The History of Leprosy in Thailand

Professor Teera Ramasoota, M.D.
English Edition

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Author: Professor Teera Ramasoota, M.D.

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The History of Leprosy in Thailand

Proffessor Teera Ramasoota, M.D.
Executive Summary

The History of Leprosy in Thailand, being published in both Thai and English versions, has as its objective the collection and preservation of history on the prevention, treatment, control, welfare, rehabilitation and research of leprosy in Thailand, focusing on the critical events, persons and organizations related to the disease, with particular emphasis on the vital contributions made in this cause by H.M. the King’s and the Royal family together with subsequently and continuously overwhelming supports from both national and international organizations. The book discusses the Chakri dynasty’s roles during the six historical phases that led to the sustainable elimination of leprosy in Thailand that include the introduction of different approaches.

The Author has divided the book, The History of Leprosy in Thailand into 6 Phases:

Phase 1. Self-Help approach of leprosy affected persons from 1782-1823.
Phase 6. Post sustainable elimination approach for Modification and Diversification to help further support and strengthen the moral, ethical, health, social, environmental and security issues of the country from 2014 onward.

The completion of Phase 1 to Phase 4 was completed by 1994, when Thailand had eliminated leprosy as a public health 11 years before the target date of 2005 set by the World Health Organization. Then, in 2013, seven years before the 2020 target date of the World Health Organization, Thailand was recognized for meeting their criteria for the sustainable elimination of leprosy. These achievements would not have been possible without the vision and initiative of H.M. King Bumiphol Adulyadej to initiate the project to eliminate leprosy in Thailand under the Ministry of Public Health in 1956.
The ultimate success of this project was possible through the transfer and integration of eight leprosy colonies out of a total of 13, which were developed in such a way that they were transformed into normal communities where the inhabitants have the same rights and dignities as any other person and are accepted by those living in surrounding communities. At the same time, the local administrations are also required to provide the same assistance and promote social integration in addition to leprosy control under the supervision of provincial health services with sustainable community participation and support.

This book has been published to commemorate the Golden Jubilee of His Majesty the King's enthronement as well as the 88th anniversary of the birthday of His Majesty the King who has reigned for 70 years with benevolence and inspiration that has resulted in the success in the sustainable elimination of leprosy. In addition, this book commemorates the 60th anniversary of the birthday of H.R.H. Mahachakri Sirindhorn, who has kindly served as the representative of H.M. the King to continue this royal initiative to further apply the Rajpracha Samasai Royal Theory (The King and people assist mutually) in the launch of the new project, the Rajpracha Samasai Spirit Volunteers Society, that aims to help and support the present government to undertake reforms in moral, ethical, health, social, environmental and security and issues.

Sincerely,

Professor Teera Ramasoota M.D.
President of the Rajpracha Samasai Foundation under the Royal patronage
INTRODUCTION

The History of Leprosy in Thailand, published in both Thai and English, has as its objective the collection and preservation of history on the prevention, treatment, control, welfare, rehabilitation and research of leprosy in Thailand, focusing on the critical events, persons and organizations related to the disease described in six chronological phases as mentioned in the executive summary.

Apart from that, history of Leprosy in Thailand also is a complete history and wonderful, valuable story to preserve in the world because there is no other country in the world that has such a great monarch and royal family who are so sincerely interested in helping to initiate and support the control and elimination of leprosy as well as help leprosy sufferers and their families who would be stigmatized by society and could encourage all sectors inside and outside the country to come to their aid. There is no other country that has such and evolutionary history in control and elimination of leprosy by development of in related (Academic) expertise and technology following the continuous advice and recommendations of the world health organization.

Thailand was able to Eliminate leprosy by 1994, 11 years before the goal set by the World Health Organization, 2005, when the country had eliminated leprosy as a public health problem. Then, in 2013, seven years before the 2020 target date of the World Health Organization, Thailand was recognized for meeting the criteria for the sustainable elimination of leprosy. These achievements would not have been possible without the vision and initiative of H.M. King Bhumibol Adulyadej, who initiated the project to control leprosy in Thailand under the Ministry of Public Health in 1956.

The initial success of this project was possible through the effective launching of the pilot project of specialized or vertical leprosy control project based on domiciliary approach and using of mobile teams at Khonkaen province of north-eastern region in 1955-1956, following by successful expansion into remaining 39 hyperendemic provinces in north-eastern, and northern region and some province of central region in 1957-1970. This was followed by total integration of leprosy control into 67 low endemic provinces in 1971-1976, until reaching successful elimination of leprosy in 1994. During post elimination, periodical leprosy elimination campaign was launched to commemorate
several auspicious royal occasions, together with modifying approaches for leprosy control under low endemic condition in order to reach final goal of sustainable elimination of leprosy in 2013, 11 years before WHO target in 2015. The success of the leprosy control project in reaching its ultimate goal was from the transfer and integration of eight leprosy colonies out of a total of 13, which were developed in such a way that they were transformed into normal communities where the inhabitants have the same rights and dignities as any other person and are accepted by those living in surrounding communities. At the same time, the local administrations are also required to provide the same assistance and promote social integration in addition to leprosy control under the supervision of provincial health services with sustainable community participation and support.

Furthermore, it can be said that there is no another country that can say this accomplishment was made possible only through the cooperation of all relevant agencies and organizations, domestic and international as well as the general populace and all the communities nation wide as they followed the lead of his majesty the king and his vision or theory of Rajpracha Samsai (the king and people assist mutually). Until Thailand was successful in sustainable elimination of leprosy and social integration of leprosy affected persons together with leprosy colonies into normal community.

This book has been published to commemorate the Golden Jubilee of His Majesty the King's enthronement as well as the 88th anniversary of the birthday of His Majesty the King who has reigned for 70 years with benevolence and inspiration that has resulted in the success in the sustainable elimination of leprosy. In addition, this book commemorates the 60th anniversary of the birthday of H.R.H. Mahachakri Sirindhorn, who has kindly served as the representative of H.M. the King to continue this royal initiative to further apply the Rajpracha Samsai Royal Theory (The King and people assist mutually) in the launch of the new project, the Rajpracha Samsai Spirit Volunteers Society, that aims to help and support the present government to undertake reforms in moral, ethical, health, social, environmental and security and issues.
Apart from that, this book, the history of leprosy in Thailand, will serve as an important contribution of the chronicles of the history of Thai Public Health, as the ministry cerebrate its 100th anniversary in 2018.

I would like to take this opportunity to thank all dedication pioneering leprosy workers and their successors for their great efforts and contribution to follow the royal initiative towards the success as royal wish.

I would like also to thank all contributors who helped with the research and gathering of important and valuable information and to the Board of Director of the Rajpracha Samasai Foundation for their financial support in publishing this book. My special thanks to the Sasakawai Memorial Health Foundation of Japan for providing financial support for the English Translation.

