimize overall risks to life, many have remained highly critical of their impact on individuals' personal freedoms and human rights, be it in the democratic UK and even in authoritarian Thailand.

Here, we see how as COVID-19 began to protract beyond its initial phase, the British and Thai public audiences were able to gradually reclaim their role and space in the securitization process by

exploiting the fundamental deliberative-iterative mechanism underpinning it. This, in turn, enabled them to start contesting the emergency measures unilaterally imposed on them at the earlier stages of the pandemic and, in doing so, countered the monopolistic powers wielded by the state securitizing actors. These dynamics were captured through the continued resistance of specific segments of the British and Thai populations against the security responses implemented on their behalf, particularly the vaccination programmes and the accompanying NPIs rolled out in their respective countries.

Over time, the monopolistic attempts of the British and Thai officials to securitize COVID-19 generated conflicting interpretations of their parallel securitizing moves on the part of their respective public audiences, resulting in disagreements and differences vis-à-vis the security meanings produced. Although their individual/agential and collective/institutional capacity to contribute to earlier securitizing moves launched on their behalf was significantly undercut, it did not preclude them from reshaping the subsequent deliberations and iterations of the securitization process initially monopolized by their states in response to the pandemic's extreme severity and impact. Put differently, despite these public audiences' reduced wherewithal to inform the original security speech acts and emergency measures unilaterally imposed upon them, as the pandemic continued indefinitely, the former gradually regained their ability to change the course and outcome of the monopolistic securitizing attempts made by their states. As demonstrated by the much-maligned anti-vaxxers camps in both the UK and Thailand, as the pandemic progressed, the audience began to increasingly challenge the state's framing of both the security issue and its accompanying emergency measures, compelling the latter to rethink and revise the direction and content of their securitization efforts. This underscores how the British and Thai public audiences' dissenting views and actions directly, albeit unevenly influenced the evolution of the COVID-19 policy strategies developed and employed by their respective states as time passed by.

Such dynamics illuminate securitization's role in establishing and constructing shared security meanings through 'repeated deliberative interactions [between actors and audiences], with past interactions affecting the nature of future interactions' (Côté 2016: 552). By actively reacting to the succeeding securitizing moves by the British and Thai authorities beyond COVID-19's initial phase, audience members from various quarters of their respective societies were able to contribute to the modification of both the substance of the security speeches and the forms of security responses emanating from these. This recalibration of the previously monopolistic securitization triggered by the British and Thai states at the onset of the pandemic led to the renegotiation of 'shared' security understandings and values between them and their respective public audiences. As the British and Thai experiences show, with the progression of COVID-19, the ordinary members of the public espousing various interests also progressively found ways to exploit their capacity to mobilize and take actions in pursuit of their preferred security outcomes and contesting the structural impediments preventing them from influencing this essentially intersubjective securitization process. Together, these highlight some of the means by which the audience, rather than being largely passive throughout the process, could challenge the monopolistic securitizing moves instigated by the state on its behalf and, by doing so, help determine how 'democratic' and 'authoritarian' states function and respond, specifically during a pandemic.

In the UK and Thailand, the public audience exerted collective pressure on their respective state authorities in several different ways such as staging large civilian protests against lockdown measures that helped weaken the level of urgency and policy response demanded by the state leaders¹⁰ and/or punishing those leaders whom they believed to have played a key role in the implementation of

¹⁰The Guardian Associated Press, 2021. 'Thai police fire rubber bullets at protesters as Covid failures fuel anti-government anger'. *The Guardian*, 19 July. Available at: <https://www.theguardian.com/world/2021/jul/19/thailand-police-fire-rubber-bullets-at-protesters-as-covid-failures-fuel-anti-government-anger>; Mattha Busby and Agencies, 2021. 'Dozens of arrests as thousands march in London against Covid lockdown'. *The Guardian*, 20 March. Available at: <https://www.theguardian.com/uk-news/2021/mar/20/unacceptable-to-let-police-criminalise-protesters-say-mps-and-peers>.

emergency measures without their inputs and consent by threatening to vote them out of office or pressuring them to resign.¹¹

