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International Tourism as a Threat to Public Health in Thailand

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Abstract

From its unique history, Thailand has embraced its independence and benefited from its cultural and natural beauty. Transitioning from an agricultural to industrial economy due to the emergence of a strong tourism industry, Thailand has experienced a period of intensive urbanization that has re-shaped Thai lifestyle. Materializing as regional and social disparities, these consequences of industrialization have seemingly divided Thai society, separating those who benefit from the tourism sector while marginalizing those who do not. Additionally, this transition has threatened public health statuses within Thailand, and considering the current tourism trends seen over the past 20 years there is a great need for action and sustainable measures to ensure human health is not adversely affected even more. In this paper, I analyze the history of international tourism in Thailand and argue how this industry has negatively impacted current health statuses (specifically focusing on environmental health, non-communicable diseases, dietary transitions, and medical tourism). Through a review of current literature, this paper highlights the variability of health statuses and the interconnectedness of socioeconomic factors in influencing health and well-being among populations. Policies and programs are not discussed in this paper.

Keywords: international tourism, Thailand, public health, urbanization, health disparities

Introduction

International tourism is a lucrative global business, contributing just over 10% to the global GDP in 2019 (World Travel & Tourism Council, 2020). For many low- and middle-income countries, international tourism is an attractive economic opportunity, providing employment to a large portion of the domestic population, and enabling countries to capitalize on cultural and natural beauty. For Thailand, international tourism is an industry that the nation excels in; in 2019, more than a fifth of the country's labor force was employed in the Tourism and Travel industry, with the majority of international tourists spending money on leisure-related activities (World Bank, 2020; World Travel & Tourism Council, 2020). Last year alone, revenue from international tourism accounted for nearly 20% of Thailand's GDP –a 1.8% increase from the previous year and a more than 7% increase from 1995 (World Bank, 2020; World Travel & Tourism Council, 2020). Thailand certainly has mastered the commodification of its warm and welcoming culture in addition to the country's natural beauty, however this growth has not been

without pain. While Thailand has been a story of economic success, rising from a low-income country to an upper-middle-income country, this transition has brought with it emerging health concerns and threatening public health statuses¹ throughout the nation. More importantly, the development of this industrial economy has proven variable, with certain regions benefiting more than others, resulting in economic disparities that create and exacerbate health disparities. The tourism industry allowed Thailand to transition from an agriculture-based economy to one centered on manufacturing and service and has enabled the country to undergo a rapid urbanization process that has seemingly divided Thai society. As Li and colleagues (2016) state, “urbanization and urban expansion result in urban environmental changes, as well as residents’ lifestyle change, which can lead independently and synergistically to human health problems” (p. 114). Furthermore, the concentration of wealth from tourist and service industries² typically results in more opportunities in the urban areas, translating to more income (Richter, 2003), excluding those who are unable to pursue economic opportunities in urban areas forcing them to face a different narrative (Forsyth, 1995). This marginalization clearly carries over into other aspects of society and social development. Figure 1 concisely displays the health outcomes that are associated with urbanization among urban populations and touches on some of the adverse health effects discussed in this paper. It should be noted that rural populations also experience the effects of urbanization, but to different extents, than is seen in urban settings. Richter (2003) mentions one aspect that has been felt throughout the nation regardless of the environment one

¹ In this paper, I employ the term “public health statuses” to characterize current health problems Thailand faces and the causes of these conditions. These include but are not limited to environmental pollutants (i.e., air quality and single-use plastics), dietary transitions, non-communicable diseases (e.g., stroke, cardiovascular disease, diabetes, etc.), and access to medical care with regard to medical tourism.

² The “goods and services” represent “the value of all goods and other market services provided to the rest of the world” (World Bank, 2020); also included: transportation (e.g., busses, cars, trains, etc.), food vendors, restaurants, shops, hotels/accommodations, etc., all of which cater to tourists in some capacity.

lives in, “the tourist industry can inadvertently compromise local health still further by encouraging scarce imports and supplies of medicine to be skewed toward the needs of tourists rather than toward more preventive care” (p. 343).