Sincerely,

Professor Teera Ramasoota M.D.
President of the Rajpracha Samasai Foundation under the Royal Patronage
ACKNOWLEDGEMENTS

Of the Honorary President, Thanpuying Sumalee Chatikavanij,
Rajpracha Samasai Foundation under the Royal patronage

When Thailand was able to eliminate leprosy as a public health problem in Thailand in 1994, this accomplishment was 11 years before the date set by the World Health Organization, 2005. This would not have been possible without exchange of knowledge and the determination of everyone, every government agency and every private organization. Every member of the Rajpracha Samasai Foundation under the Royal patronage has been committed to attaining the foundation’s goals beginning with the board of directors, all committees and subcommittees, technical support, welfare, finance and accounting, fund raising, and public relations as well as other organizations and individuals that have been cooperating and assisting in these efforts to achieve His Majesty’s vision, the sustainable elimination of leprosy in Thailand as well as the world.

Now that we have accomplished this task through the dedicated efforts of all, we feel tremendous pride that we have been able to assist Their Majesties, the King and Queen and members of the Royal family as well as the people of Thailand to reach the goal set by the World Health Organization for the elimination of leprosy following eliminating leprosy as a public health problem in 1994, 11 years before the date set by the WHO, 2005.

We of the Rajpracha Samasai Foundation under the Royal patronage are extremely proud that with these accomplishments we can commemorate the 88th anniversary of the birthday of His Majesty King Bhumibol Adulyadej on 5 December 2015. On behalf of the members of the board and people of Thailand, I would like to express to His Majesty our sincere respect and devotion, “Long Live The King”.

Sincerely,

The Honorable President of Board of Directors and Members
Rajpracha Samasai Foundation under the Royal patronage
ACKNOWLEDGEMENTS

Leprosy is not a fatal disease, but it is one that causes extreme emotional trauma throughout a sufferer's life because of its symptoms and the disabilities it causes. Today, leprosy is virtually a disease of the past as it comprises one chapter in the annals of public health in Thailand, which began with Queen Savang Vadhana, the daughter of King Mongkut and Queen Grandmother of His Majesty the King. H.M. King Bumuphol Adulyadej continued in these efforts through a Royal initiative to first control and then eliminate leprosy from Thailand, and the success of these efforts led to Thailand becoming the first Southeast Asian to achieve sustainable elimination of leprosy six years before the goal set by the World Health Organization.

This success would probably not have been possible without the commitment of the Rajpracha Samasai Foundation under the Royal patronage working in collaboration with the Ministry of Public Health. Thailand has been so successful in these efforts that help approximately 200,000 Leprosy patients suffering in secret or infected without their knowledge that the foundation and ministry is trying to help to prevent them suffering from further disability while also helping those suffering from the disease and their children so they can all enjoy a higher quality of life.

The History of Leprosy in Thailand does not just have value as a history of public health in Thailand, but it is also an impressive representation of the accomplishments of the Rajpracha Samasai Foundation under the Royal patronage and the Ministry of Public Health as well as those members of the public and private sectors who have enjoyed the benevolence of His Majesty who has devoted his life to the wellbeing of all.

Sophon Mekthon, M.D.
Permanent Secretary

Ministry of Public Health
18 November 2015
ACKNOWLEDGEMENTS

The History of Leprosy in Thailand written by Professor Teera Ramasoota, M.D., provides knowledge very difficult to find elsewhere. It discusses of the commitment of H.M. King Bumiphol to eliminate leprosy from Thailand as well as the roles the Royal family played in these efforts. It tells how Thailand was able to achieve the sustainable elimination of leprosy because of the support they gave to the book’s author who followed the philosophy of His Majesty, the King, who also established the Rajpracha Samasai Institute, Rajpracha Samasai Foundation and Rajpracha Samasai School, all under Royal patronage, as well as total integration of leprosy control into the public health system.

The Elimination of leprosy in Thailand has helped raise the stature of Thailand, which can be attributed to Professor Teera Ramasoota, M.D, who, together with his team, worked painstakingly over many years to achieve this goal. Therefore, this book, History of Leprosy in Thailand, is certain to provide much knowledge and benefit to all who read it as it also marks the accomplishments of Professor Teera.

Dr. Prathib Thanakitcharoern, M.D.
Acting Secretary-General, National Health Security Office (NHSO)
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Chapter 1

Royal Remarks given by His Majesty King Bhumibol Adulyadej on the Success of the Elimination of Leprosy in Thailand
Royal Remarks

Given to Members of the Rajpracha Samasai Foundation Committee

Dusidalai Hall, Chitralada Villa, Dusit Palace

Monday, June 2, 1997
His Majesty the King with the Committee members of the Rajpracha Samasai Foundation.
Royal Remarks

Given to Members of the Rajpracha Samasai Foundation Committee
Dusidalai Hall, Chitralada Villa, Dusit Palace
Monday, June 2, 1997

First of all, I must thank the Committee members and all responsible for the progress of the Rajpracha Samasai Foundation who have come here today to rejoice at our success resulting from the efforts made by the Foundation. The fact is really astounding.

I would like to tell you how it all began about 40 years ago. When the then Director-General of the Department of Health, Dr. Sawat Daangsawang, came to see me to receive the Second Mobile Unit to be used by the Department in giving assistance to the people, I mentioned that at that time there were still a great number of people afflicted with leprosy in Thailand, a fact that bothered the general public as the disease was universally feared. The Director-General said that if support was obtained, it would be possible to eradicate this disease within ten years. I asked what kind of support would be needed. The Director-General said that there should be an institute for research and for training of personnel, and a sum of about one million would be needed which, at that time, was quite a large amount because the value of the Baht was still high.

1 Revised and translated by His Majesty the King
2 Director General of the Department of Health was granted an audience at Ambaravathan, December 1958.
Donating cars.

His Majesty the King donating vehicles to the Ministry of Public Health for use as mobile medical unit in the North-eastern provinces. Seen here are high-ranking officers of the Ministry of Public Health at Ambara Palace, December 1956.
I asked him what would the institute consist of. He answered that it would require at least three or four buildings to be constructed at the leprosarium in Prapraadang. It could be done by stages as funds became available. I told him that there was no money yet, but I was sure that it could eventually be found. If we began modestly and built by stages, it could be done. The Director-General said that the first building would require about 300,000 Baht which was not beyond our means. If it was begun by stages, eventually many millions could be found. So I approved the planning of the project to be built at the Lepers Hospital for the training of the personnel and for research. Within that year we got the 300,000 Baht which was entrusted to the Director-General to begin work on the first building.

After one year, I told the Director-General that I was ready to give him the million Baht. Therefore, after about one or two years, we were ready to lay the foundation for the Institute which came to be known as the “Rajpracha Samasai Institute.” The name signifies that the King (Raj) and the People (Pracha) assist mutually (Samasai) and that is an auspicious name. Later, when it came to be known that the “Rajpracha Samasai Institute” was helping to eradicate leprosy from the land, support for the Institute grew significantly.