Thus, notwithstanding the British and Thai states' attempts at monopolizing the securitization of COVID-19, the subsequent responses from their respective populations reveal the underlying potential power of the public audiences to not only engage with but transform the process in ways that consolidate their relative influence and position vis-à-vis the state authorities initiating the process (see Balzacq 2015; Côté 2016). In the UK, for example, the Joint Committee on Human Rights Report of the House of Commons and House of Lords (2020: 5) admitted that 'inevitably, attempts to save lives through state actions including the restriction of movements, gatherings, and school closures have engaged numerous other rights', causing many to experience some of the 'widest and deepest set of government interferences with their rights in their lifetimes'. The report recognized the difficulty of this balancing act, particularly during the early months of the pandemic when vaccines were unavailable, and thus emphasized the importance of justifying the state's preventive acts that interfered with human rights (UK House of Commons 2020).

Meanwhile, in Thailand, the public's disaffection with the government grew in parallel with the spread of COVID-19, reinvigorating the long-standing protest movement demanding the prime minister's resignation. Critics from various segments of the population continue to challenge those in power for unilaterally invoking arbitrary regulations that disproportionately constrain the basic human rights of the Thai people, including their rights to freedom of expression and peaceful assembly (Wolf 2022). The passage of the draconian emergency decree was rejected by several opposition groups as a mere excuse to crack down on peaceful demonstrations triggered in large part by the state's authoritarian approach to the pandemic and gave the Thai state 'unchecked powers to suppress fundamental freedoms' that enabled it to manufacture its own human rights crisis (Human Rights Watch 2020; Wolf 2022). As can be gleaned from the British and Thai experiences with COVID-19, the audience's successful attempts at re-inserting itself right back at the centre of what should have been an intersubjective construction of security meanings and values from the onset, and reclaiming their individual/agential and collective/institutional wherewithal in the process to actively deliberate the appropriateness and legitimacy of the emergency measures unilaterally decided and imposed by the state, underscore the limits and unsustainability of monopolistic securitization as an overarching pandemic approach.

To this extent, the audiences do not just respond to any given securitization stimulus but possess the 'moral authority' needed to legitimately approve and deliver the objectives that the securitizing actors seek to achieve (see Balzacq *et al.*, 2016; Côté 2016; Vuori 2008). As active, rather than passive, agents, the audiences consciously contribute to the relative 'success or 'failure' of future securitization moves by occupying a space in the intersubjective (re)construction, (re)negotiation, and (re)legitimation of shared security realities, meanings, and values. That the intersubjectivities pertaining to specific security issues such as the COVID-19 pandemic are deeply interwoven into the audience's interpretations of and reactions to the corresponding securitizing moves suggests that the audience has always remained vital in the creation and reproduction of the contextual circumstances of all security interactions (see Côté 2016; Klüfers 2014; Salter 2008) whether within a (more or less) democratic or an authoritarian context.

In sum, these empirical and theoretical insights resulting from our investigation of the monopolistic securitization of COVID-19 as an overarching pandemic approach illustrate and explain: (1) how the democratic British and authoritarian Thai states initially constrained the intersubjective process required to socially construct the pandemic as a primary existential security threat with marginal consideration for audience consent; (2) how, as a result, the individual/agential and collective/

¹¹Sebastian Strangio, 2021. 'Thai parliamentary no-confidence debate targets government's COVID-19 response'. *The Diplomat*, 1 September. Available at: <https://thediplomat.com/2021/09/thai-parliamentary-no-confidence-debate-targets-government-covid-19-response/>; Owen Amos, 2022. 'Boris Johnson resigns: Five things that led to the PM's downfall'. *BBC*, 7 July. Available at: <https://www.bbc.co.uk/news/uk-politics-62070422>.

institutional capacities of the British and Thai public audiences to deliberate the immediate emergency measures deployed by their respective authorities was significantly curtailed; and (3) how the deliberative-iterative mechanism driving securitization allowed the general British and Thai public audiences to gradually reclaim their role and space in the process, thus enabling them to finally contest the emergency measures unilaterally imposed by their respective states. Taken together, these interlinking dynamics and conditions underpinning and resulting from the politics of monopolistic securitization reveal how and why pandemics like COVID-19 can make otherwise ontologically distinct regimes such as the supposedly democratic UK and authoritarian Thailand, functionally similar by compelling them to adopt security responses that differ not exactly in kind but mainly in magnitude and scale, that is, within the illiberalism-authoritarianism continuum.

