CMAAO
Confederation of Medical Associations in Asia and Oceania

The 39th CMAAO General Assembly, December 12-13, 2025, Nepal
Theme " Disaster preparedness, response and management "

Major Dr. Chanrit Lawthaweesawat
Secretary General,
The Medical Association of Thailand

"Disaster Medical Management in VUCA World"
Lesson Learned from The Medical Association of Thailand

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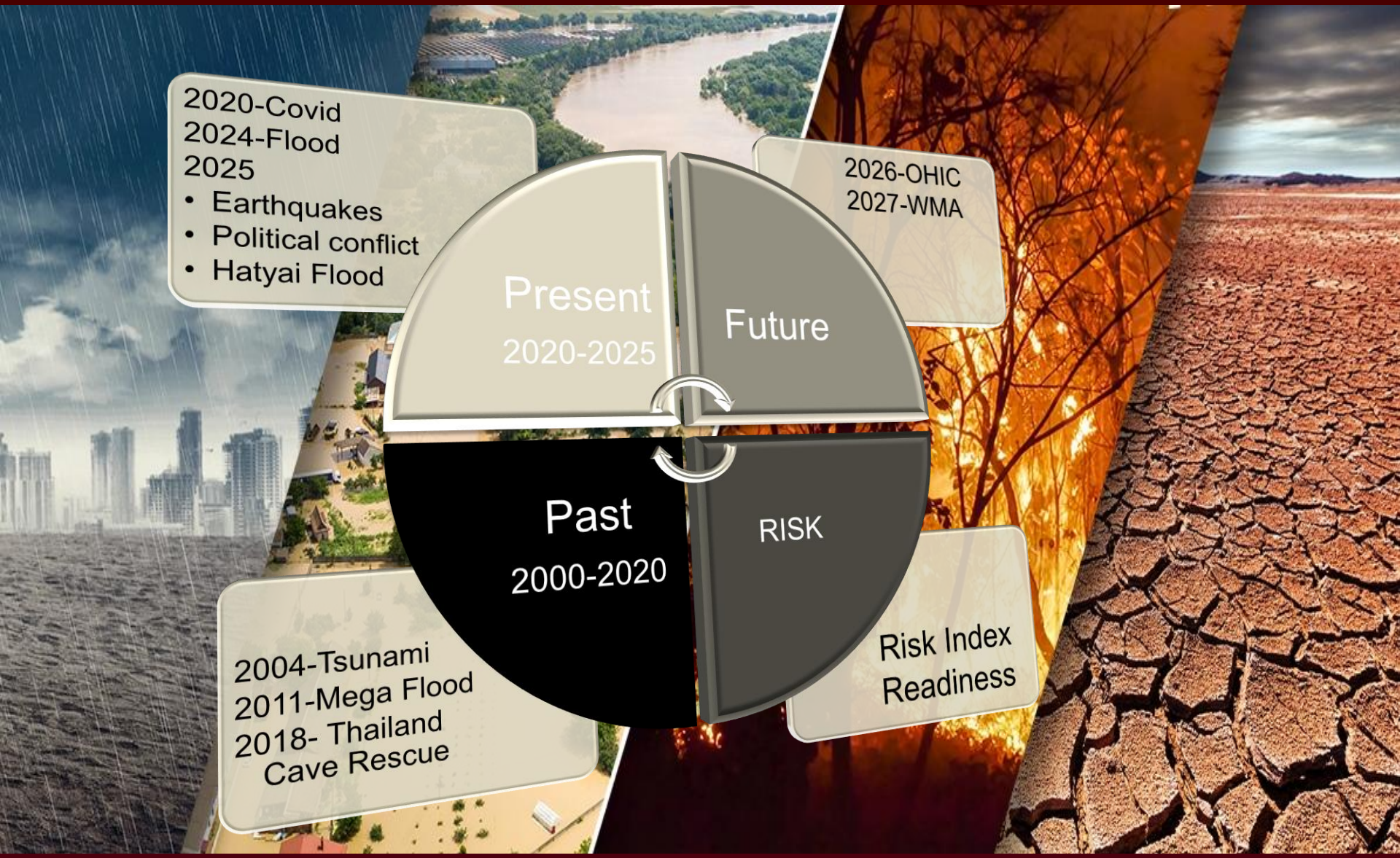

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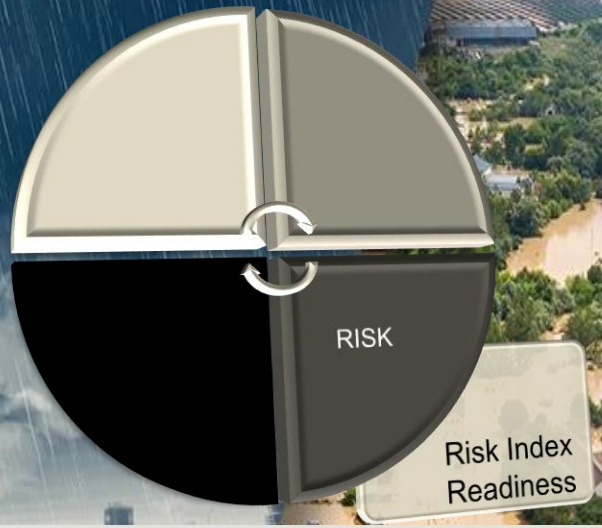


The Concept of the WorldRiskReport

Are Asia-Pacific economies ready to cope with climate change and transition?

