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REPORT

Migration policies during COVID-19: A comparative study of Thailand and the United States

Krittiya Kantachote*

Department of Sociology, Faculty of Social Sciences, Srinakharinwirot University, Bangkok, Thailand

Abstract

With a few notable exceptions, systematic comparative analyses of how the COVID-19 pandemic affected migration-related policies remain limited. This documentary study examines how the COVID-19 pandemic shaped migration-related travel restrictions and mobility policies, with a comparative focus on Thailand and the United States. This article begins by examining shifts in global migration policy during the pandemic. Then it focuses on Thailand and the United States as a comparative case study. Thailand adopted a more conservative approach to the pandemic, resulting in a low cumulative number of reported cases and a relatively low initial infection rate. Conversely, the United States took a more liberal stance and experienced both high infection rates and the highest number of recorded COVID-19 cases. The findings suggest that migration policy shifted according to the severity of the pandemic. Most countries initially imposed strict travel restrictions because of the perceived severity and mortality risk of COVID-19; however, as vaccination efforts progressed and the number of COVID-related fatalities decreased, many nations began to loosen their regulations. This article contributes to our current understanding of migration policy by showing that, even in response to a shared crisis, governments may pursue different strategies that produce divergent outcomes. In the case of another pandemic, the results of this research will aid in determining future paths for international migration policy.

Keywords: Migration policy; Documentary research; Communicable disease; COVID-19; Comparative study; Thailand; United States

***Corresponding author:**
Krittiya Kantachote
(krittiyak@g.swu.ac.th)

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1. Introduction

Coronavirus disease 2019 (COVID-19) spread rapidly across the globe after it was first identified in China in December 2019 (World Health Organization [WHO], 2023a). As of December 2025, there have been 779,034,940 reported cases of COVID-19 worldwide, with a total of 7.1 million deaths (WHO, 2025b). At its peak, the total number of COVID-19 cases reported to the WHO in December 2022 was 44.2 million (WHO, 2025b). While the majority of individuals infected with the virus experience mild to moderate respiratory symptoms and recover without the need for specialized care, some people quickly become seriously ill and require substantial medical attention. Older adults and those with underlying medical issues are much more likely to develop severe illness (WHO, 2025a).

In response, the WHO, along with various national governments and health agencies, encouraged individuals to adopt preventive measures to slow the virus's spread, including social distancing, wearing protective masks, frequent handwashing, the use of alcohol-based sanitizers, vaccination campaigns, and the implementation of lockdowns (WHO, 2025a). As of December 2025, the United States (US) had the highest number of recorded cases at 103,436,829, followed by China at 99,381,761 and India at 45,056,126 (WHO, 2025b). Each country experienced different waves of the pandemic, with each wave displaying unique characteristics (Kunno *et al*., 2021). These variations had important implications for the types of health interventions adopted (Swain *et al*., 2024). During the pandemic, many countries imposed restrictive measures on travel, such as entrance restrictions, quarantines, and domestic or international travel limitations for both residents and visitors, with the aim of reducing the spread of the virus.

While governments, international organizations, and media outlets documented widespread changes in migration policies throughout the pandemic, a systematic, comparative review of national approaches remains scarce, with a few exceptions (Hoff, 2023; Ten Have *et al*., 2023). Additionally, there has been extensive research on the effects of the pandemic on Thailand (Baker & Phongpaichit, 2021; Richardson & Pettigrew, 2022; Suntayakorn, 2022; Suphanchaimat *et al*., 2021), yet no study has focused specifically on how Thailand's migration policies evolved during the pandemic. This research thus seeks to address this gap in the literature by focusing on Thailand's migration policy during the COVID-19 pandemic. To get a more nuanced understanding of how differing national contexts lead to varying migration policies, the US is included as a comparative case.

These two countries were selected primarily because of the stark contrasts in their approaches to the pandemic. Thailand recorded a relatively low number of infections early in the pandemic and maintained a low cumulative total throughout. The WHO even praised Thailand as an exemplary model of containing the virus (Baker & Phongpaichit, 2021). Thailand also took a more conservative approach to managing the pandemic, especially in the initial stages. It began screening passengers from Wuhan just three days after China announced the emergence of unusual cases of pneumonia, and within five days, Thailand confirmed the first COVID-19 case outside of China (Sirilak, 2020). This strategy was often seen as prioritizing public health over economic concerns. For instance, in May 2020, despite reporting very few or even zero new cases on some days (Sirilak, 2020), students were still required to attend classes online (Imsa-ard, 2020; Office of the Permanent Secretary, 2020), and many businesses remained closed (Thailand Convention and Exhibition Bureau, 2020; Tourism Authority of Thailand Newsroom, 2020). In contrast, the US had very high infection rates and currently holds the highest cumulative number of COVID-19 cases reported to the WHO (WHO, 2025b). It adopted a more liberal stance toward the pandemic, which can be attributed to the country's emphasis on individuals' rights (Pigott, 2020) and its decentralized governance structure, where individual states were able to adopt varying policies so long as they did not conflict with federal policy (Kettl, 2020).

This article focuses on the effects of the pandemic on migration-related mobility policies affecting both internal and international movement, recognizing that travel restrictions have important economic and social impacts. It begins by examining shifts in global migration policy during the pandemic and follows with a comparative analysis of the cases of Thailand and the US. The findings will help inform future directions for global migration policy in the event of another pandemic.

2. Data and methods

2.1. Data sources

In this analysis, migration policies around the world were systematically reviewed from online sources, with a primary focus on materials published between 2020 and 2023. This study focuses primarily on two nations, Thailand and the US. However, situating these countries within broader global patterns provides a more comprehensive perspective and enhances the study's significance and clarity, as policies do not operate in isolation. Global and regional dynamics play a crucial role in shaping migration movements. By briefly considering other countries, readers can establish reference points, allowing for a better understanding of whether Thailand and the US are representative, exceptional, or somewhere in between. Although the findings of this study are not generalizable, connecting them to global patterns helps illustrate how they may relate to other contexts. The year 2020 was chosen as the starting point because the WHO characterized COVID-19 as a pandemic in March 2020, whereas 2023 was selected as the end point because the WHO declared on May 5, 2023, that COVID-19 no longer constituted a Public Health Emergency of International Concern (WHO, 2023c). Sources included documents from government agencies (for example, the Centers for Disease Control and Prevention [CDC], the Department of Disease Control, Thailand, and the Civil Aviation Authority of Thailand [CAAT]); international and Thai laws and regulations;

reports from international organizations (for example, the WHO and the United Nations [UN]); newspaper articles; and journal articles.

Specifically, the online sources were obtained from government and non-governmental organization websites, Scopus, Google Scholar, and open-access resources, which can be used without permission. All published works that were accessible and related to the chosen search terms (e.g., COVID-19, migration policy) and nations (Thailand and the US) were examined. Sources that were included were either peer-reviewed, published in recognized outlets (e.g., journals, gazettes, or other records), or published by acknowledged organizations such as the Open Development Mekong, Pew Research Center, and WHO. Abstract screening was conducted, and a full-text reading was carried out to identify relevant and suitable documents. All materials or sources reviewed in this study are in either Thai or English. Other language materials were excluded due to the time and cost involved in translation. The Institutional Review Board of Srinakharinwirot University approved this research (SWUEC-672034).

2.2. Analytical methods

The gathered data were synthesized qualitatively. A qualitative thematic analysis was conducted on the selected sources that met the inclusion criteria. Thematic analysis is understood as a method involving the identification, analysis, and reporting of patterns or themes within the data. It is an iterative process requiring careful consideration and interpretation of all available data, while the analysis is continuously revisited as new insights emerge (Dye, 2023). The materials were read repeatedly to ensure familiarity with the dataset before manual coding began. The documents were coded using an inductive approach. Initial codes were generated to highlight significant aspects of the data relevant to the research questions. These codes were then organized into potential themes, representing broader patterns across the dataset. Subsequently, the themes were reviewed and refined to ensure that they accurately reflected both the coded data and the dataset as a whole. In the final stage, the themes were defined and named, followed by a detailed analysis of their relationships to the research topic.

3. Results

3.1. A broad view of the global response to COVID-19

All countries examined in this study introduced changes to their migration policies after the onset of the pandemic, including Canada (Public Health Agency of Canada [PHAC], 2022), China (Chinazzi *et al.*, 2020), South Korea (Segye, 2022), Thailand (CAAT, 2022; Engblom *et al.*, 2020; Tourism Authority of Thailand Newsroom, 2022; United Nations Network on Migration, 2022), and the US (Aubrey, 2020; CDC, 2024; Department of Homeland Security, 2020; Transportation Security Administration, 2021), as well as countries across Africa, the Americas, Asia and the Pacific, Europe, and the Middle East (UN Tourism, 2020a, 2020b, 2020c, 2020d, 2020e, 2020f, 2020g, 2020h, 2021a, 2021b, 2021c). Travel and tourism were among the sectors most severely affected by COVID-19, perhaps more so than by any other event in history. Table 1 shows a summary of restrictive measures on travel due to COVID-19 between 2020 and 2021. Beginning in January 2020, destinations across the Middle East, Asia, the Pacific, and Africa implemented COVID-19-related restrictions (UN Tourism, 2020a). By early February 2020, 59 airline companies had limited and suspended flights to mainland China (Chinazzi *et al.*, 2020).

