

**CHAIRMAN'S REPORT OF  
THE TRACK II NETWORK OF ASEAN DEFENCE AND SECURITY INSTITUTIONS (NADI)  
WORKSHOP ON "CONTRIBUTION OF ACMM TO ENHANCE HUMAN SECURITY"**

**29 May – 1 June 2016  
Chonburi, Thailand**

1. The Track II Network of ASEAN Defence and Security Institutions (NADI) Workshop on "Contribution of ACMM to Enhance Human Security" was organized by Strategic Studies Center, National Defence Studies Institute (NDSI), at The Tide Resort, Chonburi, Thailand, from 29 May to 1 June 2016.
2. Representatives from Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, the Philippines, Singapore, Thailand and Vietnam attended the Workshop. The list of participants is attached in Annex I. Major General Jumphon Chalerytoy, Director of Strategic Studies Center, chaired the Workshop.

**Welcome Remarks by Gen. Soopakit Nustit, the Commanding General of National Defence Studies Institute (NDSI)**

3. Gen. Soopakit thanked all distinguished guests for dedicating their time, effort and attention to this seminar. With NADI's focus on the contribution of ACMM to enhance human security this year, he emphasized three important topics. First, National Defence Studies Institute (NDSI) has just set up ASEAN Center of Military Medicine (ACMM) in Thailand. Therefore, he would like this workshop to contribute on how to develop the Center to work efficiently in crisis for humanitarian assistance and disaster relief. Second, its important role is to support HADR mission. It should be equipped with personnel and cooperate with all contacting centers among ASEAN members. Third, he thanked the Strategic Studies Center, under the responsibility of Maj. Gen. Jumphon Chalerytoy, for setting up this center and to create the standard for the Center.

**Adoption of Agenda:**

4. The workshop adopted the agenda and the programme, which are attached in Annex II and Annex III respectively.

**SESSION ONE:**

**Keynote Speaker 1: Lt. Gen. Chumpol Piamsomboon, Surgeon General of Army Medical Department on "Thailand's Military Medicine"**

5. Lt Gen Piamsomboon outlined the development of the military medical service in Thailand, including the establishment of Phramongkutklao Hospital, College of Medicine and the medical student cadet institute.
6. He also highlighted the activities the Royal Thai Armed Forces has been involved in, such as Tactical Combat Casualty Care, combat mass casualty management and HADR. He also emphasised the priority given to heat injury surveillance among conscripts, as well as

preventive medicine and health promotion in the pre-deployment, deployment and post-deployment phases. He also underscored how the RTAF supports veterans in various aspects such as taking care of soldiers with post-traumatic stress disorders.

**Key Note Speaker 2: Prof. Dr. Karl Peltzer, Ph.D, Visiting Professor of ASEAN Institute for Health Development (AIHD) on “Key health challenges in ASEAN”**

7. Dr Peltzer spoke on major health challenges in the region, including environmental health issues, communicable and non-communicable diseases, and the challenges in reproductive health, child and adolescent health, and care for elderly persons. He also highlighted risk factors among Thai army personnel, including physical inactivity, unhealthy diets, and alcoholism.
8. He highlighted some of the actions that have been taken, including health promotion and the provision of vaccinations. However, he noted that many countries still do not have a dedicated organizational unit for emergency preparedness and response.

**SESSION TWO:**

**Brunei Darussalam**

*Presentation by Miss Refana Mohd Juanda, Research Officer, Sultan Haji Hassanal Bolkiah Institute of Defence and Strategic Studies (SHHBIDSS), Ministry of Defence, Brunei Darussalam*

9. Ms Refana Mohd Juanda observed that when foreign assistance was deployed in the aftermath of natural disasters such as the Aceh tsunami in 2004 and Cyclone Nargis in 2008, the problems appeared to be repetitive. The ADMM-Plus EWG on Military Medicine was established in 2011 to address these gaps, particularly in the aspect of coordination. From 2011 to 2013, the co-chairs of the first cycle, Singapore and Japan, have established a firm foundation for the region to further regional cooperation for the next cycle. Albeit the achievements, she emphasized on the need to ask these important questions: If a disaster occurs tomorrow, is the region ready? Can more lives be saved?
10. She shared three recommendations to enhance cooperation in military medicine in the region. First, the ACMM could look into force protection of military medical personnel to safeguard them from disorder and violence that may arise after a disaster. Second, the ACMM could conduct a study on how more experienced countries address transportation and mobilisation challenges in a humanitarian deployment. Finally, the EWG on Military Medicine could involve civilians in their exercises in the medium term as civil-military cooperation (or CIMIC) is an inevitable dimension of HADR.