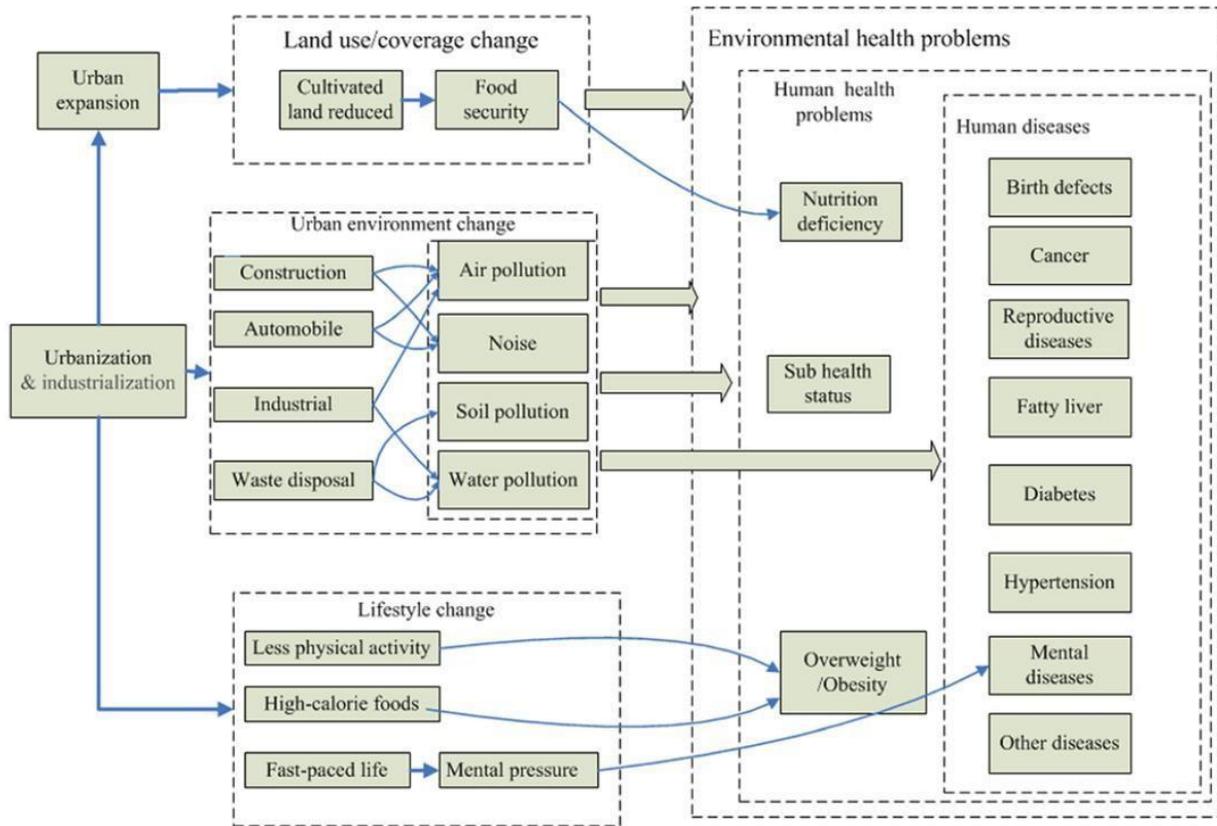


Figure 1. "Relationship between urbanization, urban environmental change and public health". From "Urbanization and health in China, thinking at the national, local and individual levels," by X. Li et al., 2016, *Environmental Health*, 15(1), p 114.

Due to the prosperity of the international tourism sector, Thailand was able to stimulate its economy and experience an economic transition that fostered economic growth in some regions while marginalizing others. From this transition, economic and health inequalities emerged and regional disparities have further exacerbated these inequalities, resulting in environmental, social, and dietary transitions that further threaten public health statuses throughout the nation, see Figure 2. While it is difficult to argue what could have been if this transition had not have occurred, one thing is clear: that international tourism has had negative

consequences on areas of public health in Thailand. Current policies and programs aimed at addressing these concerns are not addressed in this article, rather, the purpose of this article is to highlight the variability of health statuses and the interconnectedness of socioeconomic factors that come to influence health and well-being among populations.

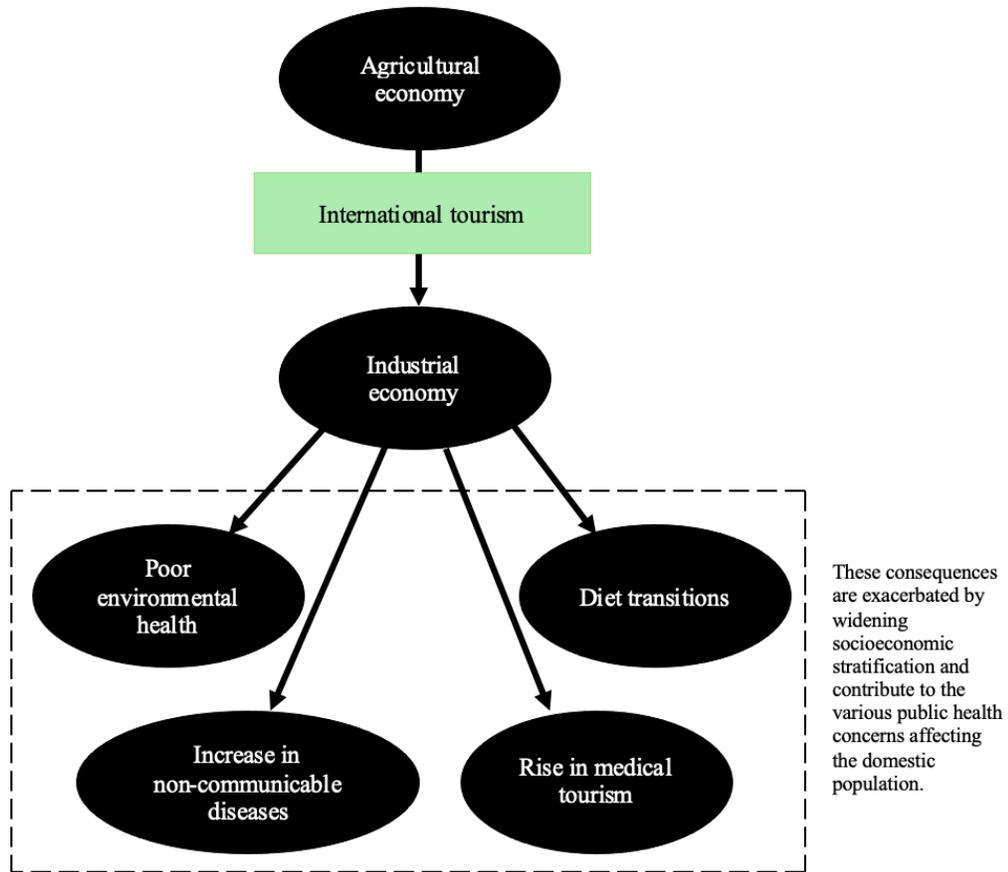


Figure 2. This figure illustrates the impacts of international tourism on public health in Thailand second to the experienced economic transition and highlights the outline of this paper.