On April 6, 2020, 96% of global destinations had imposed travel restrictions in an effort to contain the pandemic. Approximately 90 destinations had fully or partially closed their borders to tourists, and 44 others restricted travelers from certain countries. Ninety-two percent of destinations in the Americas and 93% of destinations in Europe had taken comparable actions (UN Tourism, 2020a). By April 20, 2020, all global destinations had implemented some form of travel restriction (UN Tourism, 2020b).

On May 11, 2020, the whole world was under lockdown. All destinations had enacted travel restrictions, and 72% had closed their borders to international tourism completely (UN Tourism, 2020c). A week later, on May 18, 2020, 3% of destinations had begun easing travel restrictions, and several countries were considering reopening their borders (UN Tourism, 2020d). By June 15, 2020, 22% of destinations had eased restrictions, with Europe leading the trend. Still, 65% of destinations worldwide remained closed to foreign tourists (UN Tourism, 2020e). By July 30, 2020, 40% had loosened restrictions on international tourism (UN Tourism, 2020f), and by September 2020, that number had grown to 53% (UN Tourism, 2020g). Destinations that eased restrictions typically had relatively low infection rates and high or very high standards of health and hygiene infrastructure. Nevertheless, 43% of all destinations continued to keep their borders completely closed (UN Tourism, 2020g).

By December 2020, 70% of all global destinations had eased travel restrictions. In terms of lifting restrictions, Europe was at the forefront, followed by the Americas, Africa, and the Middle East. Asia and the Pacific, on the other hand, maintained strict travel restrictions, with significant barriers in place for foreign visitors (UN

Table 1. COVID-19 restrictive measures on travel between 2020 and 2021

Region	Implementation date					
	April 6, 2020	April 20, 2020	May 11, 2020	June 15, 2020	July 5, 2021	November 26, 2021
Africa	100%	100%	100%	85%	19%	9%
Americas	92%	100%	100%	76%	20%	10%
Asia and the Pacific	100%	100%	100%	67%	70%	65%
Europe	93%	100%	100%	26%	13%	7%
Middle East	100%	100%	100%	92%	31%	15%
Restrictive measures	Partial/complete closure of borders to tourists. People who have traveled through or been in certain countries are not permitted entry. Partial/complete suspension of flights. Various actions: medical certifications, self-isolation or quarantine requirements, invalidation or suspension of visas.	45% partial/complete closure of borders to tourists. 18% of people who have traveled through or been in certain countries are not permitted entry. 30% partial/complete suspension of flights. 7% various actions: self-isolation for 14 days or quarantine, visa measures.	Complete closure of borders to international tourists: 83% of European destinations, 80% in the Americas, 70% in Asia and the Pacific, 62% in the Middle East, and 57% in Africa. 18% of people who have traveled through or been in certain countries are not permitted entry. 30% partial/complete suspension of flights. 7% of various actions: self-isolation for 14 days or quarantine, visa measures.	22% of all destinations have eased travel restrictions: 37 destinations in Europe, 6 destinations in the Americas, 3 destinations in Asia and the Pacific, and 2 destinations in Africa.	17% of all destinations globally have policies that address vaccinated passengers. Passengers who are fully vaccinated (two doses of an approved vaccine) are typically still subject to travel restrictions. In other countries, all restrictions are removed.	21% of all destinations have their borders closed completely to tourists. 25% of all destinations have their borders partially closed to tourists. 52% of all destinations require tourists to show an antigen or polymerase chain reaction test upon arrival. Four countries (Colombia, Costa Rica, the Dominican Republic, and Mexico) have removed all COVID-19-related restrictions.
Source	UN Tourism, 2020a	UN Tourism, 2020b	UN Tourism, 2020c	UN Tourism, 2020e	UN Tourism, 2021b	UN Tourism, 2021c

Note: The percentages in the regional rows represent the share of destinations in each region with COVID-19-related travel restrictions in place.

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Tourism, 2020h).

By March 2021, a growing number of countries required international visitors to provide a negative polymerase chain reaction (PCR) or antigen test upon arrival, along with contact information for tracing purposes. Thirty-two percent of all international destinations used these tests as a primary criterion for foreign arrivals, frequently in conjunction with quarantine measures (UN Tourism, 2021a). In November 2021, renewed outbreaks of COVID-19 continued to affect international travel, with 21% of destinations fully closing their borders to tourists, and 98% maintaining some form of travel restriction (UN Tourism, 2021c).

By mid-2022, many countries had lifted travel restrictions for travelers who were fully vaccinated and/or could present a negative COVID-19 test (for example, Thailand), though some countries lifted restrictions earlier than that (United Nations Network on Migration, 2022). By late 2022, several countries, such as South Korea and Canada, had removed all travel bans, no longer requiring proof of vaccination or COVID-19 testing (PHAC, 2022; Segye, 2022). The following section presents a more detailed analysis of how COVID-19 affected travel restrictions in Thailand and the US.

3.2. Thailand

The first COVID-19 case in Thailand was reported on January 13, 2020. On March 1, 2020, the Ministry of Public Health declared COVID-19 a dangerous communicable disease under the Communicable Diseases Act, B.E. 2558 (2015) (Open Development Mekong, 2025a). On March 12, 2020, the Thai government created the Center for COVID-19 Situation Administration, which was led by the Prime Minister, to harmonize public health directives and reduce fragmentation in the country's response (Nittayasoot *et al*., 2021). Shortly after, on March 20, 2020, the Prime Minister declared a state of emergency in all areas of Thailand according to the Emergency Decree on Public Administration in Emergency Situations, B.E. 2548 (2005) (Open Development Mekong, 2025b). The state of emergency was enforced from the date of announcement until April 30, 2020, and later extended to May 31, 2020 (Open Development Mekong, 2020; Open Development Thailand, 2020).

Thailand implemented international travel restrictions and screening measures at all entry points, including quarantine guidelines for travelers arriving from designated high-risk countries. Around 766 quarantine facilities operated nationwide. Additional measures included a nationwide curfew, restrictions on group activities, the closure of schools, and the postponement of the Songkran (Thai New Year) holidays. High-risk venues such as malls, sports stadiums, and entertainment venues were also temporarily closed. Provincial governors were given the authority to impose lockdown measures at their discretion (Open Development Thailand, 2020).

In an effort to regulate and restrict public movement and the spread of the virus, the prime minister implemented a nationwide curfew on April 3, 2020, from 10 pm to 4 am. Additionally, strict restrictions on international travel required 14 days of self-isolation upon arrival and medical clearance before departure. These restrictions were gradually relaxed in the following weeks (Engblom *et al*., 2020).

For government officials, international travel for training or meetings in outbreak-affected countries was suspended or postponed. Those returning from or transiting through countries with high infection risks were allowed to work from home for 14 days without counting towards their leave days. The general public returning from such countries was required to undergo thorough screening at international communicable disease control checkpoints. Meanwhile, the Ministry of Foreign Affairs and the Ministry of Labor were instructed to closely monitor and support Thai citizens residing abroad (Thai PBS, 2020).

During early 2020, Thailand was relatively successful at controlling the spread of COVID-19. The government implemented various measures, including the closure of service establishments and sports venues, city-wide shutdowns, and regulated operating hours for department stores and restaurants, and public health campaigns promoting social distancing and wearing masks. Additionally, employers were asked to encourage remote work. These efforts contributed to Thailand maintaining one of the lowest infection rates globally (Foundation of Thai Gerontology Research and Development Institute, 2021). The emergency decree also prohibited almost all foreigners from entering the country, with limited exceptions (Bangkok Post, 2020).

On March 23, 2020, the Thai Interior Ministry ordered the closure of 18 border crossings. This, along with the partial lockdown of Bangkok, led tens of thousands of migrant laborers from Cambodia, Myanmar, and the Lao People's Democratic Republic to abruptly return to their home countries. Migrants gathered along the borders, raising public health concerns as none of the countries involved were prepared for such a massive migratory outflow. To allow time for the establishment of adequate quarantine facilities, governments—especially Myanmar—urged migrants to postpone their return, first until April 15, 2020, and later until April 30, 2020. Thailand's lockdown

procedures, border closures, and limits on interprovincial movement made return increasingly difficult for migrants (Engblom *et al*., 2020).

Between April 4 and June 18, 2020, 39,511 Thai nationals returned from abroad (Engblom *et al*., 2020). By mid-June, quarantine requirements for domestic travel had been lifted, and interprovincial travel resumed. To minimize the risk of the virus spreading, preventive measures remained in place for public transportation. On June 24, 2020, Thailand announced that no local transmissions had been reported in the previous 30 days, and that any documented cases were from people entering from other countries (Engblom *et al*., 2020; The Nation, 2020).