1. Exposure to climate change and transition

Physical risks	Average annual loss	Average annual loss due to multi-hazard risk as a share of GDP
	Agricultural value at risk	Agricultural value added at risk due to climate change as a share of GDP
Transition risks	Carbon intensity	CO_2 emissions per unit of GDP
Dual risks	Inflationary impact	Impact on prices due to temperature and precipitation extremes

2. Macroeconomic coping ability

Fiscal resources
- Tax-to-AAL (average annual loss) ratio
- Climate finance mobilization as a share of AAL
- Sovereign debt ratings

Monetary & financial preparedness
- Strength of banking sector
- Use of green financial policymaking
- Ability to meet inflation targets
- State of financial market development

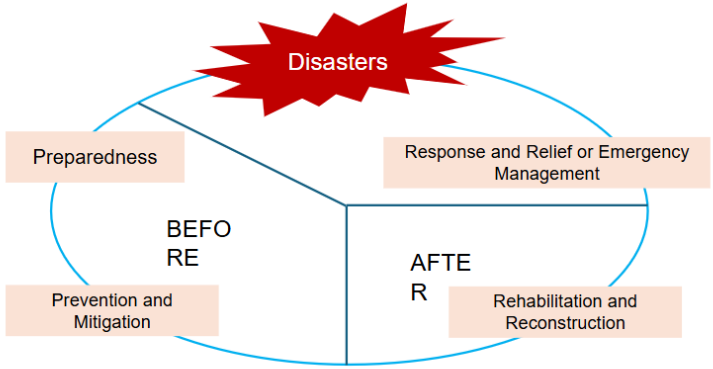
Institutional quality
- Government effectiveness
- Transparency of public finances
- Policy-based fiscal strategy & budgeting

"Disaster Medical Management in VUCA World"
Lesson Learned from The Medical Association of Thailand

Public Health Emergency and Disaster management

เรืออากาศเอกนายแพทย์ อัจฉริยะ แพงมา
อดีตเลขาธิการสถาบันการแพทย์ฉุกเฉินแห่งชาติ
Chief Medical Director, ASIA AIR AMBULANCE
• Aviation Medicine, Prehospital Emergency Medicine
Chief Medical Director, ASIA AIR AMBULANCE
Former Secretary-General
National Institute for Emergency Medicine

Disaster Cycle and Disaster Management



Source: ASEAN Disaster Risk Management Course;
United Nations Office for the Coordination of Humanitarian affairs (UNOCHA)

Disaster Management System in Thailand

- Constitution of the Kingdom of Thailand B.E.2560
- The 20-Year National Strategy (Security Strategy)
- National Reform Plan (Health Sector)
- Disaster Prevention and Mitigation Act B.E.2550
- Emergency Medical Act B.E 2551
- Disaster Prevention and Mitigation Plan B.E. 2564-2570

Disaster Level and National Responses

Level	Management of	Person Authorized
1	Small – scale disaster	District Incident Commander, Local Government Incident Commander and/or Bangkok Metropolitan Assistant Incident Commander is responsible for directing and/or controlling functions.
2	Medium – scale disaster	Provincial Incident Commander or Bangkok Metropolitan Incident Commander is responsible for directing controlling and commanding functions.
3	Large– scale disaster	National Incident Commander is responsible for directing, controlling and commanding functions.
4	Catastrophic disaster	The Prime Minister or the Deputy Prime Minister whom assigned by the Prime Minister is responsible for directing, controlling and commanding functions.

สถาบันการแพทย์ฉุกเฉินแห่งชาติ
National Institute for Emergency Medicine

Dealing with Health Impacts of Disaster

- DISASTER HEALTH MANAGEMENT
- Disaster management is multidisciplinary.
- Disaster Health Management system of Thailand is considered to be an integrated part of Disaster Management system/framework of the country.

Disaster Health Management

Legal and Regulatory Framework:

- Disaster Prevention and Mitigation Act B.E.2550
- Emergency Medical Act B.E. 2551
- National Plan for Disaster Prevention and Mitigation B.E. 2558
- Disaster Prevention and Mitigation Plan for Medical and Public Health

Operating Agencies: Roles and Responsibilities

- Ministry of Public Health (MOPH)
- National Institute for Emergency Medicine (NIEM)
- Local organization: Bangkok Metropolitan , Provincial , Municipal, Subdistrict, Pattaya
- Civil society: Thai Red Cross, Voluntary foundations, etc.

Disaster Health Management

Emergency Operating Center (EOC)

- MOPH has established the Public Health Emergency Operating Center (PHEOC) in 2019.

Communication System

- NIEM has prepared emergency communication during disasters
- i.e. Communication vehicle, satellite vehicle

Disaster Health Management

Competent personnel on-duty:

- DMAT – Disaster Medical Assistance Team
- MERT – Medical Emergency Response Team
- M-MERT – Military-Medical Emergency Response Team
- Mini-MERT – Medical Emergency Response Team (District level)
- SRRT – Surveillance and Rapid Response Team (Disease Control)
- MCATT – Mental Health Crisis Assessment and Treatment Team
- I-EMT – International Emergency Medical Team

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2004 Indian Ocean Tsunami

More than 5,000 people in Thailand were killed, nearly ten thousand injured and more than 2,000 missing.

2011 Mega Flood

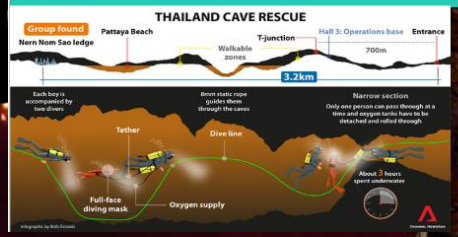
5,078,477 people, 2,899,329 families, 1 million households were affected.
One airport was submerged. Hospitals were affected.