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3 The first building was completed January 1959, the other three 1960.
His Majesty the King, accompanied by Her Majesty the Queen, laid the foundation stone for the Rajpracha Samasai Institute on January 16, 1958 at Prapradang, Samut Prakan.
And it was then that leprosy was referred to — rather unfortunately — as the “Rajpracha disease” which seemed to mean that it was a disease that was jointly encouraged by the King and the people. On the contrary, the “Rajpracha Samasai Institute” was able to function efficiently towards its goal, except for the fact that the time frame was not kept: the 10 years set by the Director-General became 40 years. Every ten years I complained about the ten-year plan. Ten years had elapsed, and success was not yet in view. After 20 years, no success yet, not even after 30 years. But now, after 40 years, it can be considered a success, the number of lepers has declined very significantly and they are quite willing to receive treatment.

At first, the most difficult problem was the public aversion towards those with leprosy, because people were afraid, afraid of being infected. This problem became an important feature in the policy of “Rajpracha Samasai Foundation” which was established later. This policy was set because if this aversion persisted and the afflicted persons, aware of this aversion, would not be able to adopt the right attitude, it will lead them, among other things, to run away from treatment. If so, the disease would surely spread further. If they realized that the Foundation, the Institute and the Ministry of Public Health were here to help, not to punish, when they can be persuaded to be admitted, then, the treatment would be more effective
H. M. the King and Her Royal Highness the Princess Mother presided over the opening of the Ratchaprapa Samasai Institute, January 16, 1960.
H.I. Majesty the King and Her Royal Highness the Princess Mother presided over the opening of the Rappracha Samasai Institute. January 16, 1960.
The first thing, or the first result, is to make it known that this disease can be cured. The second fact is that this disease is not highly contagious; it requires a close and prolonged contact to get infected; even so, there might be no infection at all because it all depends on the individual; some persons may be more prone to the disease, but some don’t get it at all because it all depends on the person; even though they have been in prolonged contact with the leper patient, they will not catch it. Those who contract the disease now know that there are modern medications that can help them in time before they suffer the fate of those lepers whose feet, hands, or nose have been mutilated by the disease; these cases involve those who have been infected for many years: leprosy causes the patient to lose sensitivity on the extremity of their limbs. After some time when these organs touch hard surfaces, they are slowly worn away.

But those who just contracted the disease and are aware of their condition, will be able to obtain treatment and will be promptly cured and will avoid any disfigurement. This is an important factor. Therefore, it is the duty of the health care workers to seek out those who are afflicted with leprosy, those who have lost some limbs and especially those who have not yet been maimed so that they can be cured in time for a full recovery. The important and crucial thing for a successful campaign against leprosy is to make known that leprosy is curable; this allows the goal to be attained as has been reported today.
There was a noteworthy incident which I must tell you about. It was in the early period of the work; the disease was dreaded by everyone and had to be studied in order to render assistance. It was when we went on a tour of the provinces (Narathivas, March 25, 1959); I saw, sitting among the people, a man who had leprosy; my personal doctor pointed out the man to me, saying that the man had “that kind of disease”, not daring to say it out loud that it was leprosy. Anyway, I approached the man and asked where he lived and how he was doing. My doctor was shocked and was alarmed. This meant that even a doctor did not know that the disease is not easily transmitted. Eventually, I went to the Prapordaeng Hospital. It made the patients there understand that there were people who would help them: doctors and the general public were interested. The patients there began to see the light; they were encouraged. The patients’ morale is essential. The encouragement is twofold; one is the willingness to get admitted to the hospital; the other is the agreement to receive the treatment. In the past they ran away when the word “hospital” was mentioned, and once admitted, they would seize on the first opportunity to run away. They refused to be treated, and that is a most dangerous thing.
Speaking of the transmission of this disease, there is another aspect. At the Prapradaneng Hospital, there were the patients and their children. At that time there were about 20 children. A lady doctor¹ had the kindness to take care of these children in her own house within the grounds of the hospital. And all the children called her “Mother”. She took care of them and taught them. As these children were still very young – about three or four years old – there was no problem about schooling. But later on, as they grew older, the question arose about where they would get their schooling.

¹ Doctor Vilai D.Jiyathersmaprom.
At first I thought that the Department of Health should be given the task of establishing a school for these children. The Department said that the Ministry of Public Health had no duty to set up a school, and that it was specifically none of their business. When the Ministry of Education was approached for the establishment of a school for these children, they said that it was not their duty to establish a school for lepers’ children; this is the affair of the Ministry of Public Health. They passed the buck, just like the story of “Grandma and Grandpa Planting Beans and Sesame”\(^5\). They kept on passing the buck until I finally had to be the “Fruit Fly” who was the one who brought about results. So we established a school that was neutral, named the “Rajpracha Samasai School” under the supervision of the Foundation. It had the dual purpose of uplifting the morale of both the children and the parents. The school was built near the Prapradaeng Hospital, just across the river. Once the land was acquired, the construction began.

\(^5\) See His Majesty’s speech given on the occasion of the King’s Birthday, Dusitda Hall, Friday, December 4, 1992
In this connection, I would like to pay tribute to Thanpuying Dusdee Malakul for taking on her the duty of bringing progress to the Rajpracha Samasai School. Everyone is probably aware that Thanpuying Dusdee is gravely ill, but those who know her are many and will know how she is. Thanpuying Dusdee has a rather forceful character and once set on doing something, she does it with determination. Thus, the planned school became a reality: those 20 children had a place to go to. However, to set up a school for just 20 children seemed to be extravagant, so children of healthy parents who wanted to enroll were also admitted at the Rajpracha Samasai School, a school under the auspices of the Foundation.

His Majesty the King presided over the opening of the Culture and the Kindergarten Buildings of the Rajpracha Samasai School, March 28, 1981

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6 Thanpuying Dusdee Malakul na Ayudhya, Chairman of the Committee of the Rajpracha Samasai Foundation under the Royal Patronage.
In due course, both the Ministry of Public Health and the Ministry of Education cooperated in giving support to the School until it has become an official school recognized and supported by the Ministry of Education. At present, the School has an enrollment of some thousand pupils, and its high standard of education is generally acknowledged. Today, nobody speaks of "leper children", but of "Rajpracha Samasai children". As I mentioned earlier, leprosy was called the "Rajpracha Samasai" disease. Nowadays, "Rajpracha Samasai" is not a disease anymore, but is a school that has the support of the public and is praised for its high standard of education. This is the proof that the work of those who have contributed to the "Rajpracha Samasai Foundation" has met with success.

His Majesty the King presided over the opening of the Culture and the Kindergarten Buildings of the Rajpracha Samasai School. March 28, 1981.
The ones who have contributed to the success were not only those mentioned in the report; there were members of various foundations and other private persons. From the earliest days, there was a foreigner, Mr. Aitken, who assisted with the treatment and the program, physically and financially, to obtain the appropriate medicine which at that time was a new drug. Thus, there were persons not connected with the Foundation who gave assistance. Apart from that, there were other organizations which were taking care of the lepers in Chiangmai, Lampang, Khonkaen, and Surat, that is, in every region. Some of them worked before the establishment of the Foundation; at that time the Foundation was not yet functioning. There were many cases of leprosy and many people were involved in the problem; they looked after and took care of the lepers, especially in the North, and they are still active. Therefore, the governmental and private agencies, and all who worked before the Rajpracha Samasai was founded, must still continue to cooperate. Just now, Thanpuying Sumalee has used the phrase "to renew life"; in Lampang there is the "New Life Foundation" which was founded by a person worthy of praise, Mr. Phongsawat Suriyothai, who has assisted lepers in finding necessary treatment and support.