**Kingdom of Cambodia**

*Presentation by Lt. Col. Dr. Chhun Sochet, Assistance of HIV/AIDS Office, Health Department, Ministry of National Defense.*

11. Some of the components for enhancing the human security highlighted are:
  - a) Strengthen our ability first: The mental and physical fitness of the Rescue Team must be brilliant and strong.
  - b) The teamwork and one voice in the group is “unity”.
  - c) Commitment: Promising in mind to help all of the victims.
  - d) Practicing and experiences: Regular practicing to gain the experiences.

- e) Lesson learned: By joining the exercise, training among ASEAN counterpart, Cambodian Military Medicine gains more and more experiences, and
- f) Challenges: However we still have limited budget, human resource and some equipment but we will try our best to contribute all humanitarian activities.

### **Republic of Indonesia**

*Presentation by Col. Nora Lelyana, DMD, Master Health Law Secretary of Indonesian Armed Forces Surgeon General, Jakarta, Indonesia*

12. Summary of Indonesian Armed Forces Surgeon General:
  - a) Health security plays a significant role in human security.
  - b) No single country can achieve global health security on its own. A nation needs collaboration, coordination and capacity building with others on the subject of military medicine.
  - c) Working together, toward the aims of the global health security, will generate human security.
  - d) It is highly recommended that the ACMM coordination has to be set up on non-traditional security threats, e.g. drug trafficking, biological and chemical.

*Presentation by Col. (AF) Afrizal Hendra, S.IP., M.Si., MSi (Han), Head of Cooperation of Academic Bureau of IDU, Jakarta, Indonesia*

13. Indonesian military medical team with personnel capacity and equipment availability has a significant role in disaster management. The command systems as well as coordination by military medical team are necessary to be successful during disaster management. The routine exercise at the unit and joint level will enhance the readiness of military medical team during disaster management.
14. Considering disaster management issues are important for military medical team, currently military health centre has already established cooperation with the Ministry of Defense to actively participate in ACMM on HADR exercise, which will be held annually, and other disaster management activities in international scale. These activities are strongly important and need to be increased in order to develop more knowledge and skill of military medical team for national welfare.

### **Lao People's Democratic Republic**

*Presentation by Maj. Thonechanh Tongvongkham, Deputy Director of ASEAN Political-Security Division, ADSOM WG of MoND, Lao PDR*

15. Maj. Thonechanh briefed the participants of the workshop on the initiation of ACMM and adoption of the Concept Paper on the Establishment and TOR of the ACMM. He was of the view that the adopted documents were solid foundations for the AMS to further implement the new initiative.
16. He also took note of some opportunities and challenges potentially faced by the ACMM. He pointed out that the AMS would have an ideal opportunity to strengthen military medical capabilities; assess and utilise medical information, so as to harmonise regional military medical capabilities for better interoperability. He also identified some of the challenges

hindering the ACMM process including the ineffectiveness of interoperability and the lack of financial and technical resources.

17. In order to address the abovementioned circumstances, he recommended that the contribution of the AMS to the ACMM should be made at a pace comfortable to all, ensuring that the member countries could fully participate in activities and adjust themselves to the new environment in an early stage. He also suggested that the host country should play the lead role in implementing the ACMM, and at the same time, the AMS should demonstrate strong determination and commitment to contribute their resources to the ACMM. Lastly, he stated that the AM-Hex 2016 taking place in Thailand in September 2016 would be a significant contribution of the AMS to the practical operation of ACMM.

### **Malaysia**

*Presentation by Prof. Dr. Yik Koon TEH, Senior Fellow, Centre for Defence and International Security Studies, National Defence University of Malaysia*

18. ASEAN Socio-Cultural Community (ASCC) Blueprint on health security and the United Nations Millennium Development Goals (MDGs) on health share similar overlapping objectives. ASCC was launched in 2009 while MDG was adopted during the UN Millennium Summit held in New York in 2000.
19. ASEAN is committed toward achieving these objectives and have agreed that the achievement of the ASCC Blueprint objectives would also mean the achievement of the MDG objectives. The Mid-term Review of the ASEAN Socio-Cultural Community Blueprint (2009-2015) and the ASEAN Brief 2012 reported that the overall achievement as “satisfactory” taking into consideration seven indicators of development. Out of these seven indicators, poverty and economic disparity are the most significant. As indicated by the report, ASEAN is still lagging behind in these areas and thus have not been able to achieve ASCC and MDG targets by 2015.
20. The paper argues that military medicine has an important complementary role to play in achieving these targets. The characteristics of military medical service would enable it to reach areas where civilian medical facilities may not be available. Budget-wise the money spent on military health services, especially if they are intended to serve the people would be more positively accepted by the public. The military however may have to slightly adjust the training pattern of its medical personnel to adjust to this new role.

