

# The Role of Volunteerism and Buddhist Ethics for the Covid-19 Pandemic Response in Thailand

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## Abstract:

Thailand was the first country outside of China where a case of COVID-19 was found when a tourist entered the country from China in February 2020. Still, as of now, the overall mortality there from Covid-19 remains much lower than in most other countries. What are the factors of this success? In this paper, we focus on the role of volunteerism and argue that its seamless integration into the Thai public health care system is founded upon the predominantly Buddhist religious culture in the country and corresponds to the cultivation of Buddhist virtues, such as compassion (*karuṇā*), and the motivation to do/make merit (*tham bun*). We suggest that Buddhist ethics and its habituation constitutes the key factor that underlies the country's strong volunteer culture. We address our topic by surveying the existing literature and conducting semi-structured interviews with seven health volunteers in May and June 2022. We deal with the possible objection that Theravāda Buddhism practised in Thailand is an individualistic religion and a rather negative motivating factor for volunteerism and efficient pandemic response.

**Keywords:** Thailand, Covid-19, public health, virtue ethics, Buddhism, *karuṇā*, merit

## Introduction

Covid-19, caused by the virus SARS-CoV-2, is a new disease that has created widespread disruptions worldwide in a very short time. It is the first truly global pandemic since the so-called Spanish flu of 1918. Most of the world was caught unprepared and struggling to understand and contain it as it first emerged in central China at the end of 2019.<sup>1</sup> The standard non-pharmaceutical interventions (NPIs) for slowing down the spread of the disease, namely wearing face masks, maintaining physical distance, handwashing, (partial) lockdowns, contact-tracing, and isolations,

<sup>1</sup> There were, however, many preceding warnings and calls for pandemic preparedness by experts on infectious diseases, see, for instance: Laurie Garret, *The Coming Plague: Newly Emerging Diseases in a World Out of Balance* (New York: Farrar, Straus and Giroux, 1994); Deborah Mackenzie, *Covid-19: The Pandemic that Never Should Have Happened, and How to Stop the Next One* (New York: Hachette Books, 2020). Also, the TED presentation of Bill Gates from 2015 is well-known: <[https://www.ted.com/talks/bill\\_gates\\_the\\_next\\_outbreak\\_we\\_re\\_not\\_ready/](https://www.ted.com/talks/bill_gates_the_next_outbreak_we_re_not_ready/)> [Last access: June 14th].

remain in place in some areas of the world. These NPIs were crucial and the only effective tool, especially in earlier stages of the pandemic, that is, during 2020 and the first half of 2021, before vaccines and other pharmaceutical treatments became widely available. In some regions, such as Thailand, the disease was even temporarily eliminated thanks to publicly supported NPIs. This gave precious time for health care resources to cope well with the outbreaks so that good care that saved many lives could be provided. However, in the long run, it was the effective Non-Pharmacological Intervention such as the high rates of vaccination and regular boosters that promised to get the lives of most people back to (a sort of vigilant, new) normal. Fortunately, effective vaccines have been developed to combat the disease at an unprecedented speed. Moreover, new groundbreaking technologies, such as mRNA that produces the vaccines through direct genetic manipulation of the human cellular processes have been applied successfully on a large scale for the first time. While vaccines and therapies have been developed against the disease by now, NPIs still play an important complementary role in slowing down the spread and saving lives.<sup>2</sup>

During the earlier stages of the pandemic, dramatic differences appeared among various countries and regions concerning the overall negative impact of Covid-19 on the population health, such as differences in cumulative mortality.<sup>3</sup> It is well known that Thailand has been so far among the more successful countries when it comes to dealing with Covid-19.<sup>4</sup> Why is that? Is it mere accidental luck based on *external factors* such as climate, age structure, or geographical isolation that are to a large degree beyond human control? Are there rather *internal factors* that have to do with pandemic preparedness and the nature, timing, and efficiency of interventions or the lack of them within the given population? Experts in global health and pandemic preparedness indicate that the success or

