



Health Care in Danger : Thailand Chapter :

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President Elect, MAT

Dheva Mantra Resort, Kanjanaburi, Thailand on September 14-16, 2016.

V.I.P. on Chair of Treasurer



Health Care in Danger

u Council Meeting
er 14 - 16, 2016
ort, Kanchanaburi, THAILAND.



Health Care in singing



Health Care in Dancing



Health Care in singing and dancing

Kunduz hospital airstrike

On 3 October 2015



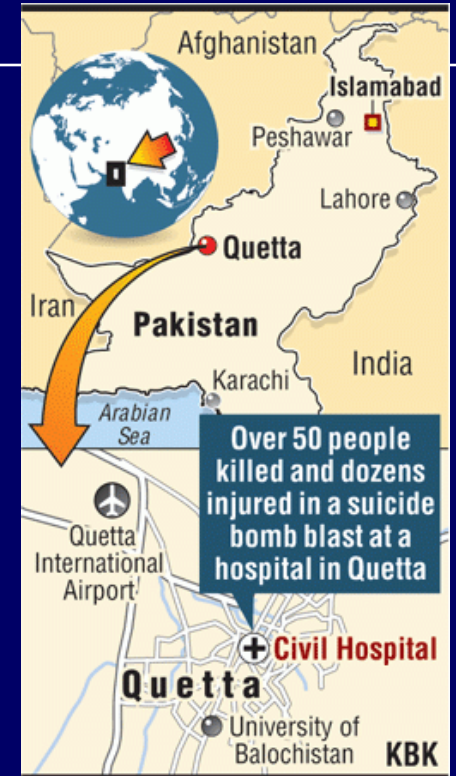
US General Campbell said the attack was "a mistake", and "We would never intentionally target a protected medical facility"



Quetta hospital bombing



Aug 11, 2016



VIOLENT INCIDENTS AFFECTING
THE DELIVERY OF HEALTH CARE

HEALTH CARE IN DANGER

JANUARY 2012 TO DECEMBER 2014

Violence against health care

PROTECT
HEALTH CARE

**IT'S A
MATTER
OF LIFE
& DEATH**



REPORT

Focus 1 – The Health Care in Danger project

The Health Care in Danger (HCiD) project is a project of the Red Cross and Red Crescent Movement that was launched in 2011 and is based on the mandate received at the 31st International Conference to tackle the issue of violence against health care.

For the first two years, the Movement concentrated on raising awareness of the issue and, building on the findings contained in the 16-country study and in the subsequent reports, on the expert consultations organized to tackle the main issues of violence against health care.

Introduction

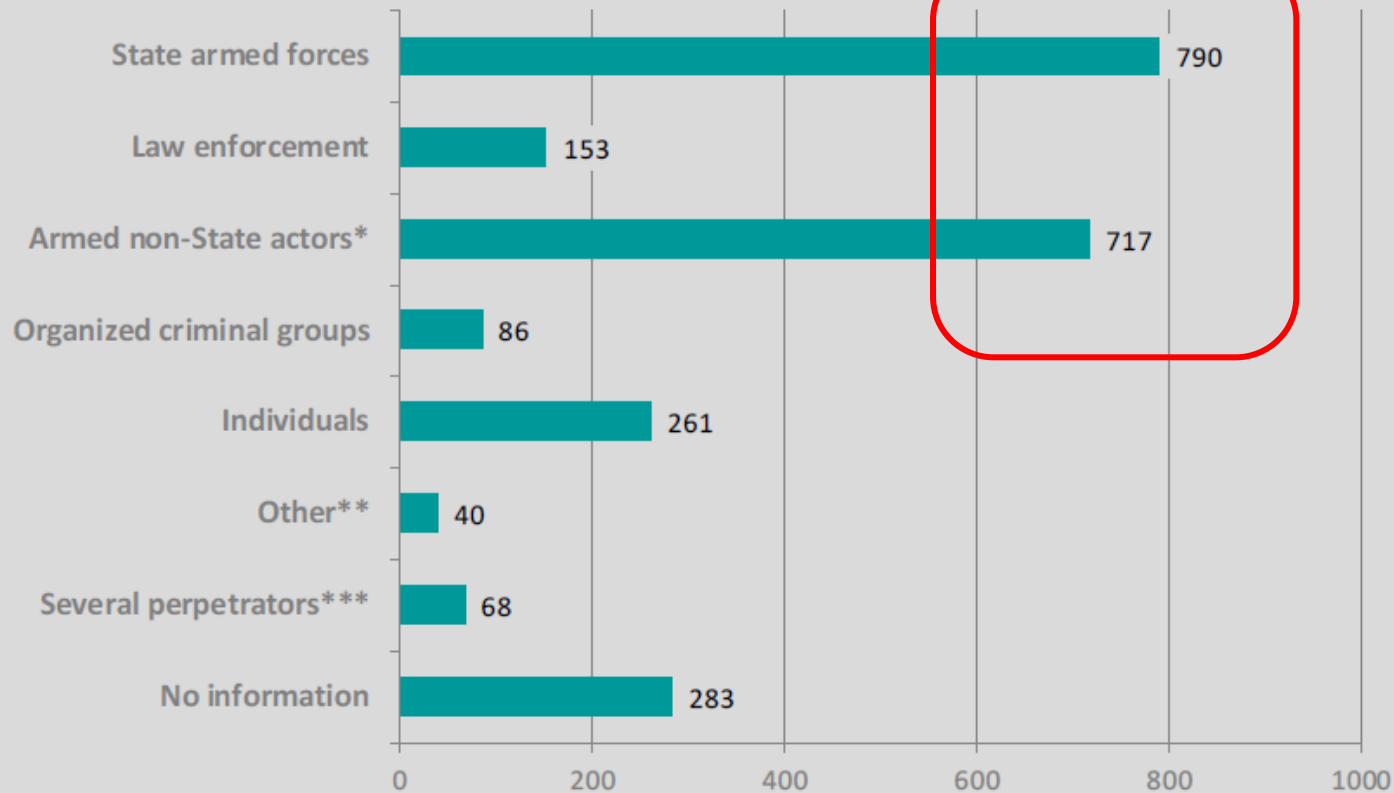
The project, which was initially meant to run