Thailand’s History: a brief review

Thailand is a unique nation that has benefited from its long-time independence —it is the only country in Southeast Asia to have developed independently of colonial rule (Wehmhörner, 1983). Thailand’s history is characterized by a long period of rising and falling monarchies that helped shape the region and modern-day nation. The Kingdoms of Lanna, Sukothai, and

Ayutthaya all played a fundamental role in developing the Kingdom of Siam (would later become modern-day Thailand) as a foothold in Southeast Asia and worked to defend the desirable-economic position that the nation benefits from today (Iemubol & Pongpun, 2014). Siam sat between British and French imperial powers and was left untouched by European entities, allowing Thailand to prosper and develop its own international trade and commerce with other world powers in the 1800s (Wehmhörner, 1983; Iemubol & Pongpun, 2014). By the mid-twentieth century, the Kingdom of Siam transitioned to a constitutional system of government with a military influence and adopted Thailand as its formal name (Iemubol & Pongpun, 2014).

During the Vietnam War, American troops flocked to Thailand during their leave, and soon, the Thai government realized that international tourists could be a source of income (McDowall & Wang, 2009). Strategic plans focused on economic and social development have included the tourism industry ever since the early 1970s, and have transitioned towards more sustainable methods of tourism (e.g., ecotourism) within the past 10 years (McDowall & Wang, 2009). Today, the level of national pride that Thais exhibit is palpable and their nation has evolved into a dynamic cultural landscape, inviting foreign foods and faces to come and make Thailand their new home. In 2018 alone, Thailand welcomed over 38 million international tourists, more than a 5-fold increase from 1995 (World Bank, 2020). The total trend in international tourist arrivals can be seen in Figure 3.

Thailand's unique hospitality invites visitors from all over the world to enjoy the natural beauty and take in the vibrant culture that has enabled the nation to transform into an economic powerhouse within Southeast Asia. Thailand sits in its current position due largely in part to its independent development, however, this independence has resulted in a fundamental change regarding economic and social disparities that have divided society. Certainly, there are benefits to economic development and the transition that Thailand has experienced over the past two and

a half decades, however, these benefits come at a cost. With the rise in foreign visitors and economic growth, Thailand has come to face dramatic changes in health statuses and new public health that deserve attention.

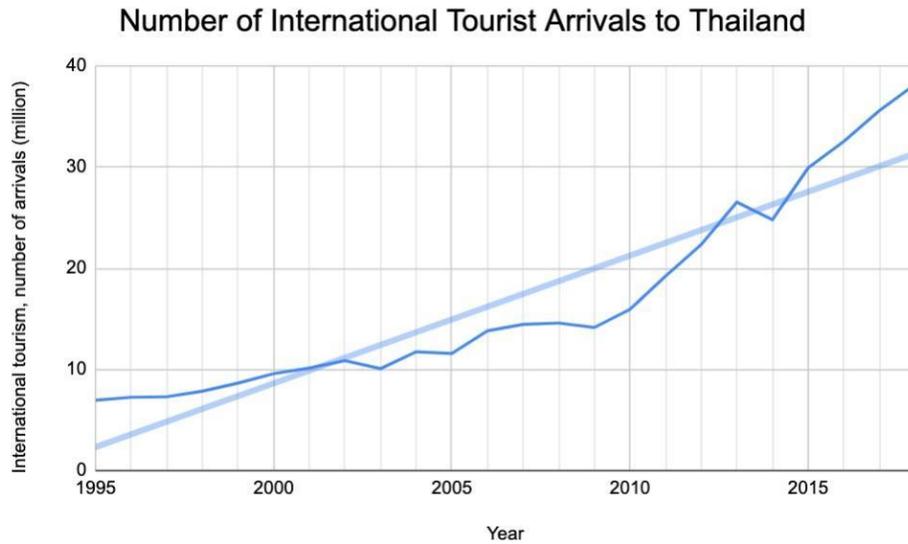


Figure 3. International Tourist Arrivals from 1995 to 2018, with trend line. Data from World Bank (2020).

Economic Development and Regional Disparities

Thailand became an emerging power in Southeast Asia during the latter half of the 1900s under the reign of Rama IX (King Bhumibol), with programs centered around preserving Thai culture, and the development of social and economic programs (Iemubol & Pongpun, 2014). During an economic crisis in the 1900s, Thailand entered a period coined as the “Golden Decade of Thai Tourism” (Pongponrat, 2015) that sought to spur the economy and commoditize its natural resources and manufacturing sector, initiatives spearheaded by Rama IX. Inviting foreign investors and companies into its borders, Thailand began the transition from an agriculture-based economy, to one reliant on service industries and manufacturing (Kaosa-ard, 1998) which resulted in an increase in international trade and eventually tourism arrival and revenue from this industry (Chaisumpunsakul & Pholphirul, 2018). Annual revenue from the international tourism

industry has increased precipitously over the past 20 years, showing a steep trend since the late 2000s and accounting for more than 65 billion US\$ in 2018 alone (Figure 4).