- 2 There is a rich and complex literature concerning the effectiveness of NPIs and its complementarity to vaccines. For a recent overview and further references, see, for example, Ge Yong et al., 'Impacts of worldwide individual non-pharmaceutical interventions on COVID-19 transmission across waves and space', *International Journal of Applied Earth Observation and Geoinformation*, Volume 106, 2022, 102649, 1–9, <https://doi.org/10.1016/j.jag.2021.102649>. The authors state in the concluding discussion that '...based on longitudinal public health interventions and socio-demographic datasets across COVID-19 waves, our study revealed that NPI measures played overwhelming roles in mitigating the pandemic, with varied effects across multi-spatial and temporal scales' (Yong et al., 'Impacts', 2).
- 3 For current global data, see, for example, Hannah Ritchie, Edouard Mathieu, Lucas Rod  s-Guirao, Cameron Appel, Charlie Giattino, Esteban Ortiz-Ospina, Joe Hasell, Bobbie Macdonald, Diana Beltekian and Max Roser (2020) – 'Coronavirus Pandemic (COVID-19)'. *Published online at OurWorldInData.org*. Retrieved from: <https://ourworldindata.org/coronavirus> [Online Resource]. Besides the cumulative mortality per population and excess mortality, there are other important measures of the impact of Covid on the health of the population in a given country, such as life expectancy, years of life lost (YLL), disability-adjusted life years (DALYs), quality-adjusted life-years (QALYs), etc. Despite uncertainties and difficulties with cross-country data comparisons, some countries, such as Thailand or Australia, stand out as consistently more successful than others, such as the Czech Republic or the U.S.
- 4 For a good overview of the initial successful NPI approach of Thailand as a country to the pandemic and the later mistakes that brought about the third wave, see Kumthorn Malathum and Porntip Malathum, 'The covid-19 Pandemic: What we have learned from Thai experiences', *Pacific Rim International Journal of Nursing Research* 24, no. 4 (2020): 431–435; and Henning Glaser 'Thailand's Covid-19 Struggle: Conditions, Consequences, Revelations', *Asia Fighting Covid-19 paper series* (Bangkok: Thammasat University, 2021): 1–19. The latter author observes that the excellent voluntary compliance with NPIs among the Thais 'is largely the result of public morality that places importance on the ... avoidance of putting others at risk' (p. 6). In the latter part of 2021, however, mainly due to the slow rollout of the vaccination, the epidemic situation significantly deteriorated. Thus, although Thailand can still be counted as one of the successful countries that managed to save proportionally almost ten times more lives than some of the worst-performing countries such as the U.S. or the Czech Republic, some metrics rank it relatively low. For instance, 'Thailand's rank in the Nikkei COVID-19 Recovery Index, which ranks more than 120 countries on their recovery chances as derived from data on infection management, vaccine rollout, and social mobility ... [was] ... almost last of all recorded countries globally at a devastating position of 119, one rank after Zambia (118) and one before the two countries listed last, Namibia and South Africa (both 120)' (p. 8). For Zambia and its initial success, see David Mutemwa, Veronika Zv  novcov  , Anna Helov  , and Daniel D. Novotn  y. 'The Role of Religion, Philosophy of Life, Global Health, Traditional Medicine, and Past Experiences in the Covid-19 Pandemic Response: Zambia Case Study', *Caritas et Veritas* 11, no. 1 (2021): 18–49; needless to say, in the case of Africa, unlike that of Thailand, we have not much certainty when it comes to statistics, see also Joseph Waogodo Cabore et al., 'COVID-19 in the 47 countries of the WHO African region: a modelling analysis of past trends and future patterns', *Lancet Glob Health* Jun 1 (2022): S2214-109X(22)00233-9. For Thailand's overall top pandemic preparedness (including its surveillance, containment, response), see detailed reports of the *John Hopkins Health Security Index* that ranked Thailand #6 (2019) and #5 (2021) worldwide. For a commentary on Thailand's evaluation in the index, see Alwin Issac et al., 'An examination of Thailand's health care system and strategies during the management of the COVID-19 pandemic', *Journal of global health*, 11:03002, (2021).

failure to protect the population's health against a new infectious disease is a matter of internal rather than external factors. Whether a given country manages to protect the health and lives of its citizens or not is mainly dependent on what has been done or not done in preparation and during the health crisis and how well the population is engaged at a community level.<sup>5</sup>

As previously indicated, epidemics and pandemics are not simply natural phenomena but depend primarily on the behaviour of the affected human societies. This means that investigating the factors behind the successes and failures of various countries in protecting the health of their citizens is an appropriate research subject for both experts in the relevant biomedical and biostatistical disciplines and researchers in social sciences and humanities, that is, historians, ethicists, public health experts, political scientists, economists, sociologists, anthropologists, media experts, and other scholars. This, in fact, has been going on to some degree since the early phases of the pandemic. Scholars such as Richard Horton, editor-in-chief of *The Lancet*, in the pioneering book *The COVID-19 Catastrophe: What's Gone Wrong and How to Stop It Happening Again* (Cambridge: Polity) have tried already in mid-2020 to identify ethical, epistemic, cultural, and political factors that might play a role in the curious failure of the most developed Western countries to respond adequately to the pandemic.<sup>6</sup> In this paper, we aspire to contribute to this interdisciplinary discussion by looking at Covid-19 responses in Thailand from the point of view of social and religious ethics.