All international passenger flights to Thailand were suspended from April 6 to April 18, 2020. Exemptions included military or state aircraft, cargo, emergency landings, medical and humanitarian aid flights, technical stops without disembarkation, and repatriation flights. According to the Emergency Decree on Public Administration in Emergency Situations B.E. 2548 (2005), all travelers were subject to a 14-day quarantine (CAAT, 2020a; Department of PROTOCOL, 2020). The ban on all international flights to Thailand was then extended until May 31, 2020, and again until June 30, 2020 (CAAT, 2020b, 2020c).

On July 1, 2021, Thailand introduced the Phuket Sandbox project, allowing fully vaccinated visitors to enter the country without quarantine if they remained in Phuket for a minimum of 14 days before traveling to other regions of Thailand (Klinsrisuk and Pechdin, 2022). By July 2, 2020, apart from the exemptions above, certain categories of travelers were also permitted entry, such as Thai nationals, diplomats, crewmembers, and foreign nationals who were children, spouses, or parents of Thai citizens (CAAT, 2020d).

Thailand's second wave of COVID-19 began on December 17, 2020, following an outbreak at the Central Shrimp Market in the seafood hub of Samut Sakhon province (Kunno *et al*., 2021; Lee *et al*., 2024). The government responded by closing down the market, imposing curfews, and locking down the migrant worker community (Lee *et al*., 2024). In early 2021, the government implemented the "No Movement of Migrant Workers" policy, which forbade migrants from traveling across provinces, while Thai nationals could still travel if they informed officials (Khemanitthathai, 2021). In February 2021, the "Bubble and Seal" policy was implemented in Samut Sakhon. The "bubble" meant that employers were required to shuttle workers between their homes and factories without any stops, and once at home, workers were required to stay within the premises. The "seal" referred to dormitories provided for the workers within factory areas. This policy restricted factory workers from going outside and often resulted in their separation from family members (Department of Disease Control, 2021b; International Labor Organization, 2022). Overall, the second wave had significantly negative social and economic consequences (Foundation of Thai Gerontology Research and Development Institute, 2021).

On February 28, 2021, Anutin Charnvirakul, then Minister of Public Health, became the first Thai national to receive a COVID-19 vaccine (Samaphuthi, 2021). Vaccinations began with healthcare workers, individuals with pre-existing medical conditions, and those over age 60 (Department of Disease Control, 2021a). Later on, the general public was encouraged to get vaccinated.

As of March 3, 2021, international flights with transit or transfer passengers were allowed only at Suvarnabhumi International Airport. Passengers were required to present a "fit-to-fly" certificate, a negative PCR test taken within 72 hours before departure, and travel health insurance covering COVID-19-related medical expenses of at least US$100,000. Passengers were required to follow a "sealed route" and stay within designated areas (CAAT, 2021a).

On October 23, 2021, the CAAT issued guidelines for travelers who were exempted from quarantine (CAAT, 2021b). The Prime Minister lifted the curfew in Bangkok and 16 other provinces effective October 31, 2021, with restrictions on gatherings of more than 500 people and a continued ban on nightclubs, bars, and karaoke establishments. These measures reflected the government's belief that COVID-19 was no longer a critical threat and that economic recovery was necessary (Thai PBS, 2021). As time progressed, the government relaxed the remaining restrictions.

In November 2021, after nearly two years of border closures, the Thai government resumed recruiting cross-border workers through a memorandum of understanding. The first group of workers entered the country in February 2022 (International Organization for Migration, 2022). Regardless of their legal status, migrants in Thailand were entitled to COVID-19 screening and treatment, and those with documentation were covered either by the Social Security Fund or the Migrant Health Insurance Scheme. Benefits for lost income due to government orders to cease employment in specific industries were also available to those registered with the Social Security Fund (Bhagat *et al*., 2020).

According to a statement released by Thailand's Ministry of Foreign Affairs on April 1, 2022, travelers entering Thailand would no longer need to undergo a pre-departure

PCR test within 72 hours before their trip. Nevertheless, a PCR test upon arrival and a self-administered antigen test on the fifth day remained mandatory (United Nations Network on Migration, 2022). By May 1, 2022, Thailand reopened to those who had received an accredited vaccination (CAAT, 2022; Thongthep, 2022). On September 30, 2022, the government ended the COVID-19 emergency decree, and starting October 1, 2022, foreign visitors to Thailand were no longer required to present documentation of their vaccinations or antigen test results (Tourism Authority of Thailand Newsroom, 2022). On October 1, 2022, the Royal Gazette repealed the emergency decree (Royal Gazette, 2022). Between January 2020 and December 2023, there were 4,760,122 people infected with COVID-19 and 34,495 COVID-related deaths in Thailand (WHO, 2023b).

3.3. The United States

The CDC reported the first laboratory-confirmed case of COVID-19 in the US from samples collected in Washington on January 18, 2020 (CDC, 2024). On January 31, 2020, President Trump restricted travel from China and declared the coronavirus a public health emergency. US citizens returning to the country after being in Hubei Province, China, within the previous 14 days were required to quarantine (Aubrey, 2020). On March 11, 2020, the WHO declared COVID-19 a pandemic after more than 118,000 people in 114 countries had been infected and 4,291 had died (CDC, 2024).

The US began responding according to the cases reported in different states. On March 13, 2020, the Trump Administration imposed a nationwide emergency and restricted travel for non-US citizens traveling from 26 European countries (Department of Homeland Security, 2020; CDC, 2024). By March 14, 2020, the CDC issued a "no sail order" for all cruise ships, suspending operations in US waters. On March 15, 2020, states began enforcing shutdowns to slow the spread of COVID-19. The public-school system in New York City was closed, and Ohio ordered the closure of bars and restaurants. On March 19, 2020, California issued a statewide stay-at-home order, requiring residents to leave their homes only when necessary and closing all but essential businesses (CDC, 2024).

United States federalism shaped the pandemic response. The federal government allowed individual states substantial discretion in designing their COVID-19 responses, resulting in wildly disparate state-by-state tactics (e.g., varied timing of lockdowns) and making national coordination more difficult (Kettl, 2020). Each of the 50 states in the US handled the COVID-19 challenges in a way that best suited their citizens and economies. States that enforce stringent regulations have frequently discovered that their tourism sector has suffered the most during the pandemic (Litvin, 2024). Furthermore, in the absence of national coordination regarding the manufacturing, pricing, and distribution of limited medical supplies, the states found themselves in competition with other states for personal protective equipment and ventilators. The federal government's leadership of the country's COVID-19 response was somewhat inadequate (Kettl, 2020).

Title 42 of the US Code addresses public health and welfare. It grants the federal government the authority to bar anyone from entering the country in the event of a public health emergency. In response to the pandemic, the CDC invoked Title 42 on March 20, 2020, allowing the removal of asylum seekers and illegal border crossers for public health reasons (Boundless, 2025; Immigration Policy Tracking Project, 2025). Under this measure, expelled migrants were returned to their country of origin or most recent transit destination (Gramlich, 2022).

The Trump Administration also issued a policy to halt immigration in an effort to protect public health and control the spread of the virus. As part of this policy, US Customs and Border Protection began expelling migrants from Mexico and Central America within two hours of their arrival at the southwestern border. The policy also aimed to limit competition for employment amid the economic collapse triggered by the outbreak. First implemented in March 2020 and extended in April 2020, the policy had no end date. The CDC reviewed public health data every 30 days to decide whether it should remain in effect (Fox, 2020). Part of the reasoning for the expulsions was that detention centers lacked adequate medical care to handle the life-threatening consequences of the virus (Johns Hopkins University, 2020; Miller *et al.*, 2020). Title 42 received widespread criticism for being unnecessary, inefficient, and in violation of basic human rights (Debusmann Jr., 2024; Kohli, 2022; UN News, 2021). The US government imposed more immigration-related limitations on inbound travel, border entry, and visa issuance as COVID-19 spread throughout the world. Immigration fell precipitously as a result of the pandemic to levels not seen in decades (Gelatt & Chishti, 2022).

Many states implemented self-quarantine policies for residents and visitors. While some states only recommended isolation, several demanded a 14-day enforced self-quarantine (Thornton, 2020). On March 28, 2020, due to high transmission rates in Connecticut, New Jersey, and New York, the CDC issued a domestic travel warning, advising residents to avoid non-essential domestic travel for at least 14 days (CDC, 2024). Attempts

to limit interstate movement in the US raise unique legal challenges. The right to enter and exit a state, the right to be treated as a welcome visitor rather than an unfriendly alien, and the right to become a citizen of any state are the three components that the US Supreme Court has long recognized as implicit to the constitutional right to travel. The first component is safeguarded by the due process clauses of the Fifth and Fourteenth Amendments to the Constitution; the second and third components are based on Article IV's privileges and immunities clause (Studdert *et al*., 2020).