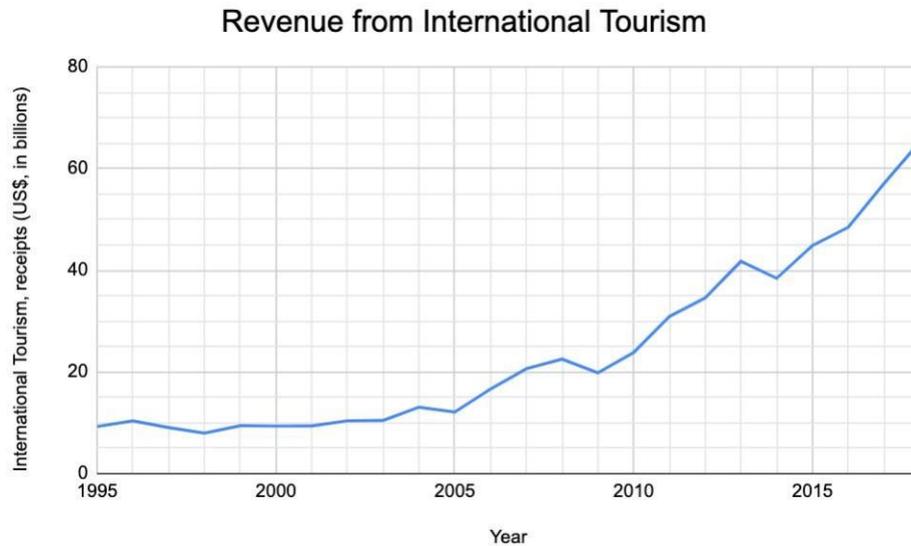


Figure 4. International Tourism Revenue, 1995-2018, billion US\$. Data from World Bank (2020).

However, the benefits of tourism were not seen immediately; it wasn't until the early twenty-first century (specifically 2005-2013) that the tourism sector became one of the “mainstay sources of export revenue” for the nation (Arora & Martawardaya, 2017, p. 115). Tourism contributed roughly 12% on average to the country's GDP between 1995-2005. Compare this to percentages seen in the past decade, and the contribution to the national GDP has nearly doubled –from 10.8% of the total GDP in 2008 to 19.9% in 2018 (World Bank, 2020) (Figure 5). As Thailand continues to experience greater arrivals of foreign tourists, it can be expected that export revenue will continue to grow, thereby increasing GDP, which calls into question future development patterns, and subsequently future health trends.

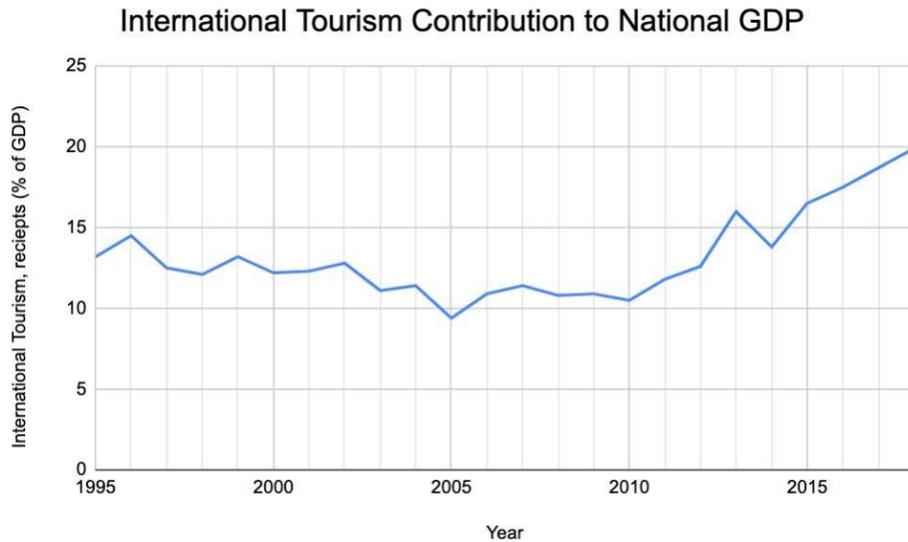


Figure 5. International Tourism Export (receipts), as Percentage of GDP. Data from World Bank (2020).

Certainly, economic transitions benefit countries in various ways, but how nations undergo these transitions have long-lasting impacts on public and environmental health. Thailand has demonstrated that tourism exacerbates these health statuses and positions those who can profit from tourism's business at an advantage compared to those who do not experience the same profit. In regard to development, it has been concluded that tourism helps to boost the welfare of local communities, increasing the availability of jobs and opportunities for native individuals (Holik, 2016; Marzuki, 2012). However, this boost in welfare is not spread equally. In Chiang Mai, a province in Northern Thailand, local communities have been negatively impacted by the rise in ethnic tourism and ecotourism; disrupting traditional social structures in communities (Ishii, 2012) or geography posing barriers to experience the economic benefits of tourism (Lacher & Nepal, 2010), rural communities are at a significant disadvantage. On the topic of geographical barriers, the landscape of northern Thailand is very mountainous which proves difficult to rapid transportation. From this, many tourism agencies are located around the city of Chiang Mai far away from the actual tourist destinations, resulting in a small proportion of the total profit from excursions going towards these rural communities (Lacher & Nepal,

2010). The same study elaborates further, “even without these [geographic] challenges, which are specific to Northern Thailand, peripheral regions in general in most developing countries have had to deal with uneven terms of trade, economic exploitation, and political manipulation from central and regional governments” (p. 963-964).