13 soccer players

rescued from tourist hotspot

Reports from the Guardian, Reuters and Channel NewsAsia

2018: Tham Luang Cave Incident



"Disaster Medical Management in VUCA World"
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"ULTRAMODERN IN EMERGENCY MEDICINE 2020"
The 4th annual meeting of Thai college of Emergency Physicians, 02 October 2020

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Army Field Hospital
Prehospital Management for Thailand Cave Rescue

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TRIAGE: **To minimize interruptions** from unauthorised individuals as experienced in Day 1 access to the stabilization area was restricted.

- The After-Action Review (AAR) on Day 1:
  - Identified **hypothermia and inefficient team coordination** as the critical components, resulting in the **development of Thai Cave Rescue Protocol** that addressed both the **medical and non-medical aspects of management.**
  - The Protocol addressed **airway, breathing, circulation and hypothermia management (ABC+H) by an anesthesiologist, chest medicine and pediatric cardiologist.**
- TRIAGE: **Unidentifiable patients** who were anesthetized with **Unclear ketamine doses** given by the rescue cave divers and the wetsuit was carefully removed with **airway and cervical spine protection.**

Army Field Hospital
Prehospital Management for Thailand Cave Rescue

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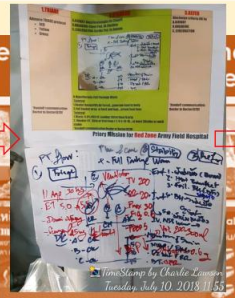
- Stabilization ABC+H: **The hypothermia management** was formalized and **assigned to the anesthesiologist.**
- **Adequate external and internal rewarming** techniques are essential.
- **The accuracy of core temperature measurement** was improved using **tympanic membrane temperature monitoring.**

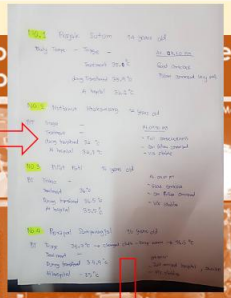
- Referral: The patients were prepared for transport with **clear handover** between the transferring medical and Changrai hospital with instructions to focus on the ABC+H during transport.

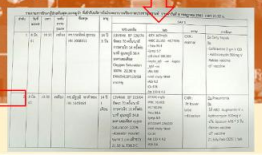
DATA Verification

Data verification is a process in which different types of **data** are checked for accuracy and inconsistencies after **data** migration is done. It helps to determine whether **data** was accurately translated when **data** is transferred from one source to another, is complete, and supports processes in the new system.

Lesson learned for Quality Improvement process







Prehospital Hypothermia Management for Thailand Cave Rescue
Lesson Learned for "Emergency planning in a Disruptive World"

"ULTRAMODERN IN EMERGENCY MEDICINE 2020"
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1.TRIAGE	2.STABILIZE	3.REFER
Advance TRIAGE protocol : • RED • Yellow • Green ***Rapid Airway Assessment** to a definitive care before remove wetsuit and change spinal board ***Handoff communication: Doctor to Doctor[D2D]**	**A. Airway management** by Anesthesiologist : O2 facemask, Oral AW, Intubation if indicated by Succinyl 1.5mg/kg **B. Breathing management** by Chest Med. : Ventilator setting : Tidal vol.7ml/kg, RR 20bpm,PEEP 5,Pmax 30 **C. Circulation management** by Cardio Ped. : Atropine, Levophed, Adrenaline and Defibrillator as PALS protocol * Cardiac& Respiratory Monitor: NIBP+EKG & O2Saturation+RR every 5 mins **D. Hypothermia management :** **External Rewarm:** 1. **Heater Blanket** [from US.Air Force]…Generate the body heat as normal. 2. **Foil Blanket**…Prevent the body heat loss, the whole body fully wrapped. 3. **Hot Air Blower**…Rewarm specific area: Head & Hand if pulse oximeter waveform analysis error. **Internal Rewarm:** **1. Hypothermia & Hypotension :** **Warm 0.9% NSS** IV. Loading 100ml then IV. drip until hemodynamic stable +**New bag before refer** by air ambulance **2. Hypoglycemia : start 5%D NSS** IV. drip ❑ Monitor Body Temperature: Tympanic membrane[Ear] Every 5 mins until BT>35 c in rewarm process x 4 readings	**Discharge criteria :** A. Airway clearance by Anesthesiologist B. Breathing clearance by Chest Med. C. Circulation clearance by Cardio Ped. D. Hypothermia management : BT>35 c stable in rewarm process ***Handoff communication: Doctor to Doctor[D2D]**

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Day3-Wild Boar 9
[Hypothermia BT< 30c+Unshivering+Unresponse to Verbral]

1.TRIAGE	2.STABILIZE	3.REFER
Advance TRIAGE protocol : • RED • Yellow • Green **Triage zone @04.10PM** • **Responsive to painful stimuli** • **E3V2M4** • AW + Breathing normal **Move to Yellow Zone @04.16PM** • Off Full face mask • Off Wet suit • Spinal board • Eye protection • O2 Facemask10 LPM	**A. Airway management** by Anesthesiologist : **Oral AW+Suction clear AW+**O2 facemask with bag 10LPM **B. Breathing management** by Chest Med. : Spontaneous Breathing **C. Circulation management** by Cardio Ped. : IV. Fluid as protocol *Cardiac& Respiratory Monitor: NIBP+EKG & O2Saturation+RR **every 5 mins** **D. Hypothermia management :** **External Rewarm:** 1. **Heater Blanket** [from US.Air Force]…Generate the body heat as normal. 2. **Foil Blanket**…Prevent the body heat loss, the whole body fully wrapped. 3. **Hot Air Blower**…Rewarm specific area: Head & Hand if pulse oximeter waveform analysis error **Internal Rewarm:** **1. Hypothermia & Hypotension :** **Warm 0.9% NSS IV.** Loading 100ml then IV. drip until hemodynamic stable + **New bag before refer** by air ambulance rate 120ml/hr **[Total IVF 1500ml**,Lung no wheezing,Foley cath. urine 600ml] **2. Hypoglycemia : start 5%D NSS IV. drip 40ml/hr** *Body Temperature **[Ear]** Monitor **every 5 mins at least 30mins or until BT>35c in rewarm process**	**Discharge criteria :** A. Airway clearance B. Breathing clearance C. Circulation clearance D. Hypothermia management : BT>35 c *Handoff communication Doctor to Doctor[D2D]* **Full Discharge criteria @05.40PM** **Refer by Air Ambulance @06.04PM** **Admit in Chiangrai Prachanukroh Hospital @06.34PM** • Good Conscious • **BP 142/89 ,HR 77 ,RR 15** • **BT 36.4c** • CXR: Normal