led until
on the
the
ouraging

greater practical involvement by the diplomatic
community.

Figure 3. Distribution of incidents by category of perpetrator



* *Armed non-State actors include organized non-State armed groups that are party to a conflict (which are not State organs or do not belong to a State party to the conflict) and non-State actors that do not necessarily fulfil the organizational requirement to be considered party to the conflict, such as other opposition movements or unspecified groups of armed people.*

** *Other: Administrative measures, international military/police forces, peacekeepers.*

*** *Several perpetrators: More than one perpetrator involved/shared responsibility.*

Figure 5. Types of violence affecting people by category

	Killed	Wounded and/or beaten	Threatened	Coerced	Robbed	Deprived of their liberty	Passage denied and/or delayed	Sexual violence	Other types of violence**
Patients	678	204	45	0	29	67	69	2	20
Bystanders and relatives	96	151	5	0	0	7	3	1	19
Health-care personnel	87	202	303	121	47	58	25	5	61
Drivers	2	0	0	0	0	1	2	0	0
Others*	16	47	9	2	1	10	0	1	4
Total	879	604	362	123	77	143	99	9	104

* *Others: Aid workers not directly involved in the provision of health care, relatives of health-care personnel, security guards at health-care facilities, administrative and maintenance staff.*

** *Other types of violence: Torture, forced disappearance, general harassment.*

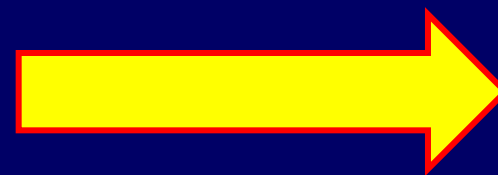
Figure 7. Forms of misuse of health-care facilities



**Other forms of misuse include: using the facility as a base of operations, limited of time, guarding the facility in order to conduct interrogations and identify the opposition, keeping hostages and exercising ill-treatment, stocking drugs.*

As demonstrated in the previous reports, the findings in this report confirm that **violence against health care** is a serious humanitarian concern with devastating short and long-term consequences:

- **Patients** are killed, wounded, beaten and arrested;
- **Health-care personnel are threatened, physically assaulted and subjected to arrest** – they are also subjected to coercion and forced treatment;
- Incidents against health care most often take place **against, inside or within the perimeter of health-care facilities** and these facilities are often subject to **attack, armed entry, takeover or looting**;
- **Obstructions and attacks against medical transports** take place on the way to and from a health-care facility, at checkpoints and in public spaces.



Dear All,
Please consider the below message. Would it be possible to support??
Wonchat S.

Sent from my iPad

Begin forwarded message:

From: Otmar Kloiber <otmar.kloiber@wma.net>
Date: 3 กรกฎาคม 2558 17 นาฬิกา 08 นาที 35 วินาที GMT+7
To: "<math@loxinfo.co.th>" <math@loxinfo.co.th>
Cc: "<wonchats@hotmail.co.uk>" <wonchats@hotmail.co.uk>
Subject: Bringing the Health Care in Danger - Project to a new step

Dear Dres. Somsri, Sarnvivad and Kongsakon,

This morning I had a meeting with the Dr. Bruce Eshaya-Chauvin* from the International Committee of the Red Cross.