Another popular area for tourists is the area of ecotourism, an emerging field that Thailand has quickly taken advantage of due to its abundance of natural beauty, particularly with its spectacular beaches in the southern region. Boat tours, day excursions, and other various outdoor-related programs have resulted in social inequality, too, as this line of work rewards those who are employed in the business (Kontogeorgopoulos, 2005). The existence of these agencies is seemingly paradoxical, undermining community cohesion and unity, as Kontogeorgopoulos (2005) explains, “rather than simultaneously fostering social status and social mobility, on the one hand, and social cohesion and harmony, on the other, ecotourism in Phuket has instead made possible the former only at the expense of the latter” (p. 14). Many individuals in southern Thailand also face certain social determinant factors from the tourism industry that contribute to poor health statuses and low socioeconomic statuses, (e.g., “...insufficient livelihoods and income generating potential, lack of education, land insecurity and land grabbing, and inferior living conditions...” as mentioned in Reap et al., 2020 (p. 6)). Wattanukuljarus and Coxhead (2008) mention that Thailand’s tourism boom has also accompanied a trend of a greater divide between socioeconomic statuses and general inequality. While poverty has declined across the nation, rates are not equal and have contributed to the worsening inequality seen today (Skoufias & Olivieri, 2012). Even in the same region, “rural areas tend to be worse off than the urban areas” (Skoufias & Oliveri, 2012, p. 21) and the same study reports that areas within the same region experience different rates of returns on tourism,

too. Even on an intra-regional level, Bangkok, the capital of Thailand, experiences some of the highest returns from the tourism industry compared to the North, Northeast and Southern regions (Fleischer et al., 2018). In fact, the Bangkok Metropolitan Region experiences nearly six times more wealth than inhabitants in the Northeast region –an area that is characterized by lacking infrastructure and has a very underdeveloped tourism sector (Fleischer et al., 2018; Lopez & Bhaktikul, 2018). Furthermore, even in spite of inter- and intra-regional disparities, it has been concluded that urban poor are also disadvantaged (Zimmer & Prachuabmoh, 2012), which suggests that only the urban wealthy reap the benefits from the tourism industry, while escaping the adverse health effects of this industry at the same time.

Today, Thailand is still reliant on agriculture to sustain its growing population and employ many individuals living in the rural regions of the country, and rice production has increased considerably due to economic and social demands (Sapbamrer & Nata, 2014). However, the percentage of total employment in agriculture has dramatically decreased from 51.98% in 1995 to 31.62% in 2019 (World Bank, 2020). Such a trend is also consistent in the migration from rural to urban areas seen in Thailand, over a longer time period as displayed in Figure 6.

Such a transition in urban and rural population percentages can be attributed to the rise in tourism and economic opportunities specifically in urban centers throughout the nation. One study argues that regional tourism centers develop due to ease of accessibility through transportation (Holik, 2016) and would explain how Bangkok and other regional tourist destinations (e.g., Chiang Mai and Phuket) became so prosperous. Furthermore, with the rapid development and population shifts that Thailand has seen in its recent history, health transitions and health disparities have become more pronounced and difficult to ignore. While many resources such as healthcare facilities that focus on health promotion and prevention are located

within these urban centers, accessibility is not equal for all individuals. Additionally, those who reside in more rural settings have difficulty obtaining medical care and face conditions that disproportionately impact their well-being compared to individuals in urban settings.

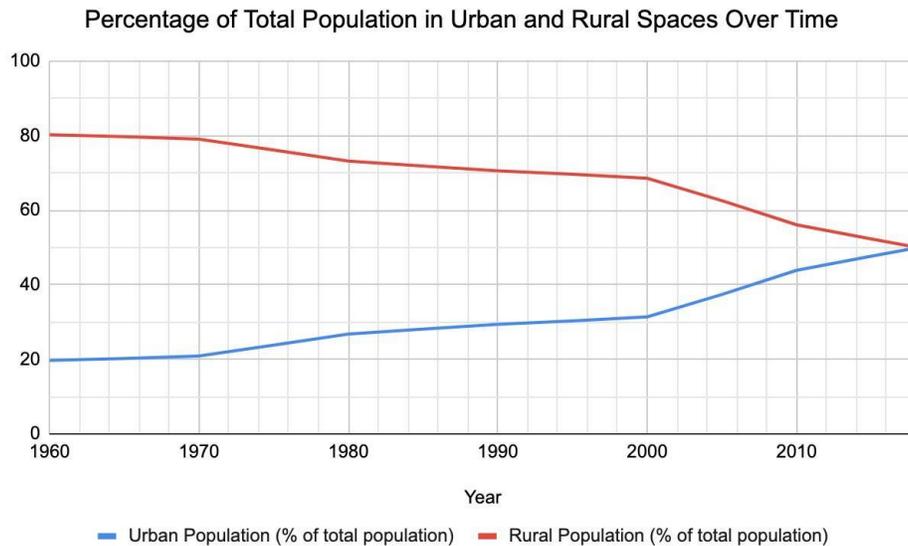


Figure 6. Reflection of Migration from Rural to Urban Areas in Thailand since 1960. From World Bank, 2020.

Public Health Concerns

The emergence of a strong tourism economy spurred urbanization and development throughout Thailand which brought about new health concerns and determinants of health, the origins and implications of which are discussed in this section. While life expectancy has increased significantly over Thailand's history of urbanization (Figure 7), positive trends are also seen in mortality rates from noncommunicable diseases, while mortality rates from communicable diseases have decreased at a comparable rate (Figure 8).