Time	BT	NIBP	HR	RR	O2 Sat	GTX
0	29.6			12	100	109
5	30.8	172/124		12	98	
10	30.4	172/127	96	10	85	
15	30.8	142/96	85	12	98	
20	31.4	144/104	82	16	100	
25	31.7	160/104	78	22	100	
30		156/101	81	13	99	
35	32.5	156/91	81	16	100	
40						
45	32.9	136/93	82	15	100	
50	33.5	153/100	81	14	100	
55	33.6	135/100	81	18	100	
60	34.4	155/93	81	16	100	
65	34.6	169/98	83	13	100	
70	34.8	134/89	74	13	95	
75	35	147/85	75	16	100	
80	34.9	134/92	73	21	99	
85	35.3	130/80	80	20	100	
90	35.5	139/85	81	18	99	

Prehospital Hypothermia Management for Thailand Cave Rescue
Lesson Learned for "Emergency planning in a Disruptive World"

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Day	Summary Hypothermia Management Day1-3	Improvement Intervention
Day I Day II Day III		**Chiangrai Prachanukroh Hospital**

Day 1	1	19:30	36.4	16	68	125/82	รู้สึกตัวดี	Normal
	2	19:30	34.8	16	70	113/64	รู้สึกตัวดี	RLL infiltration
	3	20:55	35.5	20	60	121/63	รู้สึกตัวดี	Normal
	4	21:37	34.9	16	66	107/83	รู้สึกตัวดี	Rt hilar infiltration
Day 2	5	17:40	35.6	20	85	120/89	รู้สึกตัวดี	Normal
	6	20:04	34.9	16	49	110/89	รู้สึกตัวดี	Normal
	7	20:06	36.4	14	72	11		
	8	20:30	35.5	17	73	14		
Day 3	9	18:34	36.4					
	10	19:05	36.9	16	86	109/70	รู้สึกตัวดี	LLL infiltration
	11	19:10	38.5	18	86	137/54	รู้สึกตัวดี	Normal
	12	20:42	36.9	17	82	123/69	รู้สึกตัวดี	Normal
	13	20:56	37.0	13	87	117/74	รู้สึกตัวดี	Normal

Day3: BT>35c No Hypothermia

❑ External Rewarm:
1. Heater Banket
2. Foil Banket wrap
3. Hot air blower: Head & Hand

❑ Internal Rewarm:
1. Hypothermia & Hypotension :
Warm 0.9% NSS IV. Loading 100ml then IV. drip until hemodynamic stable +Change new Warm 0.9% NSS
2. Hypoglycemia : start 5%D NSS IV. Drip

❑ Monitor Body Temperature: Tympanic membrane[Ear]
Every 5 mins until BT>35 c in rewarm process x 4 readings

Prehospital Hypothermia Management for Thailand Cave Rescue
Lesson Learned for "Emergency planning in a Disruptive World"

Dear Dr. Harris,

Q1:What-What is Sedation protocol for this Operation? I refer from your hand writing, the doses are right?

A1: These doses are correct: Premedication: Alprazolam 0.5mg PO.
+ Atropine 20mcg/kg IM.
[I think the atropine was a good idea to stop hyper salivation]
+ KETAMINE: Loading dose: 5mg/kg and Rescue does: 2.5mg/kg
[But I would call this general anaesthesia not conscious sedation]

Q2:When-When does the Rescue consider to provide?

A2: I made a **very clear plan with the divers. How to decide if the child needs more ketamine. How too decide on the dose. How to give the injection.**
The British and "Eurodivers" did an amazing job and must be congratulated.

Q3:Where-Where is the area that provide the Rescue dose ?

A3: The first check was in chamber 8 after the 350m dive**. Most kids needed another dose somewhere in this chamber.** After that I am not sure exactly where the kids were inspected or re-dosed. The oximetry of the kids as never checked.

Q4:Why- Why KETAMINE is the best option for this Operation?
(Non-Anesthesiologists might concern and want to know)

A4: I think **ketamine** is the only viable option as it **maintains respiration, blood pressure and some airway responses in the unconscious patient.**
All other drugs are a problem in this regard.

A plan was developed and implemented using **a ketamine based anaesthetic technique and a positive pressure full face mask. Under ketamine anaesthesia,** the boys were swum out of the cave **wearing poorly fitting wetsuits in approximately 20 degrees** Celsius water.