We want to bring our Health Care in Danger project forward to a level of cooperation of the various partners (health care professions, military, police, Red Cross/Red Crescent Societies and ministries). We are looking for a physicians association which would be strong enough to initiate such a process of bringing the various partners together to discuss and to interact. We thought that Thailand could be a model partner for such a project. The ICRC certainly would support it with their team in Geneva.

Would that be something the MAT would consider to take a lead?

I am anxious to hear from you.

With kind regards
Otmar

*Dr. Eshaya-Chauvin met last year with Wonchat for a roundtable on the issue

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2013–14 Thai political crisis



2013–14 Thai political crisis



◆ Army seizes power in coup.



2009-2014



Shinawatra fled Thailand h
while facing corruption cha
were politically motivated,

source: CNN เรื่องโดย feng_shui
<http://www.oknation.net/blog/buzz>



Supporters of Shinawatra have been



“วีรภาพ ยัฒนางกูร” พยาบาลฉุกเฉิน บัณฑิตอาสา ลุยงานกู้ชีพ ดูแลผู้บาดเจ็บ ท่ามกลางไฟใต้



เหตุการณ์ความรุนแรงในพื้นที่จะเกิดขึ้นอย่างต่อเนื่องและนับวันยิ่งรุนแรงมากขึ้น แต่ความมุ่งมั่นในการทำงานไม่เคยทอดทิ้ง เพราะต้องการช่วยเหลือชีวิตผู้ป่วยให้รอดพ้นวิกฤตชีวิต

ที่มาข้อมูล Hfocus

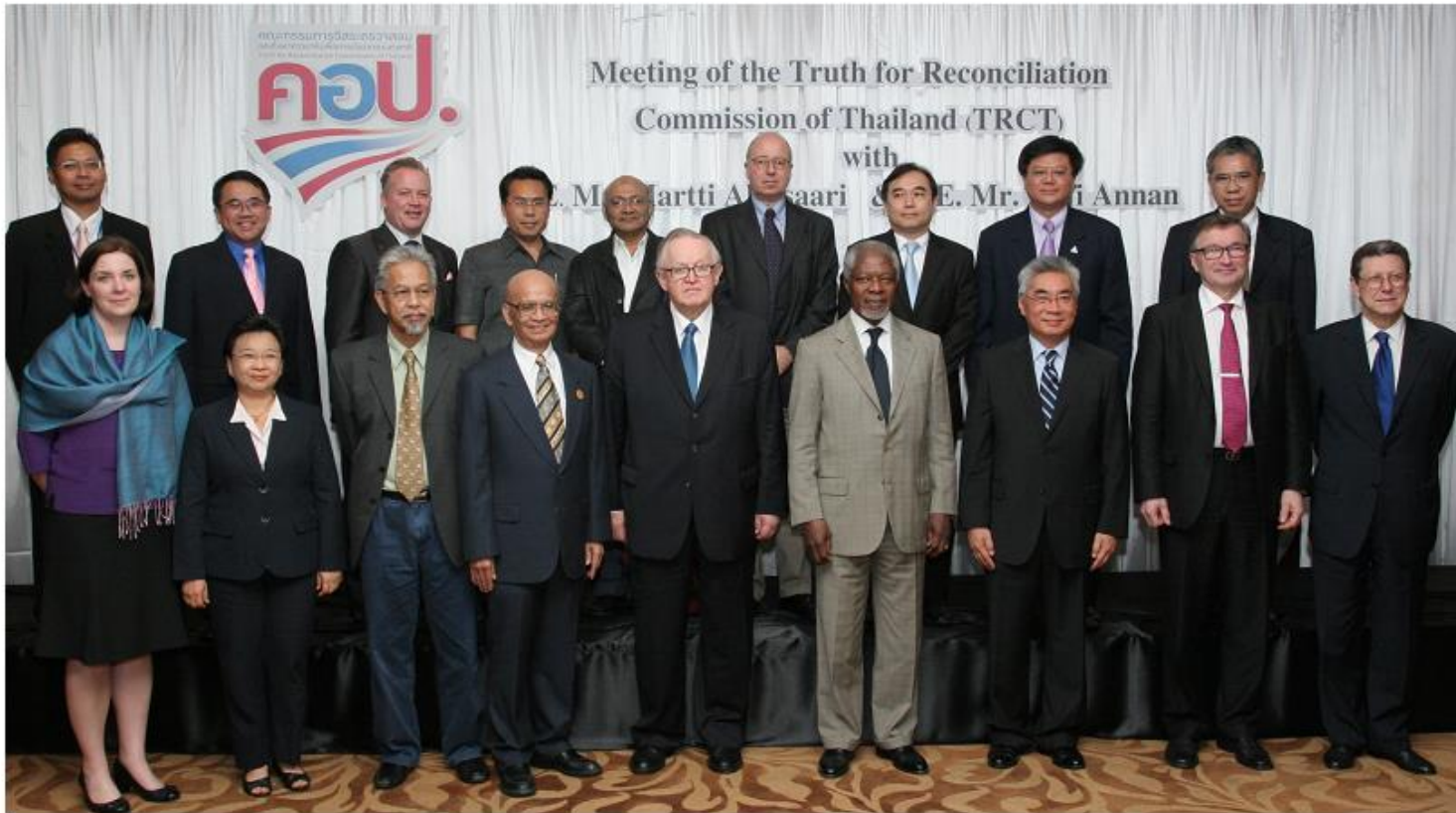


Truth for Reconciliation Commission

PM Abhisit Vejjajiva launched a reconciliation plan to investigate the crackdown April-May 2010