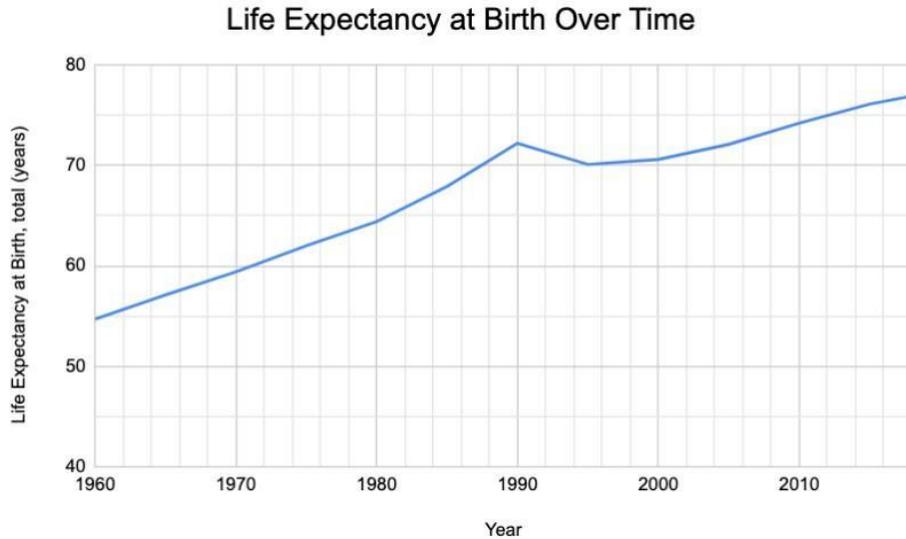


Figure 7. Increasing Trend in Life Expectancy at Birth, 1960-2018. Data from World Bank (2020).

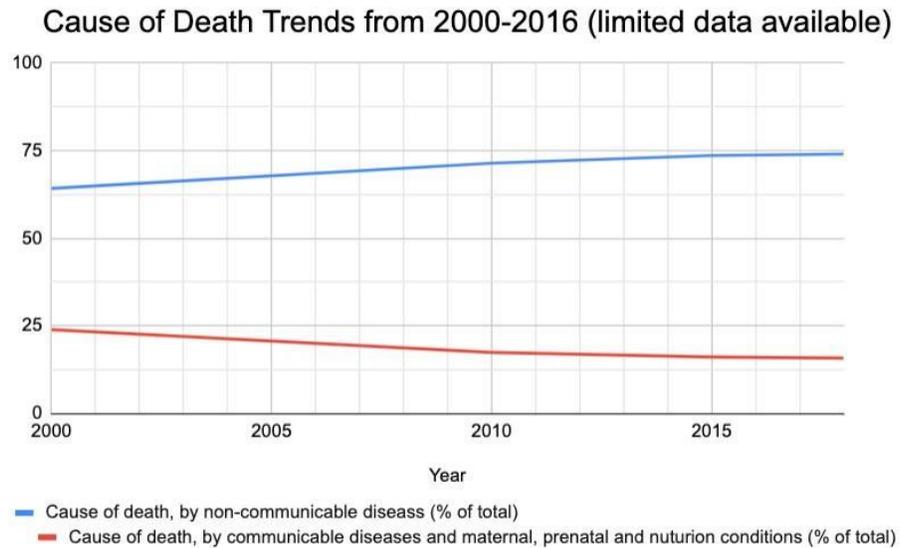


Figure 8. Cause of Death Trends, 2000-2018. Data from World Bank, (2020).

Air quality

Air pollution from industrialization and urbanization has become a far too familiar concern in urban centers like Bangkok (Nguyen et al., 2019; Pinichka et al., 2017; Ruchirawat et al., 2007) where heightened transportation, traffic congestion, and lack of governmental regulations contribute to the high levels of air pollution (Vichit-Vadakan & Vajanapoom, 2011). Hanpattanakit and colleagues (2018) conducted a study on carbon emissions on a popular island near the Thailand and Cambodian border, and found that transportation related to tourist

activities (e.g., transportation by road, boat) produced significant greenhouse gas emissions. The same study also cites that “the tourism industry is a significant source of these emissions with its contribution expected to grow considerably in the future as the sector expands” throughout the entire country and recognizes the risk for increased carbon emissions considering the current trends in tourist arrivals (Hanpattanakit et al., 2018). These trends have concerning effects on human health, as number of studies have already concluded; be it lung cancers and lower life expectancies (Boogaard et al., 2019) cardiovascular and respiratory diseases (Boogaard et al., 2019; Phosri et al., 2019), pregnancy complications (Vichit-Vadakan & Vajanapoom, 2011), and even lower reproduction function (Carré et al., 2017).

However, urban areas are not the only spaces that experience the detriments of air pollution. In rural areas, the prevalence of poor-agricultural practices also contributes to higher rates of cardiovascular and respiratory diseases (Sapbamrer & Nata, 2014; Wiwatanadate, 2011; Wunnapuk et al., 2019). Practices such as agricultural burning, pesticide use, and forest fires have been the largest producers of air pollution in Northern Thailand and pose a great risk for pulmonary function and chronic respiratory disease susceptibility (Junpen et al., 2018; Lorenz et al., 2012; Sapbamrer & Nata, 2014; Wiwatanadate, 2011; Wunnapuk et al., 2019). Considering the reliance on rice agriculture for the national economy and population, environmental and occupational factors that contribute to pulmonary diseases and other health conditions need to be further assessed to ensure that those who are most vulnerable are receiving appropriate care and have proper precautions in place to mitigate potential risks.

Furthermore, in a review of carbon emission and related trends associated with tourism, significant interplay between air pollution and tourism expenditure was found (Jermsittiparsert & Chankoson, 2019). These findings suggest that human and environmental health may not be the only areas to suffer from increased levels of air pollution. Considering the increasing trends in

tourism, the outlook on all three of these areas is not optimistic, and calls for the implementation of more sustainable measures.