5. Concluding remarks

Our exposition of the politics and outcomes of monopolistic securitization of COVID-19 in the democratic UK and authoritarian Thailand revealed crucial insights into how different regime types execute security responses during pandemics. As an overarching pandemic approach, monopolistic securitization allowed democratic and authoritarian leaders to initially constrain the intersubjective process necessary for socially constructing the pandemic in question as a primary existential threat with marginal consideration for consent coming from their internal (elite state authorities and institutions), but more so, external (ordinary public or the people) audiences. Consequently, the capacity of the British and Thai public audiences (at both the individual/agential and collective/institutional levels) to deliberate the immediate emergency actions deployed by their respective leaders was significantly undercut. The presence of these conditions in both the British and Thai contexts made these two ontologically distinct regimes somewhat functionally similar to the extent that they produced parallel security responses that constituted similar types of democratic violations within the illiberal-authoritarian spectrum, but at varying magnitudes and scales. Over time, however, and owing to securitization's deliberative-iterative mechanism, the British and Thai public audiences reclaimed their role and space in the process, enabling them to challenge and dispute the appropriateness and legitimacy of the emergency measures unilaterally put in place by their respective leaders.

These findings contribute to the expanding but still restricted and fragmented literature on the political drivers influencing the pandemic policy strategies adopted by different regimes in several ways. First, by providing a more balanced macro-structural and micro-individual account of the intersubjective security politics informing the identification and rationalization of competing security priorities and policies during pandemics, our findings help bridge the theoretical-empirical divide concerning the crucial but underexamined interlinkages between pandemics, regime types, and securitization. Second, by comparing and contrasting the dynamics and outcomes of the monopolistic securitization observed in the British and Thai contexts, we get a more nuanced understanding of why and how states with such distinct politico-ideological identities and cultures could end up behaving as if they were functionally similar by implementing parallel security responses that differed only in range and depth. And third, by examining the attitudes and responses of the British and Thai public audiences towards the emergency powers and measures that their respective governments exercised via monopolistic securitization, we gain a better appreciation of the significance of value preferences vis-à-vis the essential, albeit tricky, task of balancing between public health and individual political security interests during pandemics.

Together, these findings highlight the importance of understanding the political processes underpinning the construction and implementation of national pandemic strategies by explicitly engaging with (1) the actors and their ideas, (2) the formal actions they take and the institutional structures affecting these actions, and (3) circumscribed political contexts in which policy decisions concerning public health and individual political security are adopted. Given the fundamental importance of politics in all policy processes, proactive engagement with and in-depth analysis of the macro- and micro-level politics enveloping national and global health issues must be imperative,

instead of treating this an ‘unwelcome ghost that causally interacts with the policy machine, disturbing rational decision-making and technical intervention’ (Bruen and Brugha 2014: 3).

Our paper, however, has several limitations which future research can help address. First, our strong emphasis on the state actors as the primary securitizing actors came at the expense of the non-state actors which also played a crucial role in the British and Thai states’ monopolistic securitization of COVID-19. Examining how key non-state entities such as the media and civil society organizations contributed to the securitization and/or eventual de-securitization of COVID-19 would provide a much fuller picture of the iterative dynamics underpinning this process. Second, our exclusive attention to the language and rhetoric of the monopolistic securitization process witnessed in the UK and Thailand prevented us from assessing the equally vital role of non-linguistic sources, including visuals and images from traditional and new media that were used alongside the verbal speech acts delivered by the British and Thai authorities. Analysing how these equally useful sources of ‘speech acts’ are utilized in the framing and implementation of monopolistic securitization acts would offer a more complete narrative about how the process emerged in the first place. Third, and finally, our decision to limit our empirical analysis to the UK and Thailand meant that the insights generated from this study might vary beyond these two cases. Comparing other democratic and authoritarian states that closely resemble the UK and Thailand would produce significant findings that can be used to either build on or probe the validity and soundness of our arguments, and from there, draw more generalizable conclusions.