H.E. Mr. Kofi Annan and H.E. Mr. Martti Ahtisaari

Truth for Reconciliation Commission of Thailand (TRCT) : Health care in danger

- ◆ Medical units, nurses, and disaster relief units did not receive the protection.
- ◆ Threatened and intimidated into medical care.
- ◆ Lack of confidence and distrust of medical care.

Final Report of Truth for Reconciliation Commission of Thailand

(TRCT)

July 2010 – July 2012

Recommendations
Concerning the Role and
Protection of Medical
Units, Nurses, and
Disaster Relief Units



TRCT recommendations

- ◆ 1. TRCT calls on all parties to protect and facilitate the activities.

TRCT recommendations (cont.)

- ◆ 2. Providing medical and public health assistance is based on the universal principles of impartial humanitarian assistance to all.

TRCT recommendations (cont.)

- ◆ 3. The government should provide benefits, restoration and rehabilitation to medical personnel.

TRCT recommendations (cont.)

- ◆ 4. The government should create an understanding among the people of the role and duty of medical units

Criminals seize hospital Airong shooting attack soldiers.





Violence against health personnel. There is no respect humanitarian law.



THAI HEALTH CARE IN DANGER PROJECT : 2015-2016

Medical Association of Thailand



Objective

- ◆ 1 To pursue a way to protect and prevent healthcare from danger.
- ◆ 2 To make people **become aware of and support** the ways to protect healthcare from being in danger.

Objective (cont.)

- ◆ 3 To establish a **safe guidelines**
- ◆ 4 To **push forwards policies**
- ◆ 5 To establish a **model guideline for Health Care in Danger**

Methodology

- ◆ 1 Use Documentary Research
- ◆ 2 Focus Group meetings and invite associated organizations.
- ◆ 3 Questionnaire and interview.
- ◆ 4 Make the declaration and present guidelines

Associated organization

- ◆ Medical Association of Thailand
- ◆ Medical Council
- ◆ Nursing Council
- ◆ Red cross
- ◆ Ministry of Public Health
- ◆ Ministry of Interior
- ◆ Ministry of Defense
- ◆ Ministry of Justice
- ◆ National institute of emergency medicine





2016

**Resolution on
“HEALTH CARE IN
DANGER”**

For the mankind and safe the Doctors

Proposed resolution

- ◆ 1) Medical personnel and medical units shall not perform any other actions that are contrary to **the principles of medical ethics and professional discipline** and the parties shall not require medical personnel and medical units to perform any other actions that are also contrary to the principles of medical ethics and professional discipline.
- ◆ 2) The parties shall **at all times play respect and protect** all medical personnel and medical units when on their duties.

Proposed resolution (cont.)

- ◆ 3) The parties shall not **violate against** life, person, property, dignity and reputation of medical personnel and medical units.
- ◆ 4) The parties shall not **attack hospital and medical vehicle**, exclusively employed **for the removal of patient and for the transport of medical personnel** and equipment and mobile medical units of the Medical Services.

Proposed resolution (cont.)

- ◆ 5) The parties shall not **perform hindering, obstructing** or interfering with the performance of the duties and operations of medical personnel and medical units.
- ◆ 6) The parties **shall protect the rights and provide convenience** for medical personnel and medical units to enter into various places in need of assistance.

Proposed resolution (cont.)

- ◆ 7) The parties shall **assist and support** the performance of the duties and operations of medical personnel and medical units.
- ◆ 8) The parties and authorities **shall be responsible for the safety assurance** of the medical establishment and units and their undisturbed functions in the treatment and prevention of the wounded and patients.

Proposed resolution (cont.)

- ◆ 9) The parties shall not detain medical personnel and / or medical unit unless request and able to obtain consent from those medical personnel.
- ◆ 10) The parties shall not take hostages of medical personnel for any reason.



CMAAO Declaration

Health Care in Danger




We are ONE together



Thank You for Your Attention

PROTECTED EMBLEMS
UNDER THE GENEVA CONVENTIONS



RED CROSS

These emblems can be used by the recognized National Society
and other constituents of the Red Cross and Red Crescent Movement