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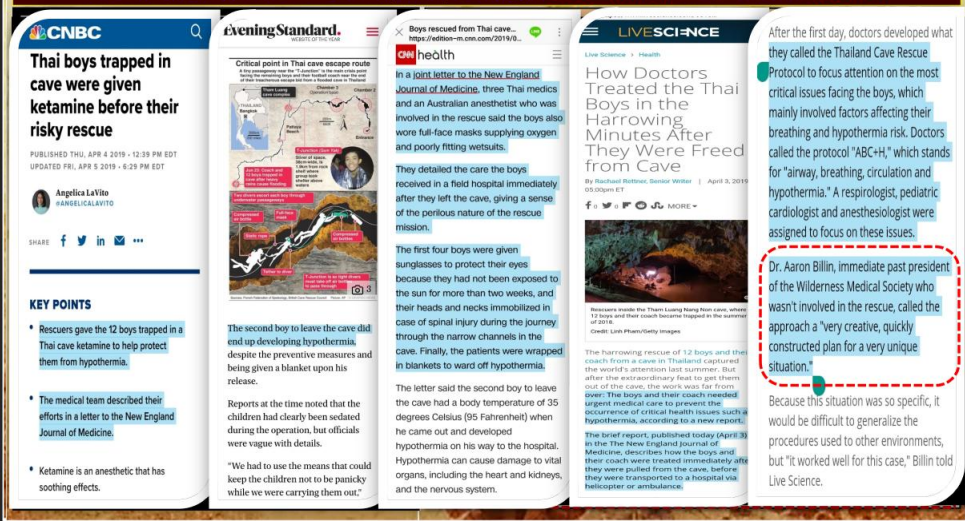
The Protocol focused on three major steps: **Triage, Stabilization ABC+H, and Referral**



"Prehospital Care of the 13 Hypothermic, Anesthetized Patients in the Thailand Cave Rescue"
New England Journal of Medicine ,04 April 2019

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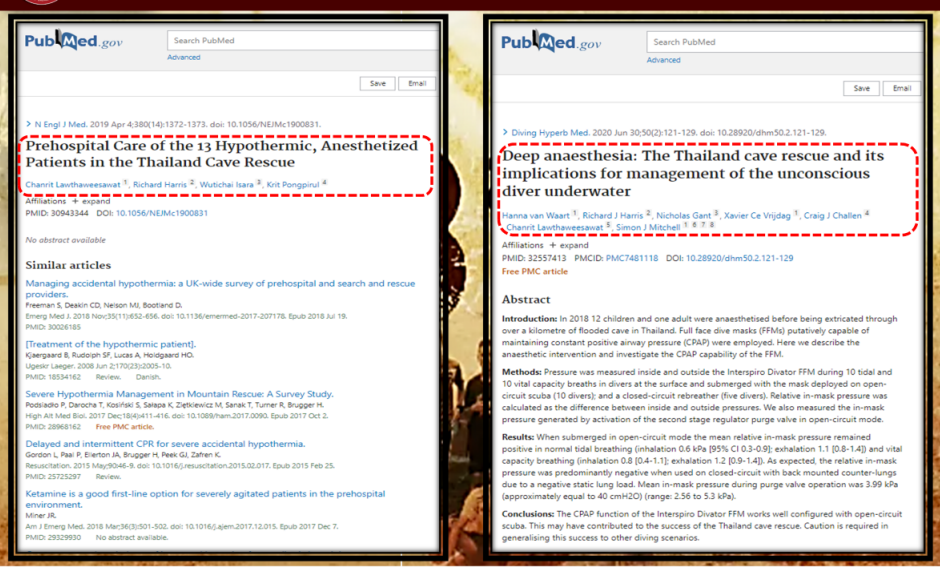

"Deep Anaesthesia: The Thailand Cave Rescue
and its implications for management of the unconscious diver underwater"
Diving and Hyperbaric Medicine, 01 Jun 2020

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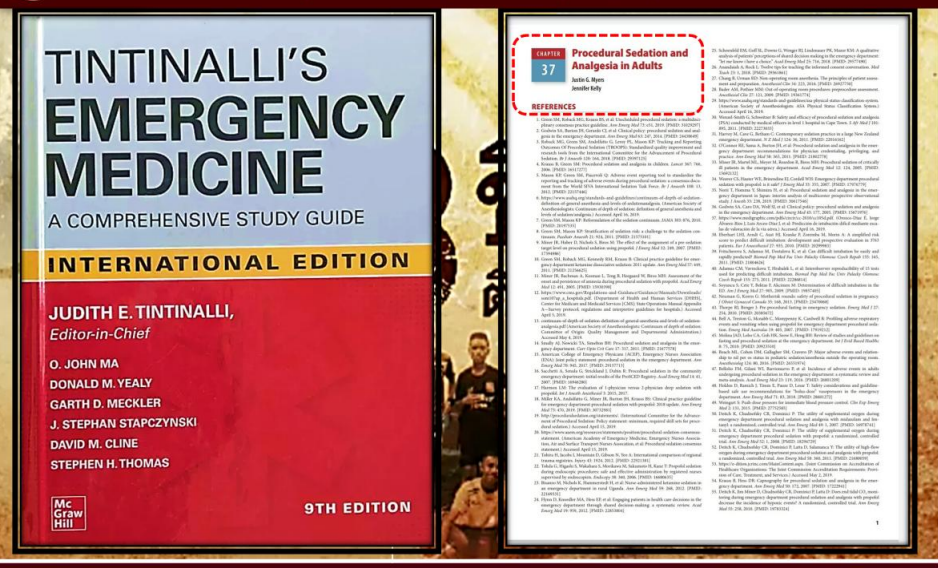

"Prehospital care of the 13 hypothermic, Anesthetized patients in the Thailand cave rescue"
Tintinalli's Emergency Medicine Textbook,9e-2020
Chapter 37:Procedural Sedation and Analgesia in Adults, Reference #170

Ben Horowitz' book
is about being a CEO in struggling tech companies, and what he learnt the hard way

The "Peacetime CEO" has quite a different profile than the "Wartime CEO"

There are very different challenges when managing a successful, growing company, compared to a company in crisis.