References

- Abbasi K (2020) The UK’s public health response to covid-19. *The British Medical Journal* **369**, m1932.
- Acemoglu D and Robinson J (2006) *Economic Origins of Dictatorship and Democracy*. Cambridge: Cambridge University Press.
- Achen C and Bartels L (2017) *Democracy for Realists: Why Elections do not Produce Responsive Government*. Princeton, NJ: Princeton University Press.
- Associated Foreign Press (2021) Thailand defends Covid vaccine “mix-and-match” after WHO warning. *France 24*, 13 July. Available at <https://www.france24.com/en/live-news/20210713-thailand-defends-covid-vaccine-mix-and-match-after-who-warning>.
- Alastair Newport (2020) ‘COVID-19 Thailand: Thai PM “We must prepare ourselves”’, *Travel Daily Media*, 23 December. <https://www.traveldailymedia.com/covid-19-thai-pm-we-must-prepare-ourselves/>.
- Baele Stephane J and Rousseau E (2023) At war or saving lives? *On the securitizing semantic repertoires of Covid-19*. *International Relations* **37**(2), 201–227.
- Balzacq T (2005) The three faces of securitization: Political agency, audience and context. *European Journal of International Relations*, **11**(2), 171–201.
- Balzacq T (2008) The policy tools of securitization: information exchange, EU foreign and interior policies. *JCMS: Journal of Common Market Studies* **46**, 75–100.
- Balzacq T (2015) The ‘Essence’ of securitization: Theory, ideal type, and a sociological science of security. *International Relations*, **29**(1), 103–113.
- Balzacq T, Léonard S and Ruzicka J (2016) Securitization revisited: theory and cases. *International Relations* **30**, 494–531.
- BBC (2020) Covid-19 Vaccine: First Person Receives Pfizer Jab in UK. *BBC News*. 8 December. Available at <https://www.bbc.co.uk/news/uk-55227325>.
- Beech H (2021) No one knows what Thailand is doing right, but so far, it’s working. *The New York Times*. 1 November. Available at <https://www.nytimes.com/2020/07/16/world/asia/coronavirus-thailand-photos.html>.
- Bigo D (2002) Security and immigration: toward a critique of the governmentality of unease. *Alternatives* **27**, 63–92.
- Boix C and Svolik MW (2013) The foundations of limited authoritarian government: Institutions, commitment, and power-sharing in dictatorships. *The Journal of Politics*, **75**(2), 300–316.
- Bosancianu CM, Hilbig H, Humphreys M, Sampada KC, Lieber N and Scacco A (2020) Political and social correlates of covid-19 mortality.
- Bright J (2012) Securitisation, terror, and control: towards a theory of the breaking point. *Review of International Studies*, **38**(4), 861–879.
- Bruen C and Brugha R (2014) A ghost in the machine? Politics in global health policy. *International Journal of Health Policy and Management* **3**, 1.
- Bunnag N (2022) ‘Thailand’s Emergency Decree to end on September 30th’, *Thai PBS World*. 23 September. Available at <https://www.thaipbsworld.com/tag/state-of-emergency/>.
- Buzan B (1998) *Security: A New Framework for Analysis*. London: Lynne Rienner.