States face more constitutional ambiguity when they treat out-of-state visitors differently than when their rules equally affect residents and nonresidents. Courts are aware that in the past, discriminatory travel restrictions have been used as an excuse to deny access to minorities or the poor and as a cover for economic protectionism. In conclusion, states that want to restrict interstate travel must negotiate a very uncertain legal landscape, striving for regulations that are neither too restrictive nor too permissive. Therefore, travel restrictions have the best chance of surviving constitutional scrutiny if they are applied uniformly to residents and nonresidents, permit reasonable exceptions (e.g., people recently tested negative for COVID-19) (Studdert *et al*., 2020).

On April 16, 2020, the Trump Administration released "Opening Up America Again" guidelines to support economic recovery (Conant, 2020; Johnson & Mallery, 2020; The White House, 2020). By May 2020, the federal government encouraged businesses around the country to reopen, aiming to balance economic recovery with public health (CDC, 2024). However, on July 16, 2020, as cases surged, many states, including California, Indiana, and Michigan, delayed their plans to reopen. The no-sail order for all cruise ships was also extended by the CDC until September 30, 2020 (CDC, 2024).

By October 2020, 18 states had travel restrictions in place, and 32 states did not have statewide travel restrictions (Ledsom, 2020). On October 30, 2020, the CDC announced a conditional sail order that required companies to comply with safety and testing standards. In November 2020, many states implemented curfews; in California, for instance, the curfew was from 10 pm to 5 am (Opam & León, 2020). On November 20, 2020, the CDC recommended that people celebrate Thanksgiving at home and refrain from interacting with anyone who has not been residing in the same household for the past 14 days. The following day, it advised all travelers to get tested one to three days prior to and three to five days following any international flight travel. Travelers were also advised to remain at home for seven to 14 days following their trip (CDC, 2024).

On December 14, 2020, the first COVID-19 vaccine doses were administered in the US, initially to priority groups such as healthcare professionals and long-term care facility residents. Eligibility progressively increased during the ensuing months (Dooling *et al*., 2021; Loftus & West, 2020). By December 28, 2020, due to the highly transmissible Alpha variant circulating in the United Kingdom, all foreign nationals entering the US from the United Kingdom were required to present proof of a negative COVID-19 test obtained within 72 hours of leaving (CDC, 2024).

On January 12, 2021, the CDC continued to advise travelers to get tested three to five days after arrival and to stay at home for seven days after travel (CDC, 2024). On January 20, 2021, Joe Biden was sworn in as President of the US (Becket *et al*., 2021). His administration kept Title 42 in place (Debusmann Jr., 2024). As of February 2, 2021, the CDC mandated that all travelers wear face masks when using public transit and within transportation hubs.

On March 8, 2021, the CDC announced that fully vaccinated individuals could safely congregate indoors with other fully vaccinated individuals without masks or social distancing (CDC, 2024; Greve, 2021). On April 2, 2021, the CDC stated that individuals who have received all recommended COVID-19 vaccinations could travel with a lower risk to themselves (CDC, 2024). For domestic travel, unless otherwise mandated by state or local authorities, individuals who received their last vaccination two weeks prior were exempt from testing before or after domestic travel and are not required to self-quarantine. For international travel, fully vaccinated individuals were not required to undergo testing prior to departing the US unless their destination required it, but were advised to get tested before returning and again three to five days after arriving home (Sun & Aratani, 2021).

On July 27, 2021, amid a surge in Delta variant cases, the CDC issued updated masking guidelines advising everyone to wear a mask in areas of high transmission (Abutaleb *et al*., 2021; CDC, 2024). In November 2021, noncitizens flying to the US were required to be fully vaccinated and show proof of their vaccination. All passengers were required to present a negative pre-departure COVID-19 test obtained no more than three days prior to their flight departure (Transportation Security Administration, 2021; CDC, 2024). In December 2021, international travelers were required to present a negative pre-departure COVID-19 test obtained 24 hours before their flights to the US (CDC, 2024; Shepardson, 2021).

On March 10, 2022, the Transportation Security

Administration extended the mask mandate for public transportation and transit hubs through April 18, 2022. On May 23, 2022, the CDC announced the repeal of Title 42. By that time, the CDC still advised everyone to wear masks in indoor transportation hubs; however, this was no longer enforceable by law (American Immigration Council, 2022; CDC, 2024). On May 11, 2023, the Department of Health and Human Services announced the end of the COVID-19 public health emergency (Assistant Secretary for Public Affairs, 2023). Table 2 summarizes Thailand's and the US's migration policies during the pandemic.

4. Discussion

COVID-19 was first detected in China in December 2019 and rapidly spread across the globe (WHO, 2023a). As of December 2025, there have been 779,034,940 reported cases of COVID-19 worldwide, resulting in 7.1 million deaths (WHO, 2025b). In order to slow the spread of the virus, governments and health organizations implemented various preventive measures, such as social distancing, wearing masks, frequent handwashing, vaccination campaigns, and lockdowns (WHO, 2025a).

Using sources concerning migration policies from around the world published mainly between 2020 and 2023, this article has examined the impact of the pandemic on both domestic and international migration. As a comparative case study, Thailand and the US were examined due to their differing pandemic experiences and policy responses. Thailand had a relatively low initial infection rate and adopted a more conservative

Table 2. Comparison of Thailand's and the United States' experiences with COVID-19 and their migration policies

Experiences and Policies	Timeline	
	Thailand	United States
First COVID-19 case	January 13, 2020	January 18, 2020
Declared a public health emergency	March 1, 2020	January 31, 2020
Declared a state of emergency	March 20, 2020	March 13, 2020
Measures enforced		
Domestic travel restrictions		
Quarantine guidelines	Yes	Yes
Lockdown	Yes	Yes
Curfew	Yes	Yes
Limit group activities	Yes	Yes
Work from home policy	Yes	Yes
Social distancing	Yes	Yes
Sandbox	Yes	N/A
Bubble and seal	Yes	N/A
International travel restrictions		
Self-isolation after international travel	Yes	Yes
Quarantine guidelines	Yes	Yes
Screening measures at entry points	Yes	Yes
COVID-19 test upon departure/arrival	Yes	Yes
Proof of vaccine against COVID-19	Yes	Yes
Relaxed travel restrictions for economic recovery	July 1, 2020	May 2020
Reopens fully with no quarantine for accredited vaccinated people	May 1, 2022	April 2, 2021
Repeal the emergency decree	October 1, 2022	N/A
Repeal of Title 42	N/A	May 23, 2022
End the public health emergency	September 30, 2022	May 11, 2023

Source: Created by the author.
Abbreviation: N/A: Not available.

containment strategy (Baker & Phongpaichit, 2021; Imsaard, 2020; Office of the Permanent Secretary, 2020; Sirilak, 2020; Thailand Convention and Exhibition Bureau, 2020; Tourism Authority of Thailand Newsroom, 2020), while the US experienced high infection rates, the most COVID-19 cases reported to the WHO (cumulative total), and adopted a more liberal approach (Kettl, 2020; Pigott, 2020; WHO, 2025b).

Following the onset of the pandemic, all countries under study implemented some degree of migration policy change. The findings presented in this article indicate that migration policy largely shifted in response to the pandemic's severity. In the early stages, when the virus was most deadly, most countries enacted comprehensive travel restrictions. As vaccines became more available and COVID-19-related deaths dropped, countries around the world began to relax their restrictions.

The first COVID-19 cases in both countries were only a few days apart: Thailand's first case was on January 13, 2020 (Open Development Mekong, 2025a), and the US's was on January 18, 2020 (CDC, 2024). The US declared a public health emergency approximately one month before Thailand, though both countries declared states of emergency in March 2020 (CDC, 2024; Open Development Mekong, 2025b). In terms of domestic travel restrictions, both countries employed similar strategies: quarantine guidelines, lockdowns, curfews, limits on group gatherings, work-from-home policies, and social distancing. However, Thailand implemented two additional, distinct models not found in the US: the Phuket Sandbox (July 1, 2021) and the Bubble and Seal policies (February 2021).

Phuket's income is highly dependent on international tourism; thus, the Thai government implemented the Phuket Sandbox model to allow vaccinated foreign visitors to arrive without being placed under quarantine as long as they stayed in Phuket for a predetermined amount of time and adhered to stringent testing guidelines (Klinsrisuk & Pechdin, 2022). The US, on the other hand, used different approaches to manage travel and tourism, concentrating more on federal guidelines and restrictions than on localized, contained reopening programs for international travelers.