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7 Mr. Adam William Aitken, an American businessman who assisted with the treatment of leprosy and the program.

8 Thanpuying Suema Chikitavanij, first Vice-Chairman of the Committee, acting Chairman of the Committee of the Rajpracha Samasai Foundation under the Royal Patronage.
Today, I have spoken in this manner so that we can rejoice that we have been successful in our efforts towards the eradication of leprosy, and in raising the morale of both the workers and the patients along with that of their families. It has been a great success and we must continue our work because the 0.5 person in every ten thousand still has to be cared for. Moreover, the important thing for the future is that leprosy in the world has not yet been eradicated. In this era of globalization, everything is easily communicated, disease can also be easily transmitted across the borders. This is particularly true of our close neighbors where the disease still exists, and their citizens have entered our country, our authorities being helpless in stemming the flow. The statistics show that their number is in the hundreds of thousands and we do not know how they came in.

If we look at some cases in Bangkok we can surmise that they came from foreign countries illegally. We do not know what diseases they carry; there must be some. We have to seek out those who carry a disease to provide them with some medical treatment. Whether they came in illegally or not, the diseases they carry have also entered the country illegally. Nevertheless, we must fight the disease, regardless of whether it came in legally or illegally. We must help, otherwise, this disease will surge up and spread out again. This is the duty, or it could be called the future mission, that we have to do in the future; we cannot rest on our laurels after a victory; we cannot stop working.
Another thing, which I understand the Foundation is considering working on or making its business to do, is AIDS. We have worked on leprosy which is a frightful disease and dreaded by many; we have fought against it until it is not so fearful anymore. Now we must encounter AIDS which is dreaded and repulsive. But there are ways to deal with it. There is research going on. In Thailand, there is also research being done on many kinds of medicines to treat the symptoms. Overseas, they have three kinds of medicine which must work together. In Thailand we have a medication which will supplement those three drugs; there have already been some good results from the treatment of the disease.

The Rajpracha Samasai Foundation may be able to promote and support this research. Everyone present here can participate in this new duty. With leprosy, there are the victims and their children who have been taken care of. With AIDS, there are the AIDS patients and their children who have not yet been afflicted. These children need to be educated and taken care of. Some private persons and some organizations have already set up schools and centers for this purpose. There already are some activities in this field, but if the Rajpracha Samasai Foundation could help in the lines similar to its campaign to eradicate leprosy, it would be a good deed of the highest order.
Thus, I leave you with a dual mission and the understanding that your duty is not yet completed, and work must go on. If you are dedicated to your task, the people all over the country will be grateful to you and will appreciate your good action. Accordingly, may each of you be blessed with mental fortitude and good health in order to be able to overcome any future obstacles or problems that may confront you. Thank you once again for performing so well the duty that you have assigned to yourselves and may you succeed in all your duties. May you enjoy happiness, prosperity, good physical health and full mental strength.
“Grandma and Grandpa Planting Beans and Sesame”
Excerpts from His Majesty’s Speech Friday, December 4, 1992.

Just now, I used the word “tale”, because I was thinking of a folk tale, to illustrate my point that today’s people have changed. In former times, everybody knew this folk tale, but today I understand that only a few know it. I was thinking of the tale: “Granny and Grandpa planted beans and sesame.” I don’t know whether anybody is familiar with this tale: “Granny and Grandpa planted beans and sesame and entrusted their Grandchild to look after the crop. But the Child did not keep the vigil and went to fly a kite.” This seems to be rather natural that the Child would not like to stand guard; he would prefer to go and play with his kite. But nowadays, nobody plays with a kite anymore: now they play computer games. It means that the story becomes: “Granny and Grandpa planted beans and sesame and entrusted their Grandchild to look after it. But the Child did not keep the vigil and went to play a computer game.”
This changes the whole story. If it is told in this way the whole plot crumbles down; it is not the original story. If it is told: “...the Grandchild did not stand guard, but he went to play a computer game. ...”, in the first place, the modern listener would, anyway, comment: “Why did ‘Granny and Grandpa plant beans and sesame? Nowadays agriculture is not the adequate policy anymore; we should not cultivate plants, we should build manufacturing plants, so we become a NIC (Newly Industrialized Country). Granny and Grandpa are so antiquated, this is ludicrous!” But in the story, Granny and Grandpa planted beans and sesame. In fact, this story did really happen, about only a little more than ten years ago, when Grandpa, not Granny, planted beans and sesame and entrusted his Grandchild to look after it. The Grandchild did not guard it, because the Grandchild was not yet born. Today the Grandchild is already ten years old. If Grandpa now planted sesame, the Grandchild would probably be willing to guard it, or perhaps not, the Grandchild would perhaps prefer to draw pictures. Nowadays the tale would be topsy-turvy, that is, the story will be completely changed.
To return to the original story, the Child did not guard the crop. The Crow came and ate up the beans and the sesame, seven grains and seven coconut-cups (ancient unit of measurement equivalent to one liter) of it. Granny returned home and scolded the child; Grandpa came back and beat the Child. So the Child went to see the Hunter and asked him to shoot down the Crow. The Hunter flatly refused. The Hunter of yore used a bow and arrow; the modern Hunter would use a shotgun. To use an arrow to shoot the Crow is so old-fashioned. But in the story, the Hunter used the bow and arrow. So the Child went to ask the Rat to gnaw at the Hunter’s bowstring. It was so vexing; the Rat refused. When the Rat refused, the Child was angry at the Rat, so he went to the Cat, asking the Cat to bite the Rat. The Cat would not do it; no, the Cat would not bite the Rat. The Child was angry, so he went to the Dog, asking the Dog to bite the Cat. The Dog said he wouldn’t. The Child was angry once more. At this point, it is a little difficult to understand why the Child went to find the Hammer. The Child asked the Hammer to pick the Dog’s ear. Perhaps, the story was that the Hammer was asked to hit the Dog on the head. But the Hammer refused to hit the Dog on the head. When the Hammer refused, the Child went to the Fire, asking the Fire to burn the Hammer. The Fire wouldn’t burn. So the Child went and asked the Water to douse the Fire. The Water refused to douse the Fire. So the Child had to go to the Embankment, to ask the Embankment to crash down on the Water. The Embankment wouldn’t crash. What else could be done? To go and ask the Elephant to crush the Embankment. The Elephant refused saying it was none of his business. So the Child went to the Fruit Fly, asking him to fly around the Elephant’s eyes. The Fly said, “Can do!”
There it is. The Fruit Fly accepted. It would poster the Elephant. The Elephant was afraid and was willing to crush the Embankment. The Embankment was afraid and was ready to crash on the Water. The Water was afraid and was willing to douse the Fire. The Fire was afraid and was willing to burn the Hammer. The Hammer was afraid and was willing to hit the Dog on the head. The Dog was afraid and was willing to bite the Cat. The Cat was afraid and was willing to bite the Rat. The Rat was afraid and was willing to gnaw at the Hunter’s bowstring. The Hunter loved his bow and said that he was going to shoot the Crow. Finally, the Crow was terrified and spat out the beans and the sesame, all the seven grains and seven cups that Granny and Grandpa had sown. Granny and Grandpa were satisfied. When they came back, Granny was no longer raving mad and Grandpa did not beat the Child. The Crow had given back the seeds. This is a strange thing, indeed. The Crow ate the grains and spat them out. How will the grains germinate and grow? That we don’t know. The technology of your times was not the same as that of today. Anyway, I have told you the whole story because some of you could have forgotten some parts of it. My intention, for one thing, is to show the way of thinking of people in former times, how they told children stories. For another thing, And still another, is to clearly show that, in any affair, if everybody says: “This is none of my business”, nothing will get done. And that Child, instead of searching for a direct solution to the problem of “the Crow eating beans and sesame”, strayed farther and farther away from it, until the story seemed to go out of hand, when finally the Fruit Fly agreed to go and fly around the Elephant’s eyes.
It seems that this story is confusing. But finally it came to a happy ending. the Crow spat out the beans and sesame. Granny returns home and did not have to curse. Grandpa did not have to beat. The situation, nowadays is like the story, confusing. On any subject, one person says something, another comes to refute it, using irreconcilable arguments. And how can the country be governed, how can work be done, how can we have anything done, if everything is done out of tune, erratically? If we have a well-defined goal, any problem can be very easily solved. Furthermore, when saying anything, one must say it simply, factually and to the point. Any problem must be solved according to the facts, directly, not digressing from the problem to the point of pestering the Elephant. But in the story, this latter way succeeded. Pestered the Elephant resulted in the Crow spitting out the beans and sesame. It worked then; the results were obtained; but the modern Child will consider the Child of former times extremely lucky to get any result, it was a fluke. But now, it yields no results. Usually present time individuals don’t get any result from their actions. For one thing, it is because each individual speaks in his own way, invoking inconsistent premises. In the end, the obstinate dogmatic one will win the argument, but that is not good; that is not right.
Annexe