- Buzan B, Wæver O, Wæver O and De Wilde J (1998) *Security: A New Framework for Analysis*. Boulder: Lynne Rienner.
- Cassan G and Van Steenvoort M (2021) Political regime and COVID-19 death rate: Efficient, biasing or simply different autocracies? An econometric analysis. *SSM-Population Health*, **16**, 100912.
- Cepaluni G, Dorsch MT and Branyiczki R (2022) Political regimes and deaths in the early stages of the COVID-19 pandemic. *Journal of Public Finance and Public Choice*, **37**(1), 27–53.
- Côté A (2016) Agents without agency: assessing the role of the audience in securitization theory. *Security Dialogue* **47**, 541–558.
- Dalton R and Ong N (2005) Authority orientations and democratic attitudes: a test of the ‘Asian values’ hypothesis. *Japanese Journal of Political Science* **6**, 211–231.
- Diamond L (2022) Democracy’s arc: from resurgent to imperiled. *Journal of Democracy*, **33**(1), 163–179.
- Dunn Cavelty M (2008) *Cyber Security and Threat Politics: US Efforts to Secure the Information Age*. London: Routledge.
- Dzehtsiarou K (2021) Compulsory vaccination: what does human rights law say?. *Liverpool News*. 17 September. Available at <https://news.liverpool.ac.uk/2021/09/17/compulsory-vaccination-what-does-human-rights-law-say/>.
- Edgell AB, Lachapelle J, Lührmann A and Maerz SF (2021) Pandemic backsliding: violations of democratic standards during Covid-19. *Social Science & Medicine* **285**, 1–10.
- Eroukhanoff C (2018) ‘It’s not a Muslim ban!’ Indirect speech acts and the securitisation of islam in the United States post-9/11. *Global Discourse* **8**, 5–25.
- Fisher J and Anderson DM (2015) Authoritarianism and the securitization of development in Africa. *International Affairs* **91**, 131–151.
- Floyd R (2010) *Security and the environment: Securitisation theory and US environmental security policy*. Cambridge: Cambridge University Press.
- Floyd R (2016) Extraordinary or ordinary emergency measures: what and who defines the ‘success’ of securitization?. *Cambridge Review of International Affairs* **29**, 677–694.
- Fournet N, Mollema L, Ruijs W, Harmsen I, Keck F, Durand J, Cunha M, Wamsiedel M, Reis R, French J and Smit E (2018) Under-vaccinated groups in Europe and their beliefs, attitudes and reasons for non-vaccination: two systematic reviews. *BMC Public Health* **18**, 1–17.
- Freeman D, Loe BS, Chadwick A, Vaccari C, Waite F, Rosebrock L, Jenner L, Petit A, Lewandowsky S, Vanderslott S and Innocenti S (2020) COVID-19 vaccine hesitancy in the UK: the Oxford coronavirus explanations, attitudes, and narratives survey (Oceans) II. *Psychological Medicine* **52**, 3127–3141.
- Galbreath DJ (2012) Securitizing democracy and democratic security: a reflection on democratization studies. *Democracy and Security* **8**, 28–42.
- Gerschewski J (2023) *The two logics of autocratic rule*. Cambridge: Cambridge University Press.
- Grey S and MacAskill A (2020) RPT-Special Report-Johnson Listened to his Scientists about Coronavirus - But they were Slow to Sound the Alarm. London: Reuters.
- Guzzini S (2011) Securitization as a causal mechanism. *Security Dialogue* **42**, 329–341.
- Hayes J (2012) Securitization, social identity, and democratic security: Nixon, India, and the ties that bind. *International Organization* **66**, 63–93.
- Hellmeier S and Weidmann N (2020) Pulling the strings? The strategic use of pro-government mobilization in authoritarian regimes. *Comparative Political Studies* **53**, 71–108.
- Hughes B (2007) Securitizing Iraq: The Bush administration’s social construction of security. *Global Change, Peace & Security* **19**(2): 83–102.
- Human Rights Watch (2020) Thailand: Emergency Decree Pretext for Crackdown. 15 October. Available at <https://www.hrw.org/news/2020/10/15/thailand-emergency-decree-pretext-crackdown>.
- Iacobucci G (2022) Covid-19: government abandons mandatory vaccination of NHS staff. *British Medical Journal* **376**, o269.
- Imperial College COVID-19 Response Team (2020) *Report 9: Impact of Non-Pharmaceutical Interventions (NPIs) to Reduce COVID-19 Mortality and Healthcare Demand*. London: Imperial College London.
- Johns Hopkins Coronavirus Resource Center (2023) COVID-19 Dashboard. Available at: <https://coronavirus.jhu.edu/map.html>.
- Kadivar MA (2018) Mass mobilization and the durability of new democracies. *American Sociological Review* **83**, 390–417.
- Karafillakisa E, Simasa C, Jarrett C, Verger P, Peretti-Watel P, Dib F and Larson H (2019) HPV vaccination in a context of public mistrust and uncertainty: a systematic literature review of determinants of HPV vaccine hesitancy in Europe. *Human Vaccines and Immunotherapeutics* **15**, 1615–1627.
- Kategeaw W, Youngkong S, Taychakhoonavudh S, Techathawat S and Chaiyakunapruk N (2022) Potential changes in vaccine access and policy landscape in Thailand post COVID-19 pandemic. *Human Vaccines and Immunotherapeutics* **18**, e2095823.
- Kavanagh MM and Singh R (2020) Democracy, capacity, and coercion in pandemic response: COVID-19 in comparative political perspective. *Journal of Health Politics, Policy and Law*, **45**(6), 997–1012.
- Kermani S (2020) ‘Coronavirus: Whitty and Vallance faced ‘herd immunity’ backlash, emails show.’ BBC News. 23 September. Available at <https://www.bbc.co.uk/news/uk-politics-54252272>.