Our focus in this paper is volunteerism and its relations to (Theravāda) Buddhist (virtue) ethics that dominates the 'philosophy of life' of Thai people. We draw on available literature concerning the topic, recent semi-structured interviews conducted in the field with seven volunteers, and deal with several conceptual issues. We claim that the Theravāda Buddhism practised in Thailand significantly contributes to volunteerism, despite its apparent focus on individual salvation, which distinguishes it from other Buddhist traditions and Western religions, such as Judaism, Christianity, and Islam.<sup>7</sup>

## Village Health Volunteers in Thailand

As already indicated, Thailand has been successful with respect to combatting Covid-19 and that despite many political and economic problems currently facing the country. The implementation

5 '... resilience cannot be achieved solely through unidirectional and top-down approaches by governments and other entities. Resilience requires community engagement as much as regulations and hospital capacity. Community engagement and its interlinkage with community resilience is fundamental to managing not only health threats but also other threats, such as climate and environmental change. ... Importantly, health systems resilience requires countries worldwide to be open to exchange of knowledge and expertise from regions such as Asia and Africa, which have effectively mobilized [Community Health Workers] and communities to extend the reach, capacity and quality of their health systems.' Victoria Haldane et al., 'Health systems resilience in managing the COVID-19 pandemic: lessons from 28 countries', *Nature Medicine* volume 27, pages 964–980 (2021), p. 979.

6 For a detailed analysis and defense of Horton's views, see Daniel D. Novotný, 'Covid-19 katastrofa: Nad knihou Richarda Hortona', *Filosofie dnes*, Vol. 12 No. 2 (2020): 88–127. For a theoretical overview and assessment of the basic anti-pandemic strategies in global context, see Daniel D. Novotný, 'Strategie boje s epidemií: vítězové a poražení?' *Časopis zdravotnického práva a bioetiky*, Vol. 11, No. 2 (2021): 1–19.

7 We do not aspire for a complete and exhaustive analysis and evaluation of all the factors, not even in the specific ethical and cultural domain. One may argue, for example, that one of the positive factors contributing to the effective Covid-19 response in Thailand is the high respect towards the life and dignity of the elderly, high voluntary compliance with public health measures, distance culture manifested, for example, in forms of greeting, understanding of specific risks characteristic of infection diseases, high trust to public health authorities and their precise, timely, and unanimous communication, etc. Concerning Thailand, see more comprehensively, for example, Kraichat Tantrakarnapa, Bhophkrit Bhophdhornangkul, and Kanchana Nakhaapakorn, 'Influencing factors of COVID-19 spreading: a case study of Thailand', *J Public Health (Berl.)* 30(3), (2022): 621–27, (published online 18<sup>th</sup> June 2020); Henning Glaser, 'Thailand's Covid-19 Struggle: Conditions, Consequences, Revelations', *Asia Fighting Covid-19 paper series*, 2021 (Bangkok: Thammasat University); and Sipat Triukose et al. 'Effects of public health interventions on the epidemiological spread during the first wave of the COVID-19 outbreak in Thailand', *PLoS ONE* 16(2): e0246274, (2021).

of effective public health measures has a deeper history. It does not concern just Covid-19, but there have been successful campaigns in the past to reduce the number of cigarette smokers drastically;<sup>8</sup> Thailand has also been among the countries exposed to SARS in 2001 and coped with it very effectively;<sup>9</sup> the country is also well known for its universal health care programme, where citizens are required to pay only 30 Thai baht (around one US dollar) per visit. While there are many reasons for these successes, one of the most significant contributions is the vibrant culture of public health volunteerism and the active participation of many non-governmental players. Besides removing the pressure off the Thai medical, hospital, and quarantine facilities, volunteers and non-governmental players substantially improve compliance with public health measures. In the case of Covid-19, this concerns NPIs such as mask-wearing, contact tracing, and occasional early lockdowns of certain types of risk businesses. Whereas in most Western countries, opposition to NPIs has been reported, no such undesirable phenomenon occurred in Thailand.

Volunteerism in Thailand is manifested primarily in one-million strong so-called village health volunteers (henceforth VHVs). This is a significant number in a country with a population of seventy million. The World Health Organisation (WHO) has called these VHVs ‘unsung heroes’, as they play a crucial role in producing tangible results in public health measures.<sup>10</sup> The idea behind the village health volunteers goes back to 1977, when a national policy promoted the existing community volunteers to help with public health measures. The VHVs represent the furthest reach of community care to the people, as they are recruited from the communities themselves. Volunteers assist medical doctors with making health records of the population, campaigning for eliminating mosquitoes, disseminating valuable health-related news to the villagers, and so on. VHVs are trained for 48 hours on basic public health, but they stay updated on the latest health-related information via various platforms, including social media. Around 70 percent of VHVs are women. VHVs receive a basic salary from the government, but the pay, about 1,000 Thai baht (cca 28 USD) a month, is so low that it is more a token of appreciation than anything else. Thus, the works of the VHVs are nonprofit and voluntary in nature.<sup>11</sup>

The role of the VHVs during the Covid-19 pandemic is well documented.<sup>12</sup> Furthermore, there

8 Cf., for example, with further references, Sue George, ‘Tobacco control in Thailand means creative approaches to quitting’, *The Guardian*, 19<sup>th</sup> July 2016, <https://www.theguardian.com/health-revolution/2016/jul/19/tobacco-control-thailand-creative-quitting-ad-tax>.

9 Cf. Achara Chaovavanich et al., ‘Early containment of severe acute respiratory syndrome (SARS); experience from Bamrasnaradura Institute, Thailand’, *J Med Assoc Thai*. October 2004; 87(10): 1182–7.