Thailand also adopted the Bubble and Seal policy in Samut Sakhon, which targeted a specific industry (e.g., fishing and seafood processing) that affects many immigrant communities (Department of Disease Control, 2021b; International Labor Organization, 2022). Thailand's internal mobility controls appear to have disproportionately burdened migrant workers. By confining workers to dormitories or workplaces, these measures may have increased their vulnerability to labor exploitation and reduced their ability to report abuse. The government's capacity to detect and address instances of forced labor was impeded by limitations on freedom of association rights and the waning of labor inspections during the pandemic (Lee *et al*., 2024). In addition, the communities are in the most dangerous situation due to overcrowding, lack of infrastructure for sanitation and hygiene, and lack of access to medical treatment. The "seal" policy makes the community experience what is similar to a death trap.

The US did not pursue a comparable approach, as it is unconstitutional. Nevertheless, this is not to say that migrant workers in the US did not experience any difficulties. During lockdowns, a large number of foreign-born individuals held jobs that were crucial to the nation's operation. As many Americans retreated to their homes, a huge number of workers—including immigrants—had to report to work in order to maintain the food industry, health care, and other key sectors of the economy (Gelatt & Chishti, 2022). In addition, the option to work from home is not available to unskilled or low-skilled migrants. Their physical presence at work is crucial; this is precisely why it raises migrants' risk of catching COVID-19 and spreading it to others. Further, for migrants who were unemployed, they were left in a precarious financial situation with no social safety net, and the closing of borders meant that migrant workers were not able to return home (Ullah *et al*., 2022). Following the pandemic, migrants were disproportionately affected by higher rates of unemployment, income loss, exposure to occupational risks, and food and housing insecurity. These factors exacerbated already existing disparities in access to healthcare, leading to higher rates of COVID-19 infection, morbidity, and mortality among adults as well as stunted educational outcomes for their children (Gelatt & Chishti, 2022; Krannich & Massey, 2024).

As for international travel restrictions, both countries enforced similar travel restrictions, although the timeline and implementation varied. Measures included self-isolation after international travel, quarantine mandates, entry-point screenings, COVID-19 testing before or upon arrival, and proof of vaccination. As the global economy suffered under the weight of strict migration bans, governments realized that a complete halt to migration was unsustainable. By the end of 2020, 70% of all destinations worldwide had eased travel restrictions, with Europe leading the way, followed by the Americas, Africa, and the Middle East. In contrast, Asia and the Pacific had the most extensive border barriers and the least relaxed travel restrictions for international tourists (UN Tourism, 2020h).

Both Thailand and the US began easing travel policies to support economic recovery—the US in May 2020 and Thailand in July 2020 (CDC, 2024; Klinsrisuk and Pechdin, 2022). The US was much faster in reopening the country fully with no quarantine for fully vaccinated individuals in April 2021 (CDC, 2024). Thailand, on the other hand, was much more conservative and waited until a year later, in May 2022 (CAAT, 2022; Thongthep, 2022). Thailand then ended the public health emergency on September 30, 2022, and repealed the emergency decree on October 1, 2022 (Tourism Authority of Thailand Newsroom, 2022). Interestingly, the US maintained its public health emergency status until May 2023 (Assistant Secretary for Public Affairs, 2023).

This article offers important insights into the dynamics of migration policy under public health crises. Despite being faced with the same viral threat, countries pursued divergent strategies, leading to different outcomes. The reliance on border closures as a primary public health measure was found to be fundamentally incompatible with the realities of the highly integrated global economy. Beyond the macroeconomic disruption, this policy choice inflicted significant emotional suffering and social fragmentation, highlighting its profound human cost. In addition, the vulnerabilities exposed during the pandemic have provided a compelling lesson: the exclusion of migrant workers from social and economic frameworks has detrimental consequences for a nation's overall health and economic security. A proactive and inclusive migration policy that safeguards workers' rights is therefore paramount for building a resilient society capable of withstanding future crises. When a pandemic strikes in the future, this research can help guide global migration policy.

One of the prominent limitations of this study is that only Thai and English-language documents were used in the analysis. Due to the time and expense required for translation, other foreign language items were not included. In order to overcome this limitation, in the future the researcher intends to work with academics who are proficient in other languages. Another limitation is the possibility of overlooking other pertinent articles due to the primary concentration on documents from 2020 to 2023. Despite this limitation, the study's search approach was created to thoroughly evaluate important migration policies during COVID-19, with a focus on Thailand and the US.

5. Conclusion

This documentary research contributes to understanding how the COVID-19 pandemic shaped migration-related policies affecting both internal and international movement. It also bridges the literature gap, as most previous studies, with a few exceptions (Hoff, 2023; Ten Have *et al*., 2023), have focused on single-country cases. The present study compares Thailand and the US. Empirical findings from this study emphasize the pressing need to address migration policy and show that even when dealing with the same crisis, governments may choose different approaches. Thailand took a rather conservative approach, while the US took a more liberal one. The different approaches lead to distinct results. Moving forward, in the case of another pandemic, the results will guide future developments in international migration policy shaped by national political choices, public health strategies, and risk tolerance that have minimal effects on the social and economic impact of countries. This study suggests that future pandemics will not produce a single model of migration control, but a spectrum of policy responses with divergent social and epidemiological consequences.

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Conflict of interest

The authors declare they have no competing interests.

Author contributions

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Ethics approval and consent to participate

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Data is available from the corresponding author upon reasonable request.

References

Abutaleb, Y., Achenbach, J., Diamond, D., & Taylor, A. (2021, July 28). *CDC urges vaccinated people in covid hot spots to resume wearing masks indoors*. The Washington Post. Available from: https://www.washingtonpost.com/health/2021/07/27/cdc-masks-guidance-indoors/ [Last accessed on July 15, 2025]

American Immigration Council. (2022, May 25). *A Guide to Title 42 Expulsions at the Border*. American Immigration Council. Available from: https://www.americanimmigrationcouncil.org/fact-sheet/guide-title-42-expulsions-border/ [Last accessed on July 14, 2025].

Assistant Secretary for Public Affairs. (2023, December 15). *COVID-19 Public Health Emergency*. U.S. Department of Health and Human Services. Available from: https://www.hhs.gov/coronavirus/covid-19-public-health-emergency/index.html [Last accessed on July 16, 2025].

Aubrey, A. (2020, January 31). *Trump Declares Coronavirus A Public Health Emergency And Restricts Travel From China*. NPR. Available from: https://www.npr.org/sections/health-shots/2020/01/31/801686524/trump-declares-coronavirus-a-public-health-emergency-and-restricts-travel-from-c [Last accessed on June 16, 2025].

Baker, C., & Phongpaichit, P. (2021). Thailand and the COVID-19 Pandemic in 2020. In D. Singh & M. Cook (Eds.), *Southeast Asian Affairs 2021* (pp. 356–378). ISEAS Publishing. Available from: https://www.degruyterbrill.com/document/doi/10.1355/9789814951753-020/html?lang=en&srsltid=AfmBOoo8lH803ljSFF_xAlsaCG5iUFmpCWomxjax0GcSK-_qkQX8Eu1c [Last accessed on June 16, 2025].

Bangkok Post. (2020, March 25). *Emergency decree bans entry to foreigners*. Bangkok Post. Available from: https://www.bangkokpost.com/thailand/general/1886270/emergency-decree-bans-entry-to-foreigners [Last accessed on June 6, 2025].

Becket, S., Segers, G., Watson, K., Quinn, M., & Linton, C. (2021, January 21). *President Biden takes office, moving quickly to implement agenda*. CBS News. Available from: https://www.cbsnews.com/live-updates/biden-inaugurated-46th-president-united-states/ [Last accessed on July 15, 2025].

Bhagat, R. B., Reshmi, R. S., Sahoo, H., Roy, A. K., & Govil, D. (2020). The COVID-19, Migration and Livelihood in India: Challenges and Policy Issues. *Migration Letters 17*(5), 705–718. Available from: https://migrationletters.com/index.php/ml/article/view/1048/813 [Last accessed on April 3, 2026].

Boundless. (2025, January 24). *Understanding Title 42 and What It Means For Immigration*. Boundless. Available from: https://www.boundless.com/immigration-resources/understanding-title-42-and-what-it-means-for-immigration/ [Last accessed on July 14, 2025].

Centers for Disease Control and Prevention. (2024, July 8). *CDC Museum COVID-19 Timeline*. Centers for Disease Control and Prevention. Available from: https://www.cdc.gov/museum/timeline/covid19.html [Last accessed on June 13, 2025].

Chinazzi, M., Davis, J. T., Ajelli, M., Gioannini, C., Litvinova, M., Merler, S., *et al*. (2020). The effect of travel restrictions on the spread of the 2019 novel coronavirus (COVID-19) outbreak. *Science*, *368*(6489), 395–400.

https://doi.org/10.1126/science.aba9757

Conant, C. (2020, April 16). *2020 Daily Trail Markers: Trump Gives Governors Guidelines to Reopen States*. CSB News. Available from: https://www.cbsnews.com/news/2020-daily-trail-markers-trump-issues-guidelines-for-phased-reopening-of-economy/ [Last accessed on July 15, 2025].