Report of Thanpuying Sumalee Chatikavanij
First Vice-Chairman of the Rajpracha Samasai Foundation Committee
Acting Chairman of the Rajpracha Samasai Foundation
Under the Royal Patronage
Monday June 2, 1997

May it please Your Majesty.

I, Thanpuying Sumalee Chatikavanij, First Vice-Chairman of the Rajpracha Samasai Foundation Committee, Acting Chairman of the Rajpracha Samasai Foundation Under the Royal Patronage, would humbly like to take this opportunity to present members of the Rajpracha Samasai Foundation Committee and other relevant authorities to Your Majesty, namely,
1. Administrative Committee of the Rajpracha Samasai Foundation Under the Royal Patronage

2. Executives from the Ministry of Public Health.

3. Executives from relevant authorities: Director-General of the Irrigation Department, Governors from the provinces where leprosy settlements are situated, and administrators of the Bangkok Metropolis.


5. Technical Committees of the Rajpracha Samasai Foundation and supporters of leprosy care services.


7. Fund Raising Committees of the Rajpracha Samasai Foundation. financial Section and supporters.

8. The Committees of "The Year of Public Participation Campaign to Eliminate Leprosy on the Occasion of the 50th Anniversary of Your Majesty the King's Accession to the Throne" Project.

9. Non-Governmental Organisations
   (Professor K. Kiikuni, Executive Manager and Director of Sasakawa Memorial Health Foundation).

10. Non-Formal Education Centre and Suksasongkroh School from the provinces where Leprosy settlements are situated.

11. Members of the Mass Media.

12. Leprosy staff members from the government sector nation-wide.
In 1955 when Your Majesty became aware of the fact that the Ministry of Public Health had initiated a campaign to control and eradicate leprosy from Thailand within a 12 year time frame, Your Majesty graciously suggested that the programme should be expedited within an 8 year time frame. The Ministry thus submitted a request to Your Majesty for an institute to be established in order to carry out research concerning the causes of leprosy as well as to train personnel to be responsible for the success of the programme.

Your Majesty graciously consented to the said request and laid the foundation on 16 January 1958 and presided over the opening ceremony of the institute that bears the name Rajpracha Samasai Institute that Your Majesty graciously gave on 16 January 1960.

The Rajpracha Samasai Foundation was established in 1960 and Your Majesty graciously accepted the Foundation under the Royal Patronage at its inception and granted an audience to members of the Foundation Committee who received royal advice concerning medical and health care services as well as advice concerning education of the children of those infected. The royal advice was received with utmost regard and became the basic guidelines and principles for the work of the Foundation that have been adhered to for the past 40 years. The success has been seen through the relevant programmes which have led to the control of the disease and assistance rendered to those affected by the disease. For the last 40 years, under Your Majesty’s patronage, the development of leprosy control and social welfare programmes for those maimed by the disease have been clearly apparent throughout the country.
The patients who have been treated and are cured are released and provided with shelter at Prasong Kha Yang Leprosy Settlement in Chanthaburi Province and at Non Somboon Leprosy Settlement in Khon Kaen Province under the responsibility of the Ministry of Public Health. The children of the patients who are set apart from their parents in order to avoid direct contact with the disease are sent to Rajpracha Samasa School for their education. The School acts in loco-parentis and the children are able to finish their education and are able to establish a livelihood. The Rajpracha Samasai School in Prapadaeng District has also offered opportunities to children of the locality in both elementary and secondary levels.

The Leprosy Eradication Programme has advanced progressively throughout the years. At the beginning of the programme, there were a lot of leprosy patients; about 50 per 10,000 people. They had no hope of being cured as they believed that they were destined to be infected by this disease. They accepted their affliction with great agony. Then by grace of Your Majesty’s benevolence, they received encouragement and changed their minds and were willing to be treated until totally cured. At present, the leprosy clinics of the Ministry of Public Health have become modern hospitals that are not only places for treatment of the disease but are places for disability prevention and rehabilitation. As for the research institute, there are researches carried out in the medical field as well as the public health system and fundamental research that is internationally recognised. The previous problem of personnel shortage which was due to an aversion of the disease and reluctance to work, has been solved by the encouragement of personnel in
several ways such as the regular provision of staff development courses for local officials in every province. Now, there are, consequently, enough personnel and volunteers. The leading personalities of communities also lend helping hands to the programme. Even the patients themselves and their relatives join to support our programme all over the country. In regard to the welfare for officials, patients and their families, the Foundation provides them with welfare benefits including the promotion of study tours, occupational training, revolving funds, water resources and land development and also skill development. The officials from several ministries who are granted an audience by Your Majesty, hereby, have greatly helped those in every settlement throughout the country so that they can have better living conditions and, on the whole, are able to be self-sufficient. Now, consequently, the number of patients who request to settle in the settlements is ever increasing. There is also the current problem of the local populace trespassing in several settlements that requests have to be made to the Governor of each province to come to help solve this problem.