A company at war must have a "Wartime CEO"

- Wartime CEO trains her employees so they don't get their asses shot off in battle"

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The Medical Association of Thailand & COVID-19

Summary Report
Seminar on Prevention & Treatment of COVID-19: Experiences from China
7th April 2020

MAT mission:
To collaborate with International organizations to leverage the global healthcare

Medical Association of Thailand

- **Discussion and Question:** Many useful discussions and questions from different countries have been answered, such as questions of major concerns of HCWs and preparation for surgical cases of COVID-19 outbreaks in Thailand from Dr. Chanrit Lawthaweesawat, Deputy Secretary-General of MAT and the Royal College of Anesthesiologists of Thailand.

Summary Report Seminar Experiences from China

"COVID-19 The Giant World Disruptor"
EMERGENCY PLANNING IN A DISRUPTIVE WORLD

วันที่ 16 มีนาคม 2563 ศ.เกียรติคุณ นพ.อมร ลีลารัศมี ศ.เกียรติคุณ พญ.สมศรี เผ่าสวัสดิ์ และ ศ.นพ.รณชัย คงสกนธ์ ได้เข้าร่วมประชุมกับนายกรัฐมนตรี พลเอกประยุทธ จันทร์โอชา

Medical Association

The role of MAT (established 1921)

1. Promotion and maintain the Professional Ethics
2. Promotion of the Professional solidarity.
3. Promotion of Medical Education, Researches & Services.
4. Promotion of member welfare.
5. Cooperate & collaborate with governmental & private organizations.
6. Advocate Medical & Health education to public.
7. Collaborate with international organizations to leverage the global Health Care.

วันที่ 3 มีนาคม 2563 ศ.เกียรติคุณ นพ.อมร ลีลารัศมี ให้สัมภาษณ์ เรื่อง COVID – 19 ในรายการต่างคนต่างคิด ทางช่อง อัมรินทร์ทีวี

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1. Promote of members welfare

On September 5, 2024, Prof. Dr. Prakitpan Thamtitchong, President of the Medical Association, Lt. Col. Dr. Charnrit Lotaweesawat The Secretary General of the Medical Association and Dr. Posawat Wuttikrawit (JDN) visited to encourage the people affected by the floods in Chiang Rai Province.

Floods in Thailand 2024-2025

1. Promote of members welfare

On November 28-30, 2025, the MAT Secretary General, in coordination with the Thai government, launched a **pilot project for ICU volunteer doctors** to reduce the heavy workload of doctors caring for critical patients in the ICU of two major hospitals that have referred more than 100 cases on ventilators from the Hatyai Mega Flood.

2. Coordinate and cooperate with public and private organizations

The Secretary General of the Medical Association of Thailand presented his pilot project to the government representatives. Regarding medical and public health problems in the Great Flood in the Southern Region, he was invited to travel with the government delegation to adjust the solution plan for hospitals in need of opportunities and assistance urgently.

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2. Coordinate and cooperate with public and private organizations

The MAT's Secretary-General presented his pilot project to the government representatives. Regarding medical and public health problems in the Great Flood in the Southern Region, MAT was invited to survey with the government delegation to adjust the solution plan for hospitals in need of opportunities and assistance urgently.

2. Coordinate and cooperate with public and private organizations

The Medical Association of Thailand has collaborated with CPF to provide timely assistance to doctors and the public by arranging a project to establish the The **"Kitchen of the Medical Association and CPF"** will be the center for providing food and drinking water support to medical personnel who are on duty to take care of the victims of the Great Flood in the Southern Region. It was the Pilot Project which can help other hospitals until the end of the mission.

"Disaster Medical Management in VUCA World"
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3. Promote unity and honor of members.

On November 27, 2024, the Medical Association of Thailand organized a special program "Doctor's Day 2024" on The Television Authority of Thailand, collaborate with Medical Council, Ministry of Public Health, Private Hospital Association. The National Health Security Agency (NHSS) and the Office of the Health Promotion Fund (NHF) on the topic **" Thai Doctors' Mission in Taking Care of Flood Victims 2024 "**

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Theme " Disaster preparedness, response and management "

1. Promote of members welfare

On November 28-30, 2025, the MAT Secretary General, in coordination with the Thai government, launched a **pilot project for ICU volunteer doctors** to reduce the heavy workload of doctors caring for critical patients in the ICU of two major hospitals that have referred more than 100 cases on ventilators from the Hatyai Mega Flood.

"Disaster Medical Management in VUCA World"
Lesson Learned from The Medical Association of Thailand

CMAAO
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The MERT training was rapidly concluded, and participants rushed back to Bangkok, with reports on the collapse of a 30-story building under construction in Bangkok's Chatuchak District bringing an added sense of urgency. The same evening, an on-site Incident Command Post was established in Chatuchak, supported by national Urban Search and Rescue (USAR) experts and Military and Civilian MERTs, to both coordinate rescue operations and stand by for the provision of urgent medical care.

As, the situation continues to evolve in both Thailand and Myanmar, including reports of additional deaths, injuries, and of people who are unaccounted for, in Thailand, significant mental health support has also been provided to affected communities through dedicated Mental Health Crisis Assessment and Treatment (MCAT) Teams.

CNN World Sign in

On 28 March 2025, an under-construction building for the State Audit Office collapsed in Bangkok, following a devastating earthquake that occurred in Myanmar, The skyscraper was the only building affected by the earthquake in Thailand, Investigators focused on whether "the construction quality, materials used".