Debusmann Jr, B. (2024, June 5). *How Joe Biden and Donald Trump's border policies compare*. BBC News. Available from: https://www.bbc.com/news/world-us-canada-65574725 [Last accessed on July 15, 2025].

Department of Disease Control. (2021a, June). *Guidelines for COVID-19 Vaccination In the 2021 Outbreak in Thailand*. Department of Disease Control. Available from: https://tmc.or.th/covid19/download/pdf/covid-19-public-Vaccine-040664.pdf [Last accessed on July 21, 2025]. [Article in Thai]

Department of Disease Control. (2021b, July 2). *What is Bubble and Seal?* Department of Disease Control. Available from: https://ddc.moph.go.th/doe/journal_detail.php?publish=11592 [Last accessed on June 27, 2025] [Article in Thai].

Department of Homeland Security. (2020, March 17). *Fact Sheet: DHS Notice of Arrival Restrictions on China, Iran and Certain Countries of Europe*. Department of Homeland Security. Available from: https://www.dhs.gov/archive/news/2020/03/17/fact-sheet-dhs-notice-arrival-restrictions-china-iran-and-certain-countries-europe [Last accessed on July 18, 2025].

Department of PROTOCOL. (2020, March 27). *Regulation Issued under Section 9 of the Emergency Decree on Public Administration in Emergency Situations B.E. 2548 (2005) (No. 1)*. Ministry of Foreign Affairs, Kingdom of Thailand. Available from: https://protocol.mfa.go.th/en/content/115871-regulation-issued-under-section-9-of-the-emergency-decree-on-public-administration-in-emergency-situations-b-e-2548-(2005)-(no-1)?page=5f3c96fca016b05b47618ae2&menu=5f3ca7fcc7138674ac6cd515 [Last accessed on August 4, 2025].

Dooling, K., Marin, M., Wallace, M., McClung, N., Chamberland, M., Lee, G. M., *et al*. (2021). The Advisory Committee on Immunization Practices' Updated Interim Recommendation for Allocation of COVID-19 Vaccine—United States, December 2020. *Morbidity and Mortality Weekly Report*, *69(5152),* 1657-1660.

https://doi.org/10.15585/mmwr.mm695152e2

Dye, T. (2023, December 11). *The Primary Methods of Qualitative Data Analysis*. thematic. https://getthematic.com/insights/methods-of-qualitative-data-analysis

Engblom, A., Lephilibert, N., & Baruah, N. (2020, July 3). *COVID-19: Impact on migrant workers and country response in Thailand*. International Labour Organization. Available

from: https://www.fairrecruitmenthub.org/sites/default/files/2023-05/1_1.pdf [Last accessed on July 22, 2025].

Foundation of Thai Gerontology Research and Development Institute. (2021, July 30). *Report on the Situation of Thai elderly in 2020*. Amarin Corporations Public Company Limited. Available from: https://thaitgri.org/?wpdmpro=%e0%b8%a3%e0%b8%b2%e0%b8%a2%e0%b8%87%e0%b8%b2%e0%b8%99%e0%b8%aa%e0%b8%96%e0%b8%b2%e0%b8%99%e0%b8%81%e0%b8%b2%e0%b8%a3%e0%b8%93%e0%b9%8c%e0%b8%9c%e0%b8%b9%e0%b9%89%e0%b8%aa%e0%b8%b9%e0%b8%87-10 [Last accessed on July 21, 2025] [Article in Thai].

Fox, B. (2020, May 20). *US extends heightened border enforcement during coronavirus*. AP News. Available from: https://apnews.com/article/12f1a6a2bb555b1f1389473c86575cec [Last accessed on November 13, 2024].

Gelatt, J., & Chishti, M. (2022, June 8). *COVID-19's Effects on U.S. Immigration and Immigrant Communities, Two Years On*. Migrationpolicy.Org. Available from: https://www.migrationpolicy.org/research/covid19-effects-us-immigration [Last accessed on March 27, 2026].

Gramlich, J. (2022, April 27). *Key facts about Title 42, the pandemic policy that has reshaped immigration enforcement at U.S.-Mexico border*. Pew Research Center. Available from: https://www.pewresearch.org/short-reads/2022/04/27/key-facts-about-title-42-the-pandemic-policy-that-has-reshaped-immigration-enforcement-at-u-s-mexico-border/ [Last accessed on July 14, 2025].

Greve, J. E. (2021, March 8). *CDC says fully vaccinated Americans can gather indoors without masks*. The Guardian. Available from: https://www.theguardian.com/us-news/2021/mar/08/covid-guidelines-new-rules-vaccine-cdc [Last accessed on July 15, 2025].

Hoff, A. D. (2023). *Comparing and Contrasting Migration Policy in France and the United States During the COVID-19 Pandemic* [Master's thesis, San Francisco State University]. Available from: https://scholarworks.calstate.edu/downloads/2f75rg86n [Last accessed on July 15, 2025].

Immigration Policy Tracking Project. (2025). *COVID-19: CDC order under Title 42 authorizes CBP expulsion of persons arriving by land from Mexico or Canada without valid documents*. Immigration Policy Tracking Project. Available from: https://immpolicytracking.org/policies/covid-19-cdc-order-authorizes-border-patrol-expulsion-of-all-persons-arriving-by-land-from-mexico-or-canada-without-valid-documents-under-42-usc-265-public-health-act/ [Last accessed on July 14, 2025].

Imsa-ard, P. (2020). Thai University Students' Perceptions towards the Abrupt Transition to 'Forced' Online Learning in the COVID-19 Situation. *Journal of Education Khon Kaen University*, *43*(3), 30–44. Available from: https://so02.tci-thaijo.org/index.php/EDKKUJ/article/view/242970/165985 [Last accessed on July 15, 2025].

International Labor Organization. (2022, April). *Rough Seas: The Impact of COVID-19 on Fishing Workers in South-East Asia*. International Labor Organization. Available from: https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40asia/%40ro-bangkok/documents/briefingnote/wcms_842605.pdf [Last accessed on July 22, 2025].

International Organization for Migration. (2022). *IOM Thailand 2022 Annual Report*. International Organization for Migration (IOM) Thailand. Available from: https://thailand.iom.int/sites/g/files/tmzbdl1371/files/documents/2023-05/05.11_annual-report-2022.pdf [Last accessed on July 15, 2025].

Johns Hopkins University. (2020, May 13). *Asymptomatic spread makes COVID-19 tough to contain*. The Hub. Available from: https://hub.jhu.edu/2020/05/12/gigi-gronvall-asymptomatic-spread-covid-19-immunity-passports/ [Last accessed on November 13, 2024].

Johnson, R. K., & Mallery, S. P. (2020, April 17). *Trump Administration Issues Guidelines on "Opening up America Again"*. Seyfarth. Available from: https://www.seyfarth.com/news-insights/trump-administration-issues-guidelines-on-opening-up-america-again.html [Last accessed on July 22, 2025].

Kettl, D. F. (2020). States Divided: The Implications of American Federalism for COVID-19. *Public Administration Review*, *80*(4), 595–602.

https://doi.org/10.1111/puar.13243

Khemanitthathai, S. (2021, November). *Situation on Migrant Workers and Border Crossing During the Covid-19 Pandemic*. Migrant Working Group. Available from: https://mwgthailand.org/sites/default/files/2022-02/Situation%20on%20Migrant%20Workers%20and%20border%20crossing%20During%20the%20covid19%20pandemic.pdf [Last accessed on July 22, 2025].

Klinsrisuk, R., & Pechdin, W. (2022). Evidence from Thailand on Easing COVID-19's International Travel Restrictions: An Impact on Economic Production, Household Income, and Sustainable Tourism Development. *Sustainability*, *14*(6), 3423.

https://doi.org/10.3390/su14063423

Kohli, A. (2022, December 12). *Here's What to Know About Title 42 and What Could Happen If It Ends*. TIME. Available from: https://time.com/6238508/what-is-title-42-biden-administration/ [Last accessed on July 22, 2025].

Krannich, S., & Massey, D. S. (2024). The effect of the COVID-19 pandemic on immigration and immigrant wellbeing in the United States. *SSM - Population Health*, *27*, 101705.

https://doi.org/10.1016/j.ssmph.2024.101705

Kunno, J., Supawattanabodee, B., Sumanasrethakul, C., Wiriyasivaj, B., Kuratong, S., & Kaewchandee, C. (2021).

Comparison of Different Waves during the COVID-19 Pandemic: Retrospective Descriptive Study in Thailand. *Advances in Preventive Medicine*, *2021*(1), 5807056.

https://doi.org/10.1155/2021/5807056

Ledsom, A. (2020, October 18). *U.S. Travel Restrictions Evolve State By State As Covid-19 Rates Spike*. Forbes. Available from: https://www.forbes.com/sites/alexledsom/2020/10/18/us-travel-restrictions-struggling-to-match-covid-19-spikes-across-44-states/ [Last accessed on July 22, 2025].