10 World Health Organization / News (2020) ‘Thailand’s 1 million village health volunteers – “unsung heroes” – are helping guard communities nationwide from COVID-19’, 28<sup>th</sup> August 2020, <https://www.who.int/thailand/news/feature-stories/detail/thailands-1-million-village-health-volunteers-unsung-heroes-are-helping-guard-communities-nationwide-from-covid-19>.

11 For more on VHVs before Covid-19, cf., for example, Karen S. Kauffman and Donna Hicks Myers, ‘The changing role of village health volunteers in Northeast Thailand: an ethnographic field study’, *International Journal of Nursing Studies*, Vol. 34, Issue 4, (1997): 249–255; and Sarah Kowitt, Dane Emmerling, Edwin Fisher, and Chanuantong Tanasugarn, ‘Community Health Workers as Agents of Health Promotion: Analyzing Thailand’s Village Health Volunteer Program’, *Journal of community health*. 40 (2015). 10.1007/s10900-015-9999-y.

12 Phudit Tejavataddhana, Wichukorn Suriyawongpaisal, Viji Kasemsup, Thunwadee Suksaroj, ‘The roles of village health volunteers: COVID-19 prevention and control in Thailand’, *Asia Pacific Journal of Health Management*, 15(3), (2020): 18–22; Kittiporn Nawsuwan, Noppcha Singweratham, Navarat Waichompu, Kotchakorn Chayakul. ‘ความสำเร็จในการดำเนินงานควบคุมโรคติดต่อไวรัสโคโรนา (COVID-19) ในชุมชนของอาสาสมัครสาธารณสุขประจำหมู่บ้าน (อสม.) ในประเทศไทย’ [‘The Successful Implementation of Novel Coronavirus (COVID-19) in the Community of Village Health Volunteers (VHVs) in Thailand’]. *Princess of Naradhiwas University Journal*, 12(3), (2020): 195–212; Proynt Modchang, Poonsuk Pramoratet, and Pitak Panprem. ‘Village Health Volunteers (Volunteers) with Information Technology Amidst the COVID-19 Epidemic’, *2021 Joint International Conference on Digital Arts, Media and Technology with ECTI Northern Section Conference on Electrical, Electronics, Computer, and Telecommunication Engineering*, (2021): 53–256; Nayawadee Kaweenuttayanon, Ratrawee Pattanarattanamolee, Nithikorn Sorncha, and Shinji Nakahara, ‘Community surveillance of COVID-19 by village health volunteers, Thailand’, *Bulletin of the World Health Organization*, 99(5), (2021): 393–397; Phannathat Tanthanapanyakorn, Tammasak Saykaew, Pravi Ampant, Klarnarong Wongpituk, ‘Effective Role of Village Health Volunteers (VHVs) in Response to the COVID-19 Pandemic Emergencies in Thailand’, *International Journal for Innovation Education and Research*. Vol. 9 No. 11, 2021,



is a study on Covid-19 and community health workers (CHWs) in general in the comparative perspective of Southeast Asian countries of Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, North Korea, Sri Lanka, Thailand, and Timor-Este.<sup>13</sup> However, none of these studies discusses the role of the religious and philosophical beliefs and values held by the VHVs as a factor in their public health volunteerism. This is surprising because 95 percent of the Thai population are Theravāda Buddhists, and Buddhism pervades every aspect of Thai culture and beliefs. Hence, we see the need to explore VHVs in relation to the dominant religious culture of Thailand and its motivating force.

## The Nature of (Theravāda) Buddhist Ethics and Volunteerism

The idea of connecting religious belief to volunteerism is quite commonplace. Volunteering, as going beyond one's own duty, has a long and deep religious background, at least in Christianity. For example, the well-known parable of the Good Samaritan (Lk 10:25-37), where the Samaritan goes beyond his duty to help another who is suffering, can be seen as a motivation and example for Christians to become volunteers. Volunteerism has become widespread in countries with a Christian heritage, and there are also various analogical motivating religious factors in Jewish and Islamic communities. What about Buddhism's role, specifically Theravāda Buddhism, in the culture of the VHVs in Thailand? Is volunteerism in Thailand an exception in being utterly devoid of religious roots and motivation, or is it possible to trace back the success of the public health measures and the VHVs in Thailand to the religious and moral teachings of Buddhism? We hypothesise that (Theravāda) Buddhism in Thailand significantly contributes to the public health volunteer culture in the country.