March 28, 2025: Magnitude 7.7 earthquake in Myanmar

By Ross Adkin, Lex Harvey, Edward Szekeres, Hassan Tayir, Todd Symons, Rob Picheta, Sophie Tanno, Olivia Kemp, Elise Hammond and Max Saltman, CNN
Updated 9:11 PM EDT, Fri March 28, 2025

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The truth from Thailand 🇹🇭

On the night of the BM-21 rocket attack on a Thai border hospital, MAT issued a statement: "We condemn the violent and inhumane acts of warfare involving the use of weapons of war in hospital areas and civilian residential areas"

The Medical Association of Thailand, 24 July 2025

"Under the Geneva Conventions, hospitals are protected at all times. An attack constitutes a serious violation of international humanitarian law and the Geneva Conventions. Such acts are considered war crimes. We call upon all nations to jointly condemn these actions."

Minister of Public Health, 24 July 2025

🌎 **Political Conflict Disaster :** Political protests, Terrorism or War are the man-made disasters. The Medical Association of Thailand need to present a comprehensive response process covering humanitarian, health, and safety dimensions, as well as recovery to minimize the physical and mental impacts of disaster victims and allow them to return to a peaceful time.

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1. Promote of members welfare

On August 2-3, 2025, The MAT's Secretary-General issued a statement of the Medical Association of Thailand and offered moral support to military and public health doctors, also visited soldiers injured by bombs and civilians affected by border clashes at the Emergency Relief Center.

🌍 **Political Conflict Disaster :** Political protests, Terrorism or War are the man-made disasters. The Medical Association of Thailand need to present a comprehensive response process covering humanitarian, health, and safety dimensions, as well as recovery to minimize the physical and mental impacts of disaster victims and allow them to return to a peaceful time.

2. Coordinate and cooperate with public and private organizations

The MAT's Secretary-General has coordinated the support of automatic defibrillators to help civilians and soldiers injured by bombs with acute cardiac arrest. AED-Military Mode can enhance the capacity of High-Quality CPR in ambulances transported from the border hospital, especially those who have life-threatening conditions from the front lines.

🌎 **Disaster Medical Management** requires both science and art in limited resources to provide the best possible care for a large number of injured people. the searching and rescue protocol from Prehospital non-medical area to the medical are at the scene, transportation protocol to the destination hospital. Creation of a database, analysis, learning develop better disaster management methods in the future.

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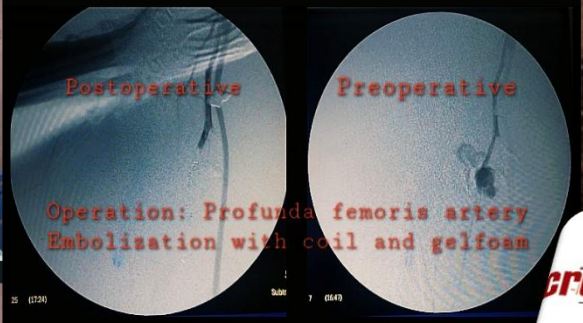
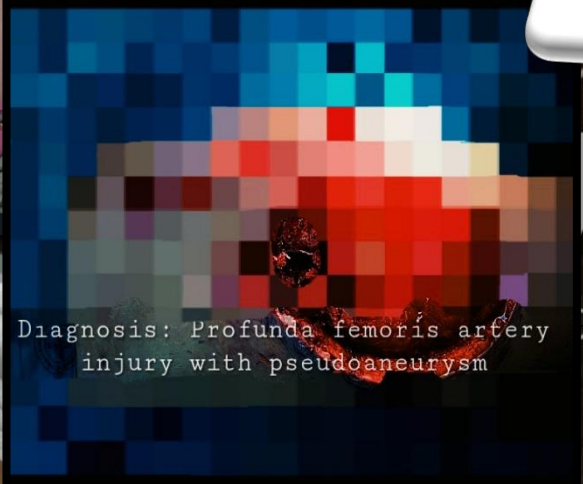
Best practice bleeding control in combat surgery "Military Tourniquet & Lifesaving Embolization"

In war surgery, embolization is a minimally invasive technique used to control bleeding from damaged blood vessels, particularly in solid organs, extremities...."Saving Limb to Save Life"





Endovascular Embolization of a Profunda Femoris Artery Injury Following Battlefield Tourniquet Application; a case report

Sineetorn Boonyatikarn, MD[1*], Krit Wangkeeratikarn, MD[1], Chawamai Suebnukarn, MD[2], Pakarat Sangkla, MD[3], Nawin Kuntaraksa, MD[1], Chanrit Lawthaweesawat, MD[4]

[1] Department of Surgery, Surin Hospital, Surin, Thailand; [2] Director, Surin Hospital, Surin, Thailand; [3] Deputy director, Surin Hospital, Surin, Thailand; [4]Medical Association of Thailand, Bangkok, Thailand

extremity remains a major cause of preventable death in profunda femoris artery (PFA) injury is rare due to its deep ries in military settings can cause extensive soft tissue and diagnosis and hemorrhage control challenging. In such

Lessons learned from this report and the truth from Thailand:

Under the Geneva Conventions, hospitals must be protected at all times. However, when a BM-21 rocket struck the Thai Border Hospital, the only facility able to provide care for civilians from both sides, our patient arrived at the same time. The lives of victims from both countries, cared for by Thai doctors, civilian and military, were immediately at risk.

This case not only points out the truth from Thailand, which did not initiate the conflict, but also the commitment of Thai doctors to save lives regardless of ethnicity, even under direct threat. It demonstrates continuous efforts from the point of injury, through life-saving battlefield tourniquet application and pragmatic bleeding control, to successfully preserve life and limb. "Saving limbs to save lives."