Lee, J., Rogovin, K., & Musikawong, S. (2024). Discrimination during COVID-19: Assessing migrant workers' vulnerability to forced labor in Thailand's seafood industry. *Asian and Pacific Migration Journal*, *33*(1), 118–141.

https://doi.org/10.1177/01171968241247649

Litvin, S. W. (2024). USA states' COVID policy impacts upon tourism: "Let no good deed go unpunished." *Tourism Economics*. *30*(6), 1642–1647.

https://doi.org/10.1177/13548166231212654

Loftus, P., & West, M. G. (2020, December 14). *First Covid-19 Vaccine Given to U.S. Public*. SupremeCourt.Gov. Available from: https://www.supremecourt.gov/opinions/urls_cited/ot2021/21a90/21a90-1.pdf [Last accessed on July 22, 2025].

Miller, H. V., Ripepi, M., Ernstes, A. M., & Peguero, A. A. (2020). Immigration Policy and Justice in the Era of COVID-19. *American Journal of Criminal Justice*, *45*(4), 793–809.

https://doi.org/10.1007/s12103-020-09544-2

Nittayasoot, N., Suphanchaimat, R., Namwat, C., Dejburum, P., & Tangcharoensathien, V. (2021). Public health policies and healthcare workers' response to the COVID-19 pandemic, Thailand. *Bulletin of the World Health Organization*, *99*(4), 312–318.

https://doi.org/10.2471/BLT.20.275818

Office of the Permanent Secretary. (2020, June 16). *Manual and Guidelines for Higher Education Institutions in Organizing Teaching and Learning, Academic Year 2020*. Office of the Permanent Secretary. Available from: https://www.ops.go.th/th/content_page/item/2199-2563 [Last accessed on July 23, 2025] [Article in Thai].

Opam, K., & León, C. de. (2020). *Why Are States Imposing Virus Curfews?* The New York Times. Available from: https://www.nytimes.com/2020/11/21/us/coronavirus-curfew.html [Last accessed on July 16, 2025].

Open Development Mekong. (2020, April 30). *Coronavirus: Thailand extends state of emergency until May 31*. Open Development Mekong. Available from: https://opendevelopmentmekong.net/news/coronavirus-thailand-extends-state-of-emergency-until-may-31/ [Last accessed on July 22, 2025].

Open Development Mekong. (2025a). *Communicable Diseases Act, B.E. 2558 (2015)*. Open Development Mekong. Available from: https://data.opendevelopmentmekong.net/laws_record/communicable-diseases-act-b-e-2558-2015 [Last accessed on July 22, 2025].

Open Development Mekong. (2025b). *Emergency Decree on Public Administration in Emergency Situation, B.E. 2548 (2005)*. Open Development Mekong. Available from: https://data.opendevelopmentmekong.net/laws_record/emergency-decree-on-public-administration-in-emergency-situation-b-e-2548-2005 [Last accessed on July 22, 2025].

Open Development Thailand. (2020, May 16). *Pandemic*. Open Development Thailand. Available from: https://thailand.opendevelopmentmekong.net/th/topics/pandemics-covid-19/ [Last accessed on July 22, 2025] [Article in Thai].

Pigott, S. (2020, June 10). *Balancing Individual Rights, Public Health During a Pandemic*. University of Arizona News. Available from: https://news.arizona.edu/news/balancing-individual-rights-public-health-during-pandemic [Last accessed on July 23, 2025].

Public Health Agency of Canada. (2022, September 26). *Government of Canada to remove COVID-19 border and travel measures effective October 1* [News releases]. Public Health Agency of Canada. Available from: https://www.canada.ca/en/public-health/news/2022/09/government-of-canada-to-remove-covid-19-border-and-travel-measures-effective-october-1.html [Last accessed on July 22, 2025].

Richardson, L., & Pettigrew, R. N. (2022). Migrant agricultural workers: A comparative analysis of both policy and COVID-19 response in Thailand, Italy, and Canada. *SN Social Sciences*, *2*(11), 236.

https://doi.org/10.1007/s43545-022-00548-9

Royal Gazette. (2022, September 29). *The Cancellation of the Declaration of State Emergency in All Areas Throughout the Kingdom: Announcements, Regulations and Orders*. Royal Gazette Volume 139, Special Episode 232. Available from: https://ratchakitcha.soc.go.th/documents/17227032.pdf [Last accessed on July 22, 2025] [Article in Thai].

Samaphuthi, K. (2021, December 29). *Covid Vaccine: Latest Status of 6 Brands of Vaccines Registered by the FDA for Use in 2021 Before Entering the Covid Battlefield in 2022*. Thai BBC News. Available from: https://www.bbc.com/thai/thailand-59808231 [Last accessed on July 21, 2025] [Article in Thai].

Segye. (2022, September 30). *Corona Entry Restrictions All Lifted… When Will Quarantine for Confirmed Patients and Indoor Masks Be Restricted?* Segye. Available from: https://www.segye.com/newsView/20220930508901 [Last accessed on June 18, 2025] [Article in Korean].

Shepardson, D. (2021, December 3). *New U.S. COVID-19 international travel testing rules take effect Monday*. Reuters. Available from: https://www.reuters.com/business/healthcare-pharmaceuticals/new-us-covid-19-international-travel-testing-rules-take-effect-monday-2021-12-02/ [Last accessed on July 15, 2025].

Sirilak, S. (2020, August). *Thailand's Experience In The COVID-19 Response*. Ministry of Public Health. Available from: https://ddc.moph.go.th/viralpneumonia/eng/file/pub_doc/LDoc9.pdf [Last accessed on July 23, 2025].

Studdert, D. M., Hall, M. A., & Mello, M. M. (2020). Partitioning the Curve—Interstate Travel Restrictions During the Covid-19 Pandemic. *New England Journal of Medicine*, *383*(13).

https://doi.org/10.1056/NEJMp2024274

Sun, L. H., & Aratani, L. (2021, April 2). *Fully vaccinated people are at low-risk from travel, CDC says*. The Washington Post. Available from: https://www.washingtonpost.com/health/2021/04/02/cdc-fully-vaccinated-may-travel/ [Last accessed on July 15, 2025].

Suntayakorn, C. (2022). Policy and the politics of COVID-19 communication responses: A comparative case study of two border provinces in Thailand. *Asian Affairs: An American Review*, *49*(4), 217–244.

https://doi.org/10.1080/00927678.2022.2126674

Suphanchaimat, R., Nittayasoot, N., Thammawijaya, P., Teekasap, P., & Ungchusak, K. (2021). Predicted Impact of Vaccination and Active Case Finding Measures to Control Epidemic of Coronavirus Disease 2019 in a Migrant-Populated Area in Thailand. *Risk Management and Healthcare Policy*, *14*, 3197–3207.

https://doi.org/10.2147/RMHP.S318012

Swain, R. B., Lin, X., & Wallentin, F. Y. (2024). COVID-19 pandemic waves: Identification and interpretation of global data. *Heliyon*, *10*(3), e25090.

https://doi.org/10.1016/j.heliyon.2024.e25090

Ten Have, N. J., Jimenez, K. J., Attilus, J., Livaudais, M. B., & Mengistu, B. S. (2023). COVID-19 and Protracted Displacement: A Scoping Review of Migration Policies in Mexico and Central America. *Journal of International Migration and Integration*, *24*(4), 1835–1863.

https://doi.org/10.1007/s12134-023-01040-w

Thai PBS. (2020, March 3). *The Prime Minister Ordered 14 Urgent Measures to Solve and Prevent COVID-19*. Thai PBS. Available from: https://www.thaipbs.or.th/news/content/289489 [Last accessed on July 21, 2025] [Article in Thai].

Thai PBS. (2021, October 22). *The Prime Minister signed an order to lift the curfew in Bangkok and 16 provinces, effective 31 October*. Thai PBS. Available from: https://www.thaipbs.or.th/news/content/308893 [Last accessed on 2025 July 21] [Article in Thai]

Thailand Convention and Exhibition Bureau. (2020). *Travel Advisory: COVID-19 virus on 5 May 2020 Thailand relaxes business control measures as COVID-19 infection rate slows*. Thailand Convention and Exhibition Bureau. Available from: https://www.businesseventsthailand.com/en/press-media/news-press-release/detail/1014-tceb-situation-update-travel-advisory-covid-19-virus-on-5-may-2020-br-domestic-flights-strict-disease-control-rules/situation [Last accessed on July 23, 2025].

The Civil Aviation Authority of Thailand. (2020a). *The Notification of the Civil Aviation Authority of Thailand on Temporary Ban on All International Flights to Thailand (No. 2)*. The Civil Aviation Authority of Thailand. Available from: https://www.caat.or.th/wp-content/uploads/2020/04/The-Notification-of-the-Civil-Aviation-Authority-of-Thailand-on-Temporary-Ban-on-All-International-Flights-to-Thailand-No.-2-1.pdf [Last accessed on November 03, 2025].