Educational opportunities for the children of the patients which the Rajpracha Samasai School under the Royal Patronage had specially organised since 1961 have changed. There is no need to separate the children from their own family. The children can receive their education in the Suksasonkrob government-run schools of the Ministry of Education in the vicinity of land settlements. Some of those are eligible to receive scholarships from the Foundation for further studies in private institutions of higher learning to the tertiary level of education. Furthermore, the Leprosy Relief Foundation Under the Patronage of the Supreme Patriarch in conjunction with the Foundation also provides annual scholarships for the children
Furthermore, in regard to giving hygiene education and public relations information in order to increase knowledge and understanding concerning leprosy and in regard to furthering the participation of the local community as well as the campaign to encourage the remaining lepers to make them feel confident in the efficacious treatment, the Foundation and the Ministry of Public Health carried out a campaign against leprosy for the Royal Charities, on the occasion of the Fiftieth Anniversary (Golden Jubilee) Celebrations of Your Majesty’s Accession to the Throne together with concentration on a working capital to support the said programme of which the success was beyond expectation. The fund-raising committee chaired by Mrs. Pornsan Kamlang-Ek, was able to raise funds to the total of 12 million baht in the year 1992 which was the highest amount of money ever raised and the Foundation has subsequently set up a new financial committee to supervise the use of the funds for the greatest benefit.

All the activities undertaken as mentioned which the Ministry of Public Health and the Foundation have worked together shoulder to shoulder, are regarded as a good example of cooperative endeavours between the government and private sector to achieve the objectives in accordance with the Royal initiatives.
The programme to eradicate leprosy in Thailand has progressed successfully owing to Your Majesty's benevolence for the past four decades. In the past, no one dared to expect this much success due to the fact that leprosy used to be considered as the most detestable and harmful disease which was so difficult to cure.

Since 1996, the auspicious year of the 50th Anniversary of Your Majesty's Accession to the Throne, the Leprosy Eradication Programme in Thailand has been able to reduce problems and achieve the objective of elimination of leprosy to the level of the World Health Organisation's standard. The prevalent rate was 0.5 person per 10,000 people. It is, thus, regarded that leprosy is no longer a public health problem in this country.

The Raiprachasamai Foundation Committee under the Royal Patronage, the Ministry of Public Health as well as all concerned organisations and authorities which are involved in the Leprosy Eradication Programme are most grateful for Your Majesty's considerate concern not only for the victims of this dreaded disease who have been given a new opportunity in life but also to their children and children's children. After working extremely hard with self-sacrifice and unlimited patience, we availed ourselves of the opportunity to submit through the kind courtesy of Your Majesty's Principal Private Secretary a request for bringing all the officials and staffs concerned with this programme to meet in audience with Your Majesty to express our utmost loyalty and appreciation. We are truly grateful for the graciousness of Your Majesty's countenance in granting us this audience today which brings the greatest joy that words cannot express, the memory of which will be forever
engraved in our hearts. All of us here present a wish to express our congratulations on the auspicious occasion of the Golden Jubilee and have inscribed the following words of heartfelt appreciation and with utmost loyalty:

To our beloved Lord of Life, His Majesty the King.

We bow our heads in deepest respect.

Rejoicing on the auspicious 50th Anniversary

Of His accession to the throne!

May the Three Sacred Gems

With all the celestial beings of the Three Worlds

Graciously protect our great King. May he forever be without sorrow.

For his boundless mercy on the lepers.

May he be justly rewarded and blessed!

In happiest unison, we humbly beg that Royal advice be given to us on this occasion so that we may receive such advice to uphold and sustain

May it please Your Majesty.
References

Chapter 2

His Majesty King Bhumibol Adulyadej and the Success in the Elimination of Leprosy in Thailand
His Majesty King Bumiphol Adulyadej and the Success in the Elimination of Leprosy in Thailand

1. Introduction

Chapter 2 entitled, “His Majesty King Bumiphol Adulyadej and the Success in the Elimination of Leprosy in Thailand” is to show respect and disseminate the aptitude, benevolence, dedication, the Rajpracha Samasai theory (the King and the people assist mutually) of His Majesty in the administration of the national Leprosy Control Project following the direction and initiative of His Majesty from the year 1956 when the Ministry of Public Health, the Rajpracha Samasai Foundation under the Royal patronage and the associated partners network of Rajpracha Samasai Civil Society made up of members of the domestic and international public and private sectors and communities and members of the public both Royal and commoner who have been invited to present this work to His Majesty and His Majesty’s discourse that inspires and motivates all as the project is expanded according to His Majesty’s direction. The pioneers of mobile team for expansion of the leprosy control project who faced extreme difficulties and obstacles between 1957-1970, before the disease could be brought under control and the work could be transferred and integrated into the Provincial Public Health Service in every province nationwide between 1971-1976. Individuals and related organizations who continued with the project gained confidence continued to dedicate themselves to the struggle to eliminate the disease and together with the Royal charity until they achieved the “Elimination of Leprosy as a Public Health Problem” in accordance with the stipulations of the World Health Organization (until the prevalence was less than 1 person out of a population of 10,000) in 1994 before the target date of 2005 set by the WHO and development to achieve the “Sustainable Elimination of Leprosy” according to targets set by the WHO (until the
number of new case with grade-2 deformities of less than 1 person of a population of one million) in 2013 well before the target date of 2020 set by the WHO.

The important points of the Royal duties, Royal addresses and Royal ideas filled with His Majesty’s compassion are presented in Chapter 2.

2. During the reign of King Rama IX, it can be said that there was no any other public health and disease control project which was received full support by His Majesty like leprosy, a disease His Majesty was so concerned about with the aim to eliminate leprosy in Thailand.

The title of this section are based on the life experience of the author working for the Ministry of Public Health from 1957 to 1992 as well assisting the Rajpracha Samasai Foundation and the Rajpracha Samasai Institute up to the present time, a total of 58 years. The information that is presented is to serve as evidence, or a record, of the projected previous mentioned in the book’s Introduction on the national project to control leprosy according to His Majesty’s initiative (vision), which focused on case finding and assisting leprosy sufferers through a domiciliary approach. This began with a pilot project initiated and operated in KhonKaem province from 1955 to 1956 by a mobile team. The project then began to be expanded in 1957, and by 1976, it was transferred and integrated into administered by the provincial health services in every province. The elimination of leprosy as a public health problem was achieved in 1994, and throughout this
period of 37 years, monitored and supported the project under the name he bestowed upon it “Rajpracha Samasai”. Under His Majesty’s instruction, the Ministry of Public Health then established the Rajpracha Samasai Institute, Rajpracha Samasai Foundation and Rajpracha Samasai School, all under Royal patronage. Through His Majesty’s benevolence, His Majesty made both formal and informal visits to the institute five times and the school seven times to provide advice and recommendations as well as inspiration. On the Royal Jubilee, His Majesty granted a Royal audience to the Raj Pracha Samasai Foundation board of directors and report on the progress they had made in eliminating leprosy as a public health problem. This was followed by Royal audiences every three to five years when the board members along with others working towards this goal would report their progress and receive additional advice, recommendations and inspiration to continue in this pursuit. This was because when the project was first initiated it was very difficult to find and assist leprosy sufferers through a domiciliary approach as they faced many obstacles as community members, physicians and healthcare workers were uninformed and very much afraid of the disease. Leprosy sufferers would also try to hide, and it was difficult to find persons who would work on the project. Furthermore, at that time, the specialized leprosy control project based on mobile team had difficulty reaching many of the rural communities where they hoped to find sufferers and begin their early and prompt treatment at that time. This is because at that time, there were very few paved roads. Transport was still on dirt tracks and dependent on wagons pulled by water buffalos with villages located in the middle of rain forest and jungle as well as on isolated mountains.