- Khajornrunsilp A** (2021) *How to Communicate to make Thai People Trust and Vaccinate*. Bangkok: Thailand Development Research Institute.
- King J, Ferraz O and Jones A** (2022) Mandatory COVID-19 vaccination and human rights. *The Lancet* **399**, 220–222.
- Kirk J** (2023) *More Than a Health Crisis: Securitization and the US Response to the 2013–2016 Ebola Outbreak*. MIT Press.
- Kirk J and McDonald M** (2021) The politics of exceptionalism: Securitization and COVID-19. *Global Studies Quarterly*, **1**(3), p.ksab024.
- Kirsch H and Welzel C** (2019) Democracy misunderstood: authoritarian notions of democracy around the globe. *Social Forces* **98**, 59–92.
- Kitro A, Sirikul W, Piankusol C, et al.** (2021) Acceptance, attitude, and factors affecting the intention to accept COVID-19 vaccine among Thai people and expatriates living in Thailand. *Vaccine* **39**, 7554–7561.
- Klüfers P** (2014) Security repertoires: Towards a sociopragmatist framing of securitization processes. *Critical Studies on Security*, **2**(3), 278–292.
- Larson H, Jarrett C, Schulz W, Chaudhuri M, Zhou Y, Dube E, Schuster M, MacDonald N and Wilson R** (2015) Measuring vaccine hesitancy: the development of a survey tool. *Vaccine* **33**, 4165–4175.
- Lazer D, Baum M, Benkler Y, Berinsky A, Greenhill K, Menczer F, Metzger MJ, Nyhan B, Pennycook G, Rothschild D and Schudson M** (2018) The science of fake news. *Science* **359**, 1094–1096.
- Léonard S and Kaunert C** (2010) Reconceptualizing the audience in securitization theory. In *Securitization Theory*. London: Routledge, pp. 71–90.
- Liberty** (2021) Vaccine Passports and Mandatory Vaccines are not Solutions – They Show the Government has Failed to Protect Everyone. *Liberty News*. 19 August. Available at <https://www.lancaster.ac.uk/vaccination-discourse/2021/09/12/from-roast-dinners-to-seatbelts-metaphors-to-address-covid-19-vaccine-hesitancy-by-elena-semino/>.
- Lipsy PY** (2020) COVID-19 and the politics of crisis. *International Organization*, **74**(S1), E98–E127.
- Lockyer B, Islam S, Rahman A, Dickerson J, Pickett K, Sheldon T, Wright J, McEachan R, Sheard L and Bradford Institute for Health Research Covid-19 Scientific Advisory Group** (2021) Understanding COVID-19 misinformation and vaccine hesitancy in context: findings from a qualitative study involving citizens in Bradford, UK. *Health Expectations* **24**, 1158–1167.
- Loomba S, de Figueiredo A, Piatek S, de Graaf K and Larson H** (2021) Measuring the impact of COVID-19 vaccine misinformation on vaccination intent in the UK and USA. *Nature Human Behaviour* **5**, 337–348.
- MacDonald N** (2015) Vaccine hesitancy: definition, scope and determinants. *Vaccine* **33**, 4161–4164.