The Civil Aviation Authority of Thailand. (2020b). *Extension of temporary ban on all international flights to Thailand until 31 May 2020*. The Civil Aviation Authority of Thailand. Available from: https://image.mfa.go.th/mfa/0/zRXD5eHZfx/migrate_directory/news-20200516-201640-404381.pdf [Last accessed on July 22, 2025].

The Civil Aviation Authority of Thailand. (2020c). *Extension of temporary ban on all international flights to Thailand until 30 June 2020*. The Civil Aviation Authority of Thailand. Available from: https://www.caat.or.th/wp-content/uploads/2020/05/CAAT-News-8-Extension-of-temporary-ban-on-all-international-flights-until-30-June-2020.pdf [Last accessed on July 22, 2025].

The Civil Aviation Authority of Thailand. (2020d). *The Notification on Conditions for Aircraft Permission to Enter Thailand (No.2)*. The Civil Aviation Authority of Thailand. Available from: https://asea-uninet.org/wp-content/uploads/The-Notification-on-Conditions-for-International-Flight-Permit-to-Thailand.pdf [Last accessed on July 22, 2025].

The Civil Aviation Authority of Thailand. (2021a). *Guidelines for International Flights with Transit/Transfer Passengers at Suvarnabhumi International Airport*. The Civil Aviation Authority of Thailand. Available from: https://www.caat.or.th/en/caat-media/173777/ [Last accessed on November 03, 2025].

The Civil Aviation Authority of Thailand. (2021b). *Guidelines for travelers with exemption from quarantine*. The Civil Aviation Authority of Thailand. Available from: https://www.caat.or.th/en/caat-media/173124/ [Last accessed on July 22, 2025].

The Civil Aviation Authority of Thailand. (2022). *List of Eligible Vaccine To Enter Thailand*. The Civil Aviation Authority of Thailand. Available from: https://www.caat.or.th/en/caat-media/173201/ [Last accessed on July 22, 2025].

The Nation. (2020, June 24). *Thailand 'free of local COVID-19 case for a month.'* The Nation. Available from: https://nation.com.pk/24-Jun-2020/thailand-free-of-local-covid-19-case-for-a-month [Last accessed on June 6, 2025].

The White House. (2020). *Opening Up America Again*. The White House. Available from: https://trumpwhitehouse.archives.gov/openingamerica/ [Last accessed on July 15, 2025].

Thongthep, W. (2022, April 29). *Covid-19: How much will*

canceling Test & Go boost tourism and the economy? Thai BBC News. Available from: https://www.bbc.com/thai/thailand-61264359 [Last accessed on July 21, 2025] [Article in Thai].

Thornton, P. (2020). *States That are Restricting Domestic Travelers for 14 Days*. Airfarewatchdog Blog. Available from: https://www.airfarewatchdog.com/blog/50107827/states-that-are-restricting-domestic-travelers-for-14-days/ [Last accessed on July 15, 2025].

Tourism Authority of Thailand Newsroom. (2020, May 16). *Thai government approved second phase for easing restrictions from 17 May*. Tourism Authority of Thailand Newsroom. Available from: https://www.tatnews.org/2020/05/thai-government-approved-second-phase-for-easing-restrictions-from-17-may/ [Last accessed on July 23, 2025].

Tourism Authority of Thailand Newsroom. (2022). *Thailand ends COVID-19 Emergency Decree on 30 September 2022*. Tourism Authority of Thailand Newsroom. Available from: https://www.tatnews.org/2022/09/thailand-ends-covid-19-emergency-decree-on-30-september-2022/ [Last accessed on July 16, 2025].

Transportation Security Administration. (2021, November 5). *Statement regarding vaccination requirements for noncitizen nonimmigrant air travelers entering the United States | Transportation Security Administration*. U.S. Department of Homeland Security Transportation Security Administration. Available from: https://www.tsa.gov/news/press/statements/2021/11/05/statement-regarding-vaccination-requirements-for-noncitizen [Last accessed on July 22, 2025].

Ullah, A. A., Chattoraj, D., & Ibrahim, W. (2022). The COVID-19 Pandemic and the 'stranded' Migrant Population: An Unequal pain. *Suvannabhumi*, *14(2)*, 61–88.

https://doi.org/10.22801/svn.2022.14.2.61

UN News. (2021, August 11). *UNHCR alarmed over US "expulsion flights" to southern Mexico*. UN News. Available from: https://news.un.org/en/story/2021/08/1097612 [Last accessed on July 14, 2025].

UN Tourism. (2020a, April 17). *COVID-19 Response: 96% Of Global Destinations Impose Travel Restrictions, UNWTO Reports*. UN Tourism. Available from: https://www.unwto.org/news/covid-19-response-travel-restrictions [Last accessed on July 22, 2025].

UN Tourism. (2020b, April 28). *100% of Global Destinations Now Have COVID-19 Travel Restrictions, UNWTO Reports*. UN Tourism. Available from: https://www.unwto.org/news/covid-19-travel-restrictions [Last accessed on July 22, 2025].

UN Tourism. (2020c, May 11). *World Tourism Remains At a Standstill as 100% of Countries Impose Restrictions on Travel*. UN Tourism. Available from: https://www.unwto.org/news/covid-19-world-tourism-remains-at-a-standstill-as-100-of-countries-impose-restrictions-on-travel [Last accessed on July 22, 2025].

UN Tourism. (2020d, May 31). *Restrictions on Tourism Travel Starting to Ease but Caution Remains, UNWTO Reports*. UN Tourism. Available from: https://www.unwto.org/news/covid-19-restrictions-on-tourism-travel [Last accessed on July 22, 2025].

UN Tourism. (2020e, June 23). *Restrictions on Travel Easing as Europe Leads Cautious Restart of Tourism*. UN Tourism. Available from: https://www.unwto.org/news/restrictions-on-travel-easing-as-europe-leads-cautious-restart-of-tourism [Last accessed on July 22, 2025].

UN Tourism. (2020f, July 30). *Tourism Restarts: 40% of Destinations Have Now Eased Travel Restrictions*. UN Tourism. Available from: https://www.unwto.org/news/tourism-restarts-40-per-cent-of-destinations-have-now-eased-travel-restrictions [Last accessed on July 22, 2025].

UN Tourism. (2020g, September 10). *More than 50%of Global Destinations are Easing Travel Restrictions—But Caution Remains*. UN Tourism. Available from: http://www.unwto.org/more-than-50-of-global-destinations-are-easing-travel-restrictions-but-caution-remains [Last accessed on July 22, 2025].

UN Tourism. (2020h, December 2). *70% of Destinations Have Lifted Travel Restrictions, but Global Gap Emerging*. UN Tourism. Available from: http://www.unwto.org/news/70-of-destinations-have-lifted-travel-restrictions-but-global-gap-emerging [Last accessed on July 22, 2025].

UN Tourism. (2021a, March 8). *Tightened Travel Restrictions Underline Current Challenges for Tourism*. UN Tourism. Available from: http://www.unwto.org/news/tightened-travel-restrictions-underline-current-challenges-for-tourism [Last accessed on June 19, 2025].

UN Tourism. (2021b, July 5). *Vaccines and Digital Solutions to Ease Travel Restrictions*. UN Tourism. Available from: http://www.unwto.org/news/vaccines-and-digital-solutions-to-ease-travel-restrictions [Last accessed on June 19, 2025].

UN Tourism. (2021c, November 26). *New COVID-19 Surges Keep Travel Restrictions in Place*. UN Tourism. Available from: http://www.unwto.org/news/new-covid-19-surges-keep-travel-restrictions-in-place [Last accessed on June 19, 2025].

United Nations Network on Migration. (2022, April). *Impact of Covid-19 on Migrants in Thailand April 2022*. United Nations Network on Migration. Available from: https://thailand.iom.int/sites/g/files/tmzbdl1371/files/documents/unnm-covid19-sitrep_april-2022.pdf [Last accessed on June 6, 2025].

World Health Organization. (2023a). *Coronavirus disease (COVID-19) pandemic*. World Health Organization. Available from: https://www.who.int/europe/emergencies/situations/covid-19 [Last accessed on July 17, 2025].

World Health Organization. (2023b). *COVID-19 Cases, Thailand*. World Health Organization Data. Available from: https://data.who.int/dashboards/covid19/cases?m49=764&n=c [Last accessed on July 17, 2025].

World Health Organization. (2023c, May 5). *Statement on the fifteenth meeting of the IHR (2005) Emergency Committee on the COVID-19 pandemic*. World Health Organization. Available from: https://www.who.int/news/item/05-05-2023-statement-on-the-fifteenth-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic [Last accessed on August 4, 2025].

World Health Organization. (2025a). *Coronavirus Disease (COVID-19)*. World Health Organization. Available from: https://www.who.int/health-topics/coronavirus [Last accessed on July 17, 2025].

World Health Organization. (2025b). *COVID-19 cases, World*. World Health Organization Data. Available from: https://data.who.int/dashboards/covid19/cases [Last accessed on January 8, 2026].