Single-use Plastics

In an age where convenience is highly valued, single-use plastics allow for better packaging and transportation of certain goods at a low cost to the producer (Pathak & Nichter, 2019). Thailand is the largest consumer and manufacturer of plastics in Asia, and rates of plastic waste have “increased by 12% every year” over the past decade (Wichai-utcha & Chavalparit, 2019, p. 12). Economic transition and increase in GDP have also been highly correlated with greater use of plastics (Pathak & Nichter, 2019) suggesting that Thailand’s abundance of single-use plastic is concurrent with the rise in international tourism. Tourism has also seen the impacts that single-use plastic can have on the environment. A 2010 study associated greater water pollution with higher density tourist hotspots along the Thai coastlines, and that marine pollution is spread to unpolluted areas by water currents (Reopanichkul et al., 2010). More recently in 2019, Thai officials announced that a popular tourist location in Southern Thailand, Maya Bay, off the island of Koh Phi Phi would remain closed for an additional two years in an effort to let the beach ecosystem regenerate (Cripps, K. & Olan, 2019). Marine pollution not only threatens marine wildlife but also threatens the tourism industry that relies on the natural world and coastal ecosystems.

Furthermore, smaller-sized plastic particles are also a matter of concern, as these particles derive from larger plastic items that make their way into marine ecosystems, threatening marine wildlife, and human health. Micro-plastics have the ability to end up in the digestive systems of various marine animals (Agamuthu et al., 2019) which are a dietary staple in some regions of

Thailand. Plastics are also known to have ended up drinking water (bottled and tap) (Kankanige & Babel, 2020; Pathak & Nichter, 2019) table salt and fish (Pathak & Nichter, 2019) and have the potential to “negatively affect human reproduction, disrupt hormonal systems, and are associated with obesity and diabetes” (Pathak & Nichter, 2019, p. 314)

Dietary Transitions

Following the economic transition, there has been a greater reliance on ready-to-eat food and less importance placed on Thai staple foods and traditional side dishes (Craven & Hawks, 2006; Kosulwat, 2002). Children have been greatly impacted by this shift, as those living in urban or those in private education settings having a greater chance of being overweight and possibly obese than do those who live in rural settings or attend public schools (Kosulwat, 2002). Traditionally, Thailand has relied on the large base of agriculture workers for subsistence, but with nearly 50% of all food distribution and retail locations today consisting of convenience stores and supermarkets, processed foods are becoming more available to citizens (rural- and urban-living) and foreign visitors, also promoting the rise of chronic diseases based on diet (Kelly et al., 2010; Kosulwat, 2002)

Non-communicable Diseases

A shift from communicable diseases (TB, malaria, etc.) to non-communicable diseases (NCDs) such as diabetes and cancer, has also been noticed (Figure 8) and requires further research to pinpoint exact risks for certain groups and demographics. These trends can be attributed to the process of urbanization that Thailand has seen. A 2014 paper concluded that urbanization across Southeast Asia is generally associated with greater risks for developing NCDs (Angkurawaranon et al., 2014). While this trend was noted to vary between Southeast Asian countries, migration to urban areas from rural settings has also been associated with risk factors for NCDs: specifically cardiovascular risk factors)(Zhao et al., 2014). This is important

considering the trend discussed in Figure 6, as more of the population migrates towards urban centers. Obesity, as an example, is prevalent in both rural and urban areas, however the latter experiences higher incidence (Teerawattananon & Luz, 2017). The greater abundance of more processed foods, air pollution, and a more sedentary lifestyle that is characteristic of urban spaces may contribute to this trend in NCDs; while pesticide use and other poor agriculture practices are the main causes of NCDs (e.g., chronic respiratory diseases, chronic obstructive pulmonary disease).

Medical Tourism

Defined as traveling internationally to receive medical procedures at a cheaper cost than in one's home country, the business of medical tourism has become a source of revenue for many low- and middle-income countries that welcome tourists from high-income countries (Connell, 2006; Noree et al., 2016). Essentially commoditizing medicine, this industry has resulted in Thai medical professionals and medical locations developing their practices to cater to new clientele to benefit economically (Finch, 2014). Thailand has some of the highest-ranked medical facilities in Southeast Asia (Cohen, 2008) sought after by individuals from around the world as the nation has become a global leader in medical tourism (Mun et al., 2015).

While the industry does support the country's tourism industry (Naranong & Naranong, 2011; Noree et al., 2016) medical tourism poses questions regarding the structure of healthcare accessibility. The demands from international tourists willing to pay for medical expenses has created contention between Thai society and medical tourists:

...each time a foreigner sees a Thai doctor at 'foreigner prices', he takes away an opportunity for a Thai person to see the same doctor at normal Thai fees. In other words, this program, while presumably bringing foreign capital to [Thai] hospitals, is sucking medical care [away] from... [Thai] people. (Gerry, 2006 as cited in Cohen, 2008, p. 250)

While it may be convenient for tourists to recover from a cosmetic procedure (which are some of the most common procedures) (Noree et al., 2016) while relaxing in a tropical location, it encourages the process that disenfranchises so many that do not have access to medical care. The very concept of medical tourism is rooted in Thailand's long history of catering to and capitalizing on foreign visitors and contributes to the disparities that are seen today. Healthcare is perceived as a privilege for those of higher socioeconomic classes or those hailing from foreign countries, resulting in a gap between those who can afford it and those who cannot. Medical professionals have been known to leave public hospitals for private hospitals to accommodate medical tourists (Mun et al., 2015), leaving staffing levels in public hospitals and more rural areas low, a phenomenon coined as "brain drain" (Finch, 2014, E11). Some scholars have suggested imposing a tax on foreigners who seek procedures in Thailand, helping to boost the income generated by this industry to further employ Thai physicians and staff and help to get better medical access to those who need it most (NaRanong & NaRanong, 2011). However, the industry is expected to grow (Finch, 2014) and while more research is needed, past trends highlight a potential problem for public health resources if action is not taken.