*Presentation by Mr Kaharul Arifin Kahar, Comprehensive Defence & Security Research Centre (CDSRC), Malaysian Institute of Defence and Security (MiDAS)*

21. Malaysian Institute of Defence and Security (MiDAS) and Malaysian Armed Forces Health Services (MAFHS) have shared some of Malaysian experience in conducting military medical support operations and proposed some initiatives to be considered by members of this forum. The lessons learned from MAFHS operations and deployments have resulted in the continuous improvement in medical support operations, medical capabilities, technics, tactics and procedures. In sharing its experience MiDAS has highlighted several areas and limitations in military medicine operations. It is recommended that this forum should

encourage the cooperation of military-civilian cooperation to be part of the military medicine discipline.

22. In disaster situations, sharing of resources and medical information should be supported by the relevant authorities. ACMM should play its role to promote and encourage AMS to provide standardized medicines and medical devices that are needed in emergencies to allow efficient and effective responses to the needs. Special medicine storage should be set up as similar to the concept of Disaster Emergency Logistic System for ASEAN (DELSA). It is also recommended that the foreign military field hospitals and military medical support elements to be fully equipped as recommended by the ACMM guidelines. In view of its experiences in local and overseas natural disaster medical support operations, Malaysia is willing to share its knowledge and experience in MOOTW with other AMS in order to develop a more resilient ASEAN Community.

### **The Republic of the Union of Myanmar**

*Presentation by Capt. Aung Phone Zaw, Assistant Lecturer, Department of Public Health, Defence Services Medical Academy, Yangon*

23. There are many challenges for ASEAN Countries in the 21<sup>st</sup> century, such as communicable and non - communicable diseases, and environmental challenges. The Myanmar team focused on human manipulation of the environment to human security, based on Myanmar's experiences.
24. Myanmar Armed Forces is also implementing the efforts of drawing up disaster calendar, potential hazard map and risk map, planning for upcoming disaster, educating and training exercises, performing medical treatment for rural communities, preserving and growing forests and participating and operating at the humanitarian assistance and disaster relief forums and exercise. ASEAN should march together to a world without threats.

### **The Republic of the Philippines**

*Presentation by LT COL ASSUMPTION R DY NC, Chief, Plans and Program, OTCN, Armed Forces of the Philippines*

25. With the ACMM in place, the Philippine delegation underscored that there will be a stronger regional cooperation in the field of military medicine because of easier military-to-military coordination through an effective regional network of health service support providers. The ACMM provides a workable mechanism to enhance joint planning and coordination on the aspects of health support services, which promotes better disaster and crisis situation mitigation. Prompt situational report for assessment of health care needs and the availability of readily deployable assets, and specialized medical personnel during disasters and crises, especially during the crucial first 24 to 72 hours post-disaster timeline, are some of the significant contributions of the center to crisis situations in the region.
26. Despite its important contributions, Philippine participants opined that issues on proper channeling and coordination with existing agencies, and plans on the maintenance and sustainability programs of the center pose as potential challenges to ACMM. Consequently, proper and comprehensive coordination mechanisms, and clear understanding of TOR can

help facilitate effective and efficient mobilization of resources and facilities during ACMM's response operations.

### **The Republic of Singapore**

*Presentation by Mr. Henrick Z. Tsjeng, Associate Research Fellow, Institute of Defence and Strategic Studies, S. Rajaratnam School of International Studies*

27. Mr. Tsjeng highlighted that the militaries of ASEAN have to work closely with other concerned agencies to respond to humanitarian incidents and disasters, including the provision of military medicine to casualties. A whole-of-ASEAN approach in a coordinated manner towards cooperation on military medicine would be an essential component in the response to NTS threats. Thus, the establishment of the ACMM is appropriate and timely.
28. Singapore is supportive of Thailand's ACMM as a useful proposal that will add value to the existing regional HADR architecture. Singapore on its part has sought to play a constructive role in strengthening the open and inclusive HADR architecture for the Asia-Pacific region, such as through the establishment of the Regional HADR Coordination Centre. The ACMM, coupled with exercises on HADR and Military Medicine, will not only contribute to save more lives during an NTS incident, but also will help build confidence among the ADMM-Plus countries and facilitate the transfer of expertise and capacities from the Plus countries to AMS.
29. In view of the foregoing, Mr. Tsjeng recommended the following for consideration:
  - a) The ACMM should continue to deepen links with the RHCC and the AHA Centre, given that military medical assets and civil agency medical teams have many potential synergies that can be made use of during a major disaster. The ASEAN Militaries Ready Group (AMRG) on HADR could be linked up with the ACMM as well.
  - b) ASEAN countries should deepen cooperation with the Plus countries, but ensure that ASEAN continues to be the main driver of the ACMM in maintaining ASEAN centrality.
  - c) As stipulated in the "Concept Paper on the Establishment of ACMM", military medicine should also support other relevant fields of ADMM-Plus cooperation beyond disaster response, such as peacekeeping operations, terrorism response, pandemic prevention as well as humanitarian mine action.