Following the success of eliminating leprosy as a public health problem in 1994, His Majesty the King asked the Rajpracha Samasai Foundation to invite representatives of the various related national and international organizations, a total of 314 persons, to a Royal audience at the Dusidalia Hall, Chitralada Villa, Dusit Palace on the 2nd of June 1997, which was also the year of the golden jubilee, or the 50th anniversary of His Majesty’s ascension to the throne, to mark this great accomplishment.
At this Royal audience, which lasted one hour, His Majesty, for the first time said, “Before anything else, I must thank the board of directors and all persons who came today and contributed to the success of the Rajpracha Samasai Foundation, which has been far beyond anyone’s expectations.”

After this, His Majesty spoke of the background behind the establishment of the National Leprosy Control Project that was established based on His Majesty’s vision and at His Majesty’s initiative with his full support. He went on to explain its history in detail, which was then included in a book entitled, *Royal Remarks Given to Members of the Rajpracha Samasai Foundation Committee, Dusidalai Hall, Chitralada Villa, Dusit Palace, Monday, June 2, 1997*. The book, which is composed of a total of 65 pages, was published in both Thai and English through a format of alternating pages. This Royal publication was quite important as it was the first to discuss a disease and public health and was distributed to the public written by His Majesty the King.

In addition, following the discussion on the history and achievement of the National Leprosy Control Project in accordance to His Majesty’s initiative and vision, His Majesty also gave important homeworks from which the foundation and Ministry of Public Health could follow in order to organize and administer to other related projects, including 1) *Project for the Surveillance and Sustainable Elimination of Leprosy*, 2) *Project for the Surveillance and Control of Leprosy in foreign persons and labor*, 3) *Rajpracha Samasai Project Scholarship Fund for the orphans of HIV-Aids sufferers in rural communities*, all of which reflect the wisdom, vision and great concern His Majesty has for his people.

3. Summary of the background and Royal activities of the national leprosy control project based on His Majesty’s vision, including health education, case-finding, treatment, control, welfare and rehabilitation.
3.1 Solving the problems to expand the Leprosy Control Project according to His Majesty’s initiative from 1956 to 1976 and the establishment of institute which His Majesty named the Rajpracha Samasai Institute in 1960 to conduct research and train adequate number of medical and public health personnel to cope with expansion of the project in every province nationwide.

In 1953, The Department of Health of the Ministry of Public Health initiated the Leprosy Control Project following the new Domiciliary Approach introduced and supported by the WHO to replace the Isolation Approach when leprosy sufferers, were removed from communities and placed in leprosarium or leprosy colonies. This approach began to meet with success quickly throughout the country with about estimate 140,000 sufferers nationwide, at a prevalence of 50 per 10,000 population and 60 percent of these were residing in Thailand's northeast, or I-san.

Between 1955-1956, a pilot project was initiated as specialized leprosy control or vertical project with mobile units working to control leprosy in KhonKaen province with the aim of expanding the project in 1957, but the project did not have enough doctors and could not train enough auxiliary leprosy workers to be able to expand the project.

In 1956, His Majesty the King invited Professor Dr. Sawat Daengsawang, Director General of the Department of Health, and Dr. Ramon Miquel, advisor on Leprosy of the WHO, for a Royal audience to explain the problems they were facing in order to offer advice and assist in expanding the National Leprosy Control Project so it could move forward more quickly to encompass the country. His Majesty along with other concerned citizens then donated 1,724,752.05 baht (H.R.H. the Princess Mother also donated 100,000 baht
to the cause) to the Ministry of Public Health to establish an institute for providing research and training of medical and public health personnel throughout the country, particularly to train and produce auxiliary leprosy worker (ALWs) to fine and treat leprosy sufferers to have enough to expand the project. His Majesty then named the institute the Rajpracha Samasai Institute, which means the King and the people assist mutually.

**In 1958,** His Majesty the King presided over the Ground Breaking Ceremony of the Rajpracha Samasai Institute building together with Her Majesty the Queen on 16 March 1958. Their Majesties then visited leprosy patients at the Phrapradaeng Leprosy Hospital. His Majesty then donated the funds that remained after the completion of the institute, 271,452.05 baht, to the Ministry of Public Health for the establishment of the Rajpracha Samasai Fund and Rajpracha Samasai Foundation under Royal patronage on 11 April 1960 in support the efforts being made to Eliminate leprosy in Thailand.

**In 1960,** His Majesty presided over the opening of the Rajpracha Samasai Institute together with H.R.H. the Princess Mother on 16 January 1960, and His Majesty and Her Royal Highness visited the building housing the infants and young children who had been separated from their mothers since birth as well as patients at the Phrpadaeng Leprosy Hospital.

**In 1961,** His Majesty made two visits to the Children’s wing of the Phrapradaeng Leprosy Hospital, one with Her Majesty the Queen and once with King Baudouin.
of Belgium. His Majesty also donated two million baht, which he presented to Thanpuying Dusadeemala Malakul Na Authaya, board member of the Rajpracha Samasai Foundation, to build the Rajpracha Samasai School on the bank of the Chao Phraya River, directly across from the Phrapradaeng Leprosy Hospital.

In 1964, His Majesty the King presided over the opening ceremony for the Rajpracha Samasai School under Royal patronage on 16 January 1964 (1) to provide an education for the children of leprosy patients who had been separated from their mothers being treated at the Phrapradaeng Leprosy Hospital. The first enrollment had forty students, which grew to a total of 268.

From 1962 - 2005, His Majesty the King monitored the Rajpracha Samasai School both formally and informally together with Her Majesty the Queen as they also presided over the opening ceremonies of different buildings and visited the school and students a total of seven times as well as had H.R.H. the Crown Prince and H.R.H. Princess Mahachakri Sirindhorn represent His Majesty on four visits. The school was expanded until it had an enrollment of 3,000 students, 268 of which were the children of leprosy patients. This was then the pilot school that accepted the children of leprosy patients for all schools. Thus, today, the children of leprosy patients have the opportunity to study at all levels at Rajpracha Samasai School as well as normal schools anywhere in order to continue their education and acquire a career.