To argue that Theravāda Buddhism plays a role in the success story of Thai public health may be somewhat surprising to some because Buddhism is often claimed to be rather individualistic in its overall orientation. Altruistic helping of *others* is not considered to be so ultimately important as helping *oneself*. This is especially the case for Theravāda Buddhism, which is the type of Buddhism practised in Thailand and in Myanmar, Cambodia, Laos, and Sri Lanka. The main emphasis of the Theravāda practice is indeed *individual* attainment of Liberation, known as *nibbāna* (นิพพาน *nippahan*). Our claim that volunteering in Thailand is related to the Thai Buddhist culture may be seen as contrary to the works of other scholars.<sup>14</sup> For example, in a study of the political

255–260; Chuniha Jamjumrus, 'Health Promoting Behaviors of COVID-19 Prevention among Village Health Volunteers at Uthai Thani Province, Thailand', วารสารศูนย์อนามัยที่ 9: วารสารส่งเสริมสุขภาพและอนามัยสิ่งแวดล้อม, 15(38), (2021): 645–658; Natthaprang Nittayasoot et al., 'Public health policies and health-care workers' response to the COVID-19 pandemic, Thailand', *Bulletin of the World Health Organization*, 99(4), (2021): 312–318; Jiaviriyaboonya Poonnatree, 'Anthropological study of village health volunteers' (VHVs) socio-political network in minimizing risk and managing the crisis during COVID-19', *Heliyon*, Volume 8, Issue 1, 2022.

13 Supriya Bezbaruah et al., 'Roles of community health workers in advancing health security and resilient health systems: emerging lessons from the COVID-19 response in the South-East Asia Region', *WHO South-East Asia Journal of Public Health*, Volume 10 (3), Supplement 1, (February 2021): 41–48.

14 There is a long and complex discussion of whether Buddhism in general and Theravāda, in particular, is individualistic. The older, widely influential view of Max Weber (1864–1920) of Buddhism as individualistic is rarely accepted without qualification by today's experts. However, the precise nature of Buddhist ethics as related to Western concepts is debated. Influential scholars, such as Damien Keown (*The Nature of Buddhist Ethics* (New York: Palgrave Macmillan, 1992); *Buddhist Ethics: A Very Short Introduction*. (Oxford: Oxford University Press, 2005)), argue for affinity with Aristotle's virtue ethics. This would make Buddhist ethics deeply socially relevant. Others even go further: for instance, Peter Harvey, in his *An Introduction to Buddhist Ethics* (Cambridge: Cambridge University Press, 2000), reports 'a number of Buddhist writers, primarily Theravādins, [who] have sought to articulate a "Buddhist economics" that is different from the capitalist or Marxist-influenced economics that have been the dominant influence on most Asian governments in the post-war era. A stimulus to many of these efforts was a short article on "Buddhist Economics" by the Catholic writer E. F. Schumacher, an advocate of intermediate technology and critic of Western development models who had been an economic adviser in Burma.' (pp. 215–225) The efforts of these writers, many of them Thais, such as Buddhadasa (1906–1993), Prayudh Payutto (1938–), and Sulak Sivaraksa (1933–), may be viewed as an attempt to go beyond Western individualism. However, this still does not make Theravāda's religious communities

ramifications of the Thai government's responses to Covid-19, Henning Glaser, the Director of the German-Southeast Asian Center of Excellence for Public Policy and Good Governance (CPG) at the Faculty of Law, Thammasat University, in Bangkok argues that (Thai) Buddhism is a negative force pushing the society in an individualistic and socially disengaged direction. Instead of contributing to volunteerism and managing public health crises, Glaser sees Buddhism as a contributing factor to what he perceives to be a lack of social institutions that provide security and support beyond one's own immediate circles of family and friends.<sup>15</sup> He writes:

On a cultural level, this might be partly attributed to the dominance of Theravāda Buddhism in Thai society, which stresses a strong sense of individualism. This is different, for instance, from Islamic groups in Thailand and in Muslim-dominated neighboring countries where the concept of 'ummah' provides strong incentives to maintain religiously defined social support groups and significant religious associations with strong social functions.<sup>16</sup>

Indeed, we need to acknowledge that only a few Buddhist social support organisations explicitly express Theravāda identity. Thai Buddhist tradition defines rather strict and narrow roles for the monks, and it is understood broadly in Thailand that the monks' part does *not* include social work. This is in sharp contrast to the Mahāyāna tradition, where monks and temples work directly for the betterment of society. A clear example is the Tzu Chi Foundation in Taiwan, a large Buddhist organisation devoted to social work and support. This type of organisation is possible in Taiwan, a predominantly Mahāyāna Buddhist culture, because of the basic teachings of Mahāyāna Buddhism that emphasise working for the alleviation of suffering of all beings rather than for oneself alone. There is also an entire movement of so-called (Socially) Engaged Buddhism rooted in the life and work of non-Theravāda Buddhist activists and scholars, such as Bhimrao Ramji Ambedkar (1891–1956) in India, Thích Nhất Hạnh (1926–2022) in Vietnam, and many others in the West.