The Medical Association of Thailand (MAT) immediately issued a statement: "We condemn the violent and inhumane acts of warfare involving the use of weapons of war in hospital areas and civilian residential areas." We recognize that disasters from political conflict or war are man-made. A comprehensive response process, covering humanitarian, health, and safety dimensions, as well as rehabilitation, is needed to reduce the physical and psychological impact on disaster victims and give them the opportunity to return to a time of peace.

🌎 **Disaster Medical Management** requires both science and art in limited resources to provide the best possible care for a large number of injured people. the searching and rescue protocol from Prehospital non-medical area to the medical are at the scene, transportation protocol to the destination hospital. Creation of a database, analysis, learning develop better disaster management methods in the future

	Review of practices After Action Review: AAR	Review knowledge and develop into Guidelines / Best Practices
Disaster Medical Management		➢ **Disaster Medical Management** requires both science and art in limited resources to provide the best possible care for a large number of injured people. ➢ **The table top exercise**, it will show the searching and rescue protocol from Prehospital non-medical area to the medical are at the scene, transportation protocol to the destination hospital. ➢ **Disaster Workshop**, knowledge will be used to • Practice to understand protocol, learn to coordinate teamwork. • Creation of a database, analysis, learning • Develop better disaster management methods in the future.

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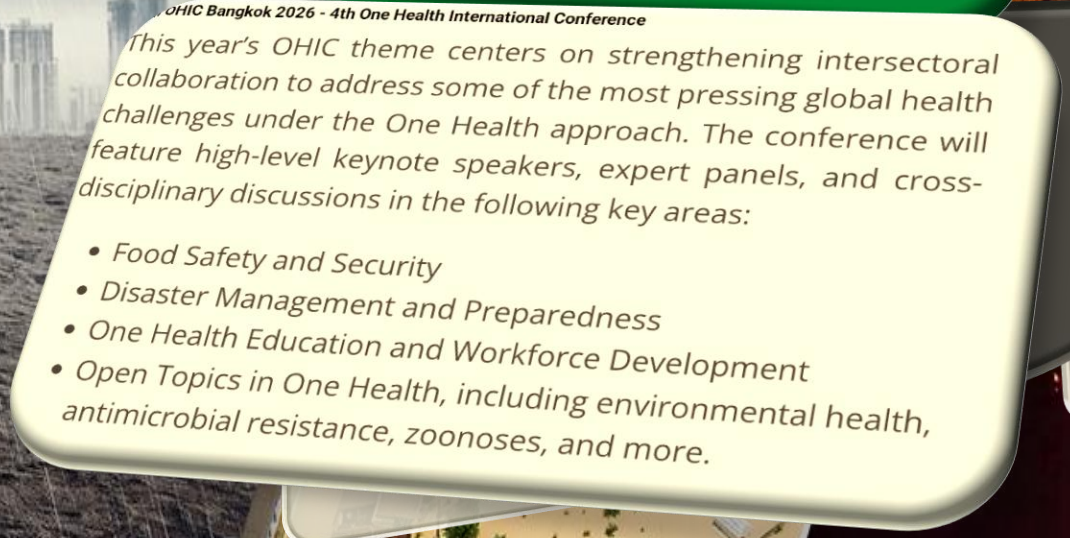
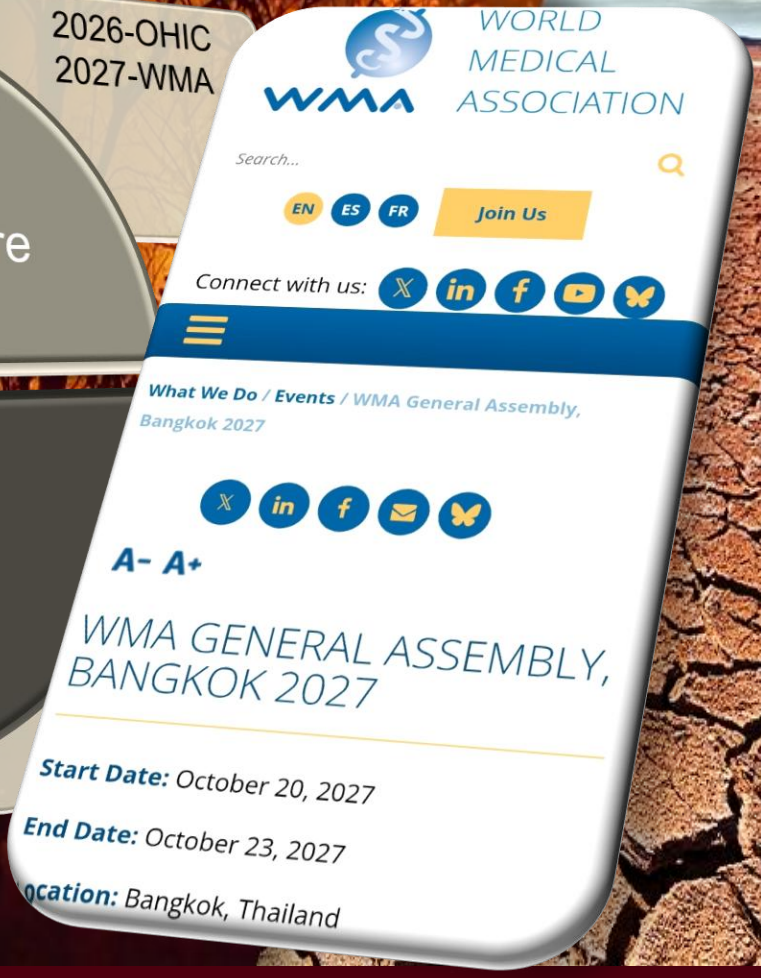
4th OHIC Bangkok 2026: 3rd-4th December

WMA General Assembly Bangkok 2027: 20th-23rd October





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