In 1978, on March 5, Their Majesties the King and Queen visited the McKean Rehabilitation Center for Leprosy Patients in Chiang Mai and donated 100,000 baht.

In 1979, on June 6, His Majesty with H.R.H. Princess Mahachakri Sirindhorn presided over the opening of the second research building of the Rajpracha Samasai Institute which was donated fund from the Harddegen Fund. Germany, as well as Donation of research equipment by the Sasakawa Memorial Health Foundation of Japan, His Majesty names this new building “Rajpracha Samasai Research Building”.

In 1989, on October 31, H.R.H. the Crown Prince, as representative of His Majesty the King, presided over the opening ceremony of the third research building of the Rajpracha Samasai Institute as well as the donation of research equipment and research funds from the Sasakawa Memorial Health Foundation of Japan. His Majesty named the new building “Chalermphrakiet Sasakawa Memorial Research Building” (Sasakawa Memorial Research Building: SRB).

(1) In every 16 January, it is accepted nation wide as “Rajpracha Samasai Day” When people celebrate and commemorate H.M. The King’s Royal grace and to inspire Leprosy knowledge to society in order to launch social campaign so that people and community will follow H.M. The King’s initiative to find remaining leprosy cases in the village for further proper diagnosis and treatment.
4. His Majesty continued to monitor the Leprosy control project from 1960-1997, during which time, he told the board of directors of the Rajpracha Samasai Foundation when he granted them a Royal audience to report on their progress each year from the third to the fifth and reported to H.R.H. Mahachakri Sirindhorn, who represented H.M. the King in 1985, 2003 and 2013. During each of these Royal audiences, they receive Royal support and words of advice.

Because of the length of this chapter, the author has selected just certain important and profound excerpts and passages from His Majesty’s many speeches and writings to share with the reader so they can understand His majesty’s intellect, insight and vision in brief.

4.1 His Majesty’s Thoughts on the Control of Leprosy

**Excerpts**

- “...This is a disease that can be treated. It is difficult to control and therefore difficult to achieve targets, but we must persevere with determination as there are obstacles we must face...”

- “An basic factor to treat this disease is to show compassion.”

- “...When we speak of leprosy - something that is never thought of lightly-they call this the “disease of royals” or Rajpracha Disease and commoners as it is a disease that affects all, but through Rajpracha Samasai, royals and citizens uniting, it is possible to effectively reach our goal...”
“But we must work to reach our goal, and we remain committed, we can ultimately attain our goal…”

**Abridged excerpts**

- Forge forward with the Leprosy Control Project so it can cover the entire country as quickly as possible.
- Government agencies, private organizations and the people must join together and cooperate to achieve positive results, even if it is a government program, as it truly affects everyone.
- The Department of Health and private organizations must cooperate, and the Rajpracha Samasai Foundation can work to coordinate these efforts.
- There should be meetings where the work is divided, and then each organization must work as best they can, however difficult it may seem, so time is not lost and progress will be made.
- Sometimes, civil servants must try to understand that the private sector works differently and the private organizations must understand this about the government.
- To treat leprosy, patients and sufferers must be taught to understand that the disease can be treated, but, at the same time, it can be contagious. Those treated will be helped to learn an occupation and then be given a place to reside once cured. The Department of Public Welfare and other government agencies must also assist in solving these problems.
- I want to thank all who have worked so tirelessly. This is not work that one enjoys. But because of your perseverance and compassion, your never becoming discouraged, I must truly thank you.

**4.2 His Majesty encouraged health education and public relation to promote the Leprosy Control Project.**

**Excerpts**

- “To overcome Leprosy, we need knowledge about treatment such as medication and nursing care. This is something that doctors must disseminate among the public along with how it is contracted.”
“The first objective or aim is for people to know that this disease can be treated. The second is that this is not easily contagious. One must have very close contact over a long period of time with a person who is infected to become infected as well. Even over a long period, one may not become infected, it depends on the person. Some persons can be more susceptible, while other will almost never catch the disease even after close contact over a very long time...”

The public should be told so they know how this disease is passed on. They should know that through treatment it can be cured. It should not be concealed even if it is so ghastly...”

**Abridged Excerpts**

- Care must be expanded, but there should not be too much promotion. We have to be sure we can provide the required care and relieve distress by providing good quality care. We must inform what is being done wrong so improvements won’t be lost.
- It must be communicated through PR and advertising so the public will understand and not think of leprosy as a disgusting disease.
- We must change the attitude of leprosy sufferers. They must not think they are disgusting and that they can treat and care for themselves.
- We must reduce the sense of disgust among the public for leprosy or else those who are suffering will not come for treatment, and instead will contribute to spreading the disease.

4.3 His Majesty’s thoughts on the prevention of disabilities and rehabilitation for leprosy patients.

**Excerpts**

- “A person who realizes early that they are suffering from leprosy should realize that they can be treated and cured relatively quickly. They should know that they will not suffer from any lingering disabilities. This is very important. Therefore, those fighting against leprosy must go and search for infected persons, those who have lost organs or limbs or suffer from other disabilities, but even more important, is to find those who are infected, but have not yet shown any of these disabilities so they can be treated and cured...”

- “Leprosy sufferers have to be informed that there is medicine available to treat them before they will show disabilities such as maimed, mutilated or crippled hands, feet or nose. These conditions appear after many years of infection when the disease will destroy nerves and feeling and then the tissue.”
Abridged Excerpts

- Once a leprosy patient has been cured, they must still be helped so they can learn a skill or occupation as well as place to reside. This is very difficult as the special leprosy hospitals and colonies must use large budgets, and those cured are afraid to leave these confines and reenter community. This also means that these centers do not have the space and facilities to accept new patients.

- Thus, this is an important issue, cured leprosy patients who still face problems for themselves and their families. These former patients have been cured and have no lingering disabilities or conditions. They and their families are entitled to enjoy a fruitful life and be accepted by society.

4.4 H.R.H. Princess Mahachakri Sirindhorn served as representative of H.M. the King when she granted an audience and spoke with the board members of the Rajpracha Samasai Foundation in 1985, 2003 and 2013.

- “Through work, you understand the vision of His Majesty in assisting leprosy sufferers and caring for their children. These actions are exactly in line with His Majesty’s thoughts and vision. As each of you strive to help, your compassion brings joy as you adhere to the words of His Majesty in your actions, which will such fruitful results. Your compassion will being joy to all, which is one of the greatest successes.”

- “We are pleased to learn of the progress achieved by the Leprosy Control Project and to receive funds from Rajpracha Samasai Chalermphrakriet Project to provide scholarships to children orphaned because of the parents contracting AIDS in accordance to the thoughts of His Majesty which inspired the Rajpracha Samasai Foundation to succeed in these endeavors in the time allotted. After the elimination of leprosy, we will hope that the foundation will take on a new task and goal, such as assisting those in need and in coordinating other projects to solve problems faced by rural communities.”
5. Results from Rajpracha Samasai initiative and theory under