We claim that cultures of Theravāda Buddhism, such as the ones in Thailand, provide (pace Glaser) a potent form of social support for public health volunteerism, even though in some sense, the cultures may be viewed as individualistic. However, the kind of support given by the Theravāda Buddhist temples in Thailand is informal and indirect.<sup>17</sup> A familiar scene is that of the

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as explicitly socially engaged as Mahāyāna's or other religious communities. In the latest and most sophisticated stage of the discussion, it has been argued by Donna Lynn Brown ('Is Buddhism Individualistic? The Trouble with a Term', *Journal of Buddhist Ethics*, Volume 28 (2021): 55–99), that 'the term "individualism" causes trouble' and that 'contemporary scholars who deem it wholly negative, use it as an archetype, or use it to symbolize Western modernity ... [which leads] into overlooking what data show' (Brown, 'Is Buddhism', 89). Our approach may be taken as a confirmation of Brown's point: regardless of whether and in which sense Theravāda doctrine and practice is 'individualist', it informs 'non-individualist' beliefs and habituates virtues such as those characteristic of VHVs.

15 Henning Glaser, 'Thailand's Covid-19 Struggle: Conditions, Consequences, Revelations', *Asia Fighting Covid-19 paper series*, 2021 (Bangkok: Thammasat University), 11.

16 Henning Glaser, 'Thailand's Covid-19 Struggle', note 29. According to Glaser, 'dysfunctional socio-political dynamics ... represent[s], from a conservative perspective, an inherent operational principle of Thai society, rooted in its fundamental values derived from an orthodox interpretation of Theravāda Buddhist ethics. According to the latter's central assumption of the life-defining consequences of past deeds and merits, inequality is just an inevitable consequence of the cosmic law of dharma, the distributive justice of Buddhist political theology which is forming a core part of Thailand's national ideology.' (Glaser, 'Thailand's Covid-19', 12). Somewhat inconsistently and without proper insight, however, Glaser also claims that Thailand has 'a social aid system which is the traditionally semi-official function of the state-regulated Buddhist community in providing social services. While monasteries as traditional providers of social services are doing their best to mitigate the consequences of the crisis, many are reported to be struggling themselves given the scale of the problem and their own dependency on alms.' (Glaser, 'Thailand's Covid-19', 10).

17 Our claim is in harmony with the anthropological research of Juliana Essen (Juliana Essen, 'Buddhist Ethics in South and Southeast Asia', in Daniel Cozort, James Mark Shields, eds. *The Oxford Handbook of Buddhist Ethics* (Oxford: Oxford University Press, 2018), 260–278). In her excellent survey, she identifies five types of ethics distinguishable in South and Southeast Asia, namely political/royal, monastic, engaged (e.g., in environmental issues), karmic/lay, and worldly/urban. She provides various examples of non-direct channels 'that bridges the individualism of Buddhism and the sociality of lay life', such as the so-called 'transfer of karma' (Essen, 'Buddhist Ethics', 274). Our paper may be viewed as complementary to her chapter. What she mainly discusses in the domain of environmental

lay people talking to the monks in the temples about their problems, asking the monks for advice. This may not be the same as the temple organising its own organised social support structure, the kind that exists in Taiwan and Mahāyāna societies. Still, it is an effective form of social support, given that more than 30 000 active temples (wats) are spread throughout the kingdom. Theravāda Buddhism, similarly to other types of Buddhism, encourages its practitioners to cultivate various virtues, four of which are known as *brahmavihārās*, lit. ‘abodes of Brahma’ (พรหมวิหาร 4, *phrom wihan* 4), consisting of loving-kindness (เมตตา, *metta*), compassion (กรุณา, *karuna*), sympathetic joy (มุทิตา *muthitaa*), and equanimity (อุเบกขา, *upekkhaa*).<sup>18</sup> Compassion, for instance, is sometimes considered as one of the key aspects for Buddhism, along with ‘wisdom’ (*prajña*), especially in the Mahāyāna tradition.<sup>19</sup> The original Sanskrit word *karuṇā* for compassion means the desire to alleviate all sentient beings’ suffering and the commitment to help alleviate it. According to this Buddhist teaching, this desire and the corresponding action arise from the realisation that all things are interdependent. Nothing exists on its own without being related to others; these relations that a thing must have to others constitute the being of the thing in question. Thus, compassion comprises the feeling one has toward others and the more objective aspects of the genuine altruistic commitment with the underlying understanding that entities are interdependent. This is one of the vital Buddhist virtues that helps devout Buddhists to perform volunteer work. Moreover, these actions are also valuable as a means towards individual liberation and merit-making (ทำบุญ, *tom bun*).<sup>20</sup>

Despite the motivating force of Buddhist philosophy, Thai monks are not supposed to become active in social work in Thailand. Hence, the organisations that take up the role in Thailand are secular in nature. The VHVs, being organised by the Thai government, represent an attempt to create a close connection between the government and the people. The government gives the VHVs instructions and training through the Ministry of Public Health. As they know their villages and fellow villagers well, the policy implementation can become very effective. However, we have so far only limited and rather an anecdotal empirical confirmation of the claim that the primary motivation for the VHVs to become volunteers is due to their Buddhist belief, the fact that most of them are Buddhists, and that there is the teaching of merit-making and *karuna* and other virtue cultivation should be sufficient to make our hypothesis a good candidate for further studies in this regard. A lay Theravāda Buddhist is expected to be compassionate and in a concrete, socially relevant, and active sense to progress in their virtue and individual spiritual path.