### **The Socialist Republic of Vietnam**

*Presentation by Maj. Gen. Assoc. Prof. Dr. Nguyen Hong Quan, Deputy Director General of IDS*

30. Maj. Gen. Assoc. Prof. Dr. Nguyen Hong Quan recommended that:
  - a) ACMM's operations comply with the principles of consensus and non-interference; respect human rights and give people's safety the highest priority. When conducting cooperation activities, it is necessary to ensure impartiality, neutrality, transparency and refrain from exerting influence on the host country; only conducting activities on request of the host country, in specific places, within a timeframe and on organizational

basis. In addition, ACMM's activities should contribute to strengthen ASEAN's unity and promote mutual trust among AMS and ADMM-Plus.

- b) AMS should promote propagation to improve their public's awareness of the importance of international cooperation on responding to emergency situations or humanitarian crises, while creating favorable conditions to facilitate ACMM's operation, including necessary exemptions to the legal framework.

### **Kingdom of Thailand**

*Presentation by Sr. Gp. Capt. Poomjai Leksuntarakorn, Presented by, Director of Regional Studies Division, Strategic Studies Center, The National Defence Studies Institute*

- 31. Gp. Capt. Poomjai highlighted that the utilization of medical organizations will enhance the potential of ACMM and medical care in ASEAN, particularly in case of crisis. Thailand owes its successful emergency medical system to the close coordination of three parties; the government, private sector and civil organizations.
- 32. In view of the foregoing, he recommended the following for consideration:
  - a) ACMM should have sufficient infrastructure and materials in supporting ASEAN military medicine activities, such as ready stockpiles of medical equipment, medicines, communications, transportations, medical personnel and funding.
  - b) There should be planned and shared strategies for developing ACMM and related military medicine units in each country.
  - c) There should be effective connectivity among related governmental units as well as involving private sectors and civil organizations or volunteers to fully and effectively collaborate with ACMM in time of crisis.

### **SESSION THREE:**

#### **Recommendations**

- 33. The participants acknowledged the importance of regional capacities of military medicine, given the prevalence of natural disasters, infectious diseases, health issues like drug addiction in the region. They recognized the need for the whole-of-ASEAN approaches that not only involves the military, but other related sectors as well, and thus acknowledged the key role the ACMM plays. As such the workshop recommended that more focus should be placed on ACMM, for example joint activities. Arising out of these discussions and exchange of views, the meeting made the following recommendations to the ADMM track:
  - a) Medical health services affect every member of the ASEAN community. As such, cooperation in military medicine among AMS is a good way to uphold the principle of peaceful co-existence and to enhance human security.
  - b) The military should continue to enhance the cooperation on military medicine among AMS, beginning with HADR issues and progressing into playing the full support role to the civilian medical services in the long run to achieve the United Nations Sustainable

Development Goals. However, it should be based on the ASEAN way of consensus, non-interference and respect.

- c) ASEAN is encouraged to deepen cooperation with the ADMM-Plus countries, as well as the civil society and private sectors, in medical services, but ensuring that ASEAN continues to be the main driver in maintaining ASEAN centrality.

#### **Other matters**

34. The meeting discussed the following matters:

- a) The list of core NADI Institutions was updated by NADI Secretariat (on 19 May 2016).
- b) The NADI Secretariat requested for any changes to the list of core NADI Institutions.
- c) The NADI Secretariat is planning to produce a NADI 10<sup>th</sup> anniversary issue to commemorate NADI's 10<sup>th</sup> Anniversary in 2017. The NADI Secretariat will contact the core NADI Institutions for further details.

#### **Forthcoming NADI activities**

35. The meeting noted the updates on upcoming NADI activities:

- a) Lao PDR proposes to organise NADI Workshop tentatively in October 2016. Details will be provided in due course.
- b) Indonesia will organize the workshop but details will be informed later.

#### **Conclusion Remark**

36. The Chairman of NADI workshop extended his sincere appreciation and thanks to all the delegates for their participation in and constructive contribution to the workshop.

37. The NADI participants expressed their appreciation to the SSC for their warm hospitality and successful hosting the workshop.