- Margetts A** (2022) Covid 19 Vaccines in Thailand', *International Society for Pharmaceutical Engineering*. 15 March. Available at <https://ispe.org/pharmaceutical-engineering/ispeak/covid-19-vaccines-thailand>.
- McDonald M** (2008) Securitization and the construction of security. *European Journal of International Relations* **14**, 563–587.
- McGuire JW** (2013) Political regime and social performance. *Contemporary Politics* **19**, 55–75.
- McKee M** (2022) England's U turn on covid-19 vaccine mandate for NHS staff. *British Journal of Medicine* **376**, o353.
- Mueangpoon K, Inchan C, Kaewmunechoke P, Rattana P, Budsratid S, Japakiya S, Ngamchaliew P and Vichitkunakorn P** (2022) Self-Reported COVID-19 vaccine hesitancy and willingness to pay: A cross-sectional survey in Thailand. *Vaccines*, **10**(4), 627.
- NHS Confederation** (2022) Eleventh hour policy change on mandatory vaccination will cause frustration. *NHS Confederation News*. 31 January. Available at <https://www.nhsconfed.org/news/eleventh-hour-policy-change-mandatory-vaccination-will-cause-frustration>.
- Peter Z** (2021) 'Thailand Starts Human Trials of Homegrown COVID-19 Vaccines', *VOA News*. 19 June. Available at https://www.voanews.com/a/covid-19-pandemic_thailand-starts-human-trials-homegrown-covid-19-vaccines/6207211.html.
- Ratcliffe R** (2020) 'Thailand protests: everything you need to know', *The Guardian*, 22 September. Available at: <https://www.theguardian.com/world/2020/sep/22/thailand-protests-everything-you-need-to-know>.
- Roe P** (2008) Actor, audience(s) and emergency measures: Securitization and the UK's decision to invade Iraq. *Security Dialogue* **39**(6), 615–635.
- Ruzicka J** (2019) Failed securitization: why it matters. *Polity* **51**, 365–377.
- Saam NJ, Friedrich C and Engelhardt H** (2022) The value conflict between freedom and security: Explaining the variation of COVID-19 policies in democracies and autocracies. *PLOS ONE* **17**(9), e0274270.
- Salter MB** (2008) Securitization and desecuritization: A dramaturgical analysis of the Canadian Air Transport Security Authority. *Journal of International Relations and Development*, **11**, 321–349.
- Salter MB and Piché G** (2011) The securitization of the US–Canada border in American political discourse. *Canadian Journal of Political Science/Revue canadienne de science politique*, **44**(4), 929–951.
- Schmottz A and Tansey O** (2023) Do institutions matter in a crisis? *Regime type and decisive responses to Covid-19. Democratization* **30**(5), 938–959.
- Semino E** (2021) From roast dinners to seatbelts: metaphors to address covid-19 vaccine Hesitancy. *Lancaster Quo Vadis*. 12 September. Available at <https://www.lancaster.ac.uk/vaccination-discourse/2021/09/12/from-roast-dinners-to-seatbelts-metaphors-to-address-covid-19-vaccine-hesitancy-by-elena-semino/>.