## Does Theravāda Buddhism Contribute to Village Health Volunteer Culture?

To corroborate our hypothesis that Theravāda Buddhism has a significant motivating role in flourishing volunteer culture in Thailand, we conducted in May and June 2022 semi-structured interviews with seven VHVs who live around Wat Daeng Temple in Nonthaburi, Thailand (a part of the Bangkok Metropolitan Region). We did not know the interviewees but were helped by

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or political-social concerns we do for public health and volunteerism. We also ‘counter claims that Buddhism is an apolitical, purely individualistic or asocial, world-renouncing religion’ and aim to show ‘the plurality and complexity of ethical Buddhist practice in the region.’ (Essen, ‘Buddhist Ethics’, 276).

18 Jay L. Garfield, *Buddhist Ethics: A Philosophical Exploration* (Oxford: Oxford University Press, 2022), ch. 9.

19 Paul Williams, *Buddhist Thought: A Complete Introduction to the Indian Tradition* (Routledge, 2020); Jay L. Garfield. *Buddhist Ethics*. 111–115.

20 The text of this paragraph has been partially adopted from our work: Soraj Hongladarom and Daniel D. Novotný, ‘Autonomous Vehicles in Drivers’ School: A Non-Western Perspective’, in: *Autonomous Vehicle Ethics: The Trolley Problem and Beyond*, eds. by Ryan Jenkins, David Černý, and Tomas Hříbek (Oxford: Oxford University Press, 2022), ch. 6.

Mrs Atikarn Hongladarom, a registered nurse who work at the Wat Daeng Tambon Hospital. Part of Mrs Atikarn Hongladarom's work involves coordinating with the VHVs in the area, so she knows many of the volunteers personally. Wat Daeng is a Buddhist temple on the bank of the Chao Praya River, some 30 kilometres north of central Bangkok. It is in a rapidly changing community, from rural to urban residential. The Tambon (Subdistrict) Hospital is next to a primary school, the Wat Daeng Elementary School, directly adjacent to the temple. The VHVs in the area are active, and the remaining rural communities are closely united. Traditionally, the land surrounding the temple was predominantly used as fruit orchards. Still, due to the expansion of the Greater Bangkok metropolitan area, much of the land has been sold to make room for urban housing communities.

Nonetheless, the traditional rural fruit-growing communities are there, and the VHVs come from this group, as the dwellers of the housing communities usually go to private clinics or hospitals in Bangkok for their health needs. We asked some VHVs in the area about their motivation to become VHVs and whether and, if so, to what extent their Buddhist belief influenced their decision (all interviewed VHVs were Buddhists – it would be interesting to interview Muslim VHVs who are there in Nonthaburi also, but due to the time constraint we were able only to interview the Buddhist VHVs). One interviewee, Nong, aged 78, told us the following:

'I became a VHV after I retired from my job. I used to work at the Nonthaburi Hospital as an admin staff member. I did not study nursing because I was afraid of blood and wounds. I stayed at the hospital for seven years and then moved to work at the General Pharmaceutical Office until I retired. Then I was involved in community service and started to know more people in my community. When I worked, I did not have time to know my neighbours closely because I had to go to work every day. Then the Municipality had the policy of establishing VHVs, and then I reflected on myself. I had worked for the government for 40 years, and I wanted to do something to serve our country before I died. So, I decided to apply to become a VHV. ... Another reason is that I wanted to use my time to help others as much as possible. I felt good working for others, helping them in various ways, as well as helping the work of the tambon [subdistrict] hospital.

'My Buddhist belief in the four brahmavihārās guided me in my life. We must share what we have with others; helping others makes us happy too.'

Another interviewee is Somruethai, 42, the Head of the Tambon (Subdistrict), where the Tambon Hospital and the Wat Daeng Temple lie. She is a well-respected figure in the community, and apart from her work as the elected Head of the Tambon, she also volunteers as a VHV. She told us the following:

'Before becoming a VHV, I worked as Head of Village no. 3 and Head of the Tambon Saima. I love volunteering and helping other people. Working as a VHV allows me to care for people, especially when they are sick. I can also help with preventing diseases. I have been a VHV for more than ten years, helping people gain access to public health services such as vaccines for dengue fever and Covid-19. I campaigned to prevent dengue fever and screen those with non-communicable conditions such as hypertension, diabetes, and high cholesterol. Being a Buddhist has helped me a lot in being kind to others and helping those in need. I love to help relieve others from their suffering; that is why I have become a VHV.'

Another, Sangsuree, 54, answered as follows:

'The reason why I decided to become a VHV is that I want to help those who are disadvantaged in society. I want them to gain more chances in life. I am very happy to do this job. Buddhists love to help others to get away from suffering and hardship. Helping others gains me more merit as



a Buddhist practitioner.’