Conclusion

Thailand's unique history enabled it to undertake a viable economic ambition and undergo a transformative industrialization process that solicited global help and ultimately developed the nation into the tourist hotspot that it is today. While tourism certainly has economic and cultural benefits, public health has been threatened in numerous ways. In the case of Thailand, initial industrialization polarized the country, dividing social classes, and making a clear distinction between those with wealth and those without. With the introduction of tourism, this gap only widened and spread to other aspects of society, eternalizing social hierarchies and furthering the

divide among the national population. With the development of urban centers and effort to profit off natural landscapes, wealth is maintained in central areas and through a culture of providing for a specific demographic, thereby establishing “tourist hotspots” which perpetuates an ideology of “us and them” among tourists and nationals; as well as urban, industrialized, and rural Thais. In urban areas, tourism has contributed to higher levels of transportation and presence in single-use plastics, in addition to the commodification of medicine, in an effort to make travel to Thailand more desirable and convenient for an international audience. In rural areas, tourism created a socioeconomic reality that is far removed from urban life, yet, these areas still experience nutritional transitions, difficulty accessing healthcare, and hazardous air pollution from poor agricultural practices. Urban areas reap the fortunes of tourism, consolidating the wealth of those fortunate enough to afford such travels and return to their home countries after a vacation in a luxurious tropical location. Rural areas do not benefit from tourism; an agriculture-based lifestyle positions members of society to continue to provide agricultural resources for the nation that profits from their labor:

Growth of inbound tourism induces the reallocation of primary factors toward domestic oriented production and away from tradables sectors, notably agriculture. As real wages and capital returns are greater in non-agriculture than in agriculture, the structural changes induced by tourism growth tend to further widen intersectoral differences in wages and capital returns. (Wattanakuljarus & Coxhead, 2008, p. 952)

On a broader scale, tourism has taken a toll on environmental health, with increased transportation and poor agricultural practices increasing carbon emissions and lowering air quality, while reliance on single-use-plastics threatens marine life. Nitivattananon and Srinonil (2019) also discuss concerns of “rapid tourism-related urbanization” (p. 47) and the related water and air pollution that negatively impacts coastal areas, while contributing to larger environmental

concerns. Certainly, environmental health impacts population health and alludes to the need for more sustainable practices moving forward, considering the positive growth of both tourism-based revenue and gross tourist arrivals over the past 25 years. Drastic environmental changes have been known to impact tourism arrivals (e.g., Hamilton et al., 2005) and so too could be a similar narrative in Thailand, if sustainable tourism practices are not implemented in the near future.

However sustainable measures expand beyond environmental concerns. Sustainable tourism should benefit the host community and nation equally, meaning equitable shares in profits, resources to promote tourism, and equal access to basic needs for the population. Some scholars call for the model of “community-based tourism” (CBT) which is “a way of countering the drawbacks associated with conventional tourism in Thailand” (Kontogeorgopoulos et al., 2014, p. 107). The topic of CBT is not well studied based on the literature available, one community in Northern Thailand has gained attention for its successful implementation of CBT which is attributable to its “sheer luck, significant external support, and individual leadership within the community” (Kontogeorgopoulos et al., 2014, p. 108). While this method of development may not be realistic in other parts of the nation, it is still a way for local communities and regions to equally profit from the lucrative tourism business and hopefully mitigate some of the social disparities that arise from the more traditional tourism industry.

It is fair to assume based on current trends and observations that socioeconomic disparities will further develop, endangering the livelihood of those already disenfranchised by the current socio-economic climate and rewarding those who already benefit from their strategic proximity to tourist locations. These factors would also have negative consequences on public health, whether that be the accessibility to healthcare resources or the manifestation of communicable and/or chronic diseases. Environmental impacts also have to consider those who rely on the

environment as a source of income and livelihood. With much of the Thai population relying on agriculture for economic survival, broad climate change second to local and regional environmental unconsciousness can certainly be detrimental.

Thailand provides a unique lens to analyze how socioeconomic factors impact public health statuses specifically through tourism. Analyzing the role that tourism has played in developing and perpetuating public health issues in Thailand helps to visualize other impacts this industry has on a population and a nation aside from economic benefits. Looking at a variety of elements from economics, environmental health, subsistence strategies, national history, and globalization, it is evident that health is multidimensional, not necessarily biological; such considerations must be taken when evaluating and implementing population-specific programs to improve and ensure quality healthcare and positive health statuses for a given culture.

It is difficult to make assertions that focus on what the narrative would have looked like if Thailand had not developed reliant on tourism and shifted to an economy predominantly catering to foreign visitors. Such claims are speculative and do not benefit the current situation at hand. Instead, it is important and arguably necessary, to acknowledge why such statuses and disparities exist, and what contributed to their manifestation. Furthermore, policymakers and stakeholders can employ this information and use it to improve the root-causes of the current problems at hand; that is, developing sustainable tourism and other service industry-related measures to ensure the mitigation of disparities experienced by the population. With the upward-trend of tourism and the profitability of the service sector at large, it is obvious that Thailand has a profitable future ahead and will continue to rely on foreign tourists to support its economy. However, the pressing question is how the nation will make the industry sustainable, as to not further disenfranchise those who are already marginalized by the systems in place?

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