- Siewchaisakul P, Sarakarn P, Nanthanangkul S, Longkul J, Boonchieng W and Wungrath J (2022) Role of literacy, fear and hesitancy on acceptance of COVID-19 vaccine among village health volunteers in Thailand. *Plos One* 17, 1–14.
- Sirikalyanpaiboon M, Ousiramaneechai K, Phannajit J, Pitisuttithum P, Jantarabenjakul W, Chaiteerakij R and Paitoonpong L (2021) COVID-19 vaccine acceptance, hesitancy, and determinants among physicians in a university-based teaching hospital in Thailand. *BMC Infect Dis* 21, 1174.
- Smith LE, Duffy B, Moxham-Hall V, Strang L, Wessely S and Rubin GJ (2021) Anger and confrontation during the COVID-19 pandemic: a national cross-sectional survey in the UK. *Journal of the Royal Society of Medicine* 114, 77–90.
- Stevens D, Bishin BG and Barr, RR (2006) Authoritarian attitudes, democracy, and policy preferences among Latin American elites. *American Journal of Political Science* 50, 606–620.
- Stritzel H (2007) Towards a theory of securitization: Copenhagen and beyond. *European Journal of International Relations*, 13(3), 357–383.
- Stritzel H (2014) *Security in Translation: Securitization Theory and the Localization of Threat*. London: Springer.
- Suriyachotichayangkul J (2020) *Considering the COVID-19 Management in Thailand under “Health before Freedom” Discourse*. Bangkok: Thailand Development Research Institute.
- Tannenbergh M, Bernhard M, Gerschewski J, Lührmann A and Von Soest C (2021) Claiming the right to rule: regime legitimization strategies from 1900 to 2019. *European Political Science Review*, 13(1), 77–94.
- Tatlow H, Cameron-Blake E, Grewal S, Hale T, Phillips T and Wood A (2020) *Variation in the Response to COVID-19 Across the Four Nations of the United Kingdom*. Oxford: Blavatnik School of Government.
- Taureck R (2006) Securitization theory and securitization studies. *Journal of International Relations and Development* 9, 53–61.
- Tickner AB (2015) Securitization and the limits of democratic security. In *Routledge Handbook of Latin American Security*. London: Routledge, pp. 67–77.
- United Kingdom Cabinet Office (2022) *COVID-19 Response: Living With COVID-19*. London: United Kingdom Cabinet Office.
- United Kingdom Department of Health and Social Care (2022) *Vaccination of Workers in Social Care Settings other than Care Homes: Operational Guidance*. London: United Kingdom Department of Health and Social Care.
- United Kingdom House of Commons (2020) *The Government’s Response to COVID-19: Human Rights Implications*. London: United Kingdom House of Commons.
- Vaughn, J., 2009. The unlikely securitizer: Humanitarian organizations and the securitization of indistinctiveness. *Security Dialogue*, 40(3), 263–285.
- Vraga EK and Bode L (2020) Defining misinformation and understanding its bounded nature: using expertise and evidence for describing misinformation. *Political Communication* 37, 136–144.
- Vuori JA (2008) Illocutionary logic and strands of securitization: Applying the theory of securitization to the study of non-democratic political orders. *European Journal of International Relations*, 14(1), 65–99.
- Wæver O (1995) Securitization and desecuritization. In Lipschutz R (ed.), *On Security*. New York: Columbia University Press, pp. 1–31.
- Wæver O (2011) Politics, security, theory. *Security Dialogue* 42, 465–480.
- Wilhelmsen J (2017) How does war become a legitimate undertaking? Re-engaging the post-structuralist foundation of securitization theory. *Cooperation and Conflict* 52, 166–183.
- Williams MC (2011) Securitization and the liberalism of fear. *Security Dialogue*, 42(4–5), 453–463.
- Wolf I (2022) With Eased Covid Curbs, Lift Decree. *Fortify Rights*. 5 July. Available at <https://www.fortifyrights.org/tha-inv-oped-2022-07-05/>.
- World Health Organization (2020) *Novel Coronavirus - Thailand (ex-China)*. Geneva: WHO.
- Yilmaz I, Shipoli E and Demir M (2021) Authoritarian resilience through securitization: an Islamist populist party’s co-optation of a secularist far-right party. *Democratization* 28, 1115–1132.
- Yilmaz I, Shipoli E and Demir M (2023) *Securitization and Authoritarianism: The AKP’s Oppression of Dissident Groups in Turkey*. London: Springer Nature.
- Yoda T, Suksatit B, Tokuda M and Katsuyama H (2022) Analysis of people’s attitude toward COVID-19 vaccine and its information sources in Thailand. *Cureus* 14, 1–10.