Thai VHVs are predominantly women, but the following is a man, Pramote, 68, who answered the following:

‘I used to be head of a community, and we took care of disabled people and the elderly in the area. This led me to apply to become a VHV so that I could continue to help them. I believe that I still have what it takes for me to do this volunteer work without expecting anything in return. I think that being a Buddhist is important in my volunteering because the religion teaches about being kind and beneficial to others. Everyone helps each other without expecting any material benefits.’ What we can see in these interviews is that the motivation for becoming a VHV is the desire to help others. When asked about whether their Buddhist belief has anything to do with this motivation, they answered that the idea did have a connection with their decision to volunteer. One respondent mentions that volunteering incurs merits (บุญ, *bun*) for their work. In Buddhism, merit is a crucial concept, especially for the layperson, because it constitutes the very reason to become and remain a Buddhist in the first place. Merit can be acquired by donation (*dāna*), practising morality (*sīla*), and contemplation (*bhāvanā*). Our interviewees consider volunteering as a form of donation (*dāna*) because one donates one’s time and effort to helping others. Thus, public health volunteering is a way to make merit and is considered something every Buddhist is expected to do.

Moreover, there is further anecdotal evidence concerning this hypothesis that one may also easily find on the internet. For instance, a video clip on the Village Health Volunteers’ Facebook page says that the main reason these villagers have become VHVs is that the villagers are their families. They feel that there is a bond between them and these villagers. They say they feel happy doing the volunteer work, and when the villagers are grateful to them, they feel more inspired to continue their work.<sup>21</sup> The way these people describe their VHV experience indicates that their Theravāda Buddhist faith (ศรัทธา, *satthaa*) inspires them. Ideas such as mutual bond and connectedness, happiness related to good deeds, alleviation of suffering, etc., are considered to be typically Buddhist attitudes. The cultivation of these attitudes, virtues, and feelings associated with doing a good action for others and gaining merit are very likely habituated in the local religious community, school, and family.

A possible concern one may raise is that the feeling of happiness that emerges from the VHVs’ work does not stem from their Buddhist faith only; in fact, there is a sizable number of VHVs who profess other religions, such as Christianity and Islam, or no religion at all, so there may not be any link between VHV and Thai Buddhist culture. We reply that we do not claim here that VHV is exclusive to Thai Buddhism. One could feel that one is doing God’s work, or one could feel that one is embarking on the Buddhist path toward eventual Liberation, or one is just a secular altruist; the result is that one willingly does volunteer work. We suggest here, however, that despite the apparently entirely secular character of the VHV as an institution and the individual focus of Theravāda culture in Thailand, there is significant, even if indirect religious support for VHVs there. Indeed, one needs to do more quantitative empirical research, going beyond our few qualitative results, to show more clearly an actual connection between the Buddhist VHV’s faith and their decision to do the volunteer work; the hypothesis, however, is vital as there are clear interrelations between the two.<sup>22</sup>

21 See various testimonies available at: อสม.ออนไลน์ [Volunteer Online], Facebook, 1<sup>st</sup> July 2022, <https://www.facebook.com/aorsormor/>.

22 One may try to press the objection further. What if a VHV happens not to profess any religion at all? This is a trend among the younger generations of Thai people, many of whom have become disillusioned with the country’s traditional, mainstream Buddhist practices. We reply, again, that the sense of fulfilment and happiness that emerges from doing the volunteer work is not specific to Thai Buddhism. One may have a clear non-religious motivation for altruism and social work similar to a Buddhist VHV. We do not consider religion a necessary condition for volunteerism; we just argue that it is sufficient for many devout Theravāda practitioners in Thailand.

## Conclusion

This paper addresses the role of volunteerism and community work in Thailand during the Covid-19 pandemic. Volunteerism, expressed especially in the organisation of Village Health Volunteers (VHVs), is arguably one of the significant factors explaining Thailand's comparative success in dealing with the pandemic, which also exceeds the response and efficiency of many more affluent countries, especially in the West. While Thai volunteerism is well-described in the scholarly literature, we observe that there is little to no attention given to its relations to the predominantly Buddhist culture in the country. We argue here that public health volunteerism is indeed rooted in Thai Buddhism. However, this claim faces an objection that the particular tradition of Buddhism practised in Thailand is individualistic and prevents monks (as a sort of a Thai Buddhist elite) from being involved in volunteerism and in social and charitable works. We argue that Thai Buddhism indirectly contributes to volunteerism culture via the beliefs of merit-making and the cultivation of Buddhist virtues, such as compassion (*karuṇā*). Hence, Theravāda Buddhism is not a negative but a positive motivating factor for volunteerism and efficient pandemic response. While our paper presents only limited new empirical findings, it draws attention to the importance of researching complex and often surprising influences that religious and moral traditions play concerning public health challenges and crises. Public health authorities would likely benefit from considering more systematically the positive potential of religious cultural traditions. Further research is needed also into legal and institutional frameworks that make religiously motivated volunteering well-integrated into public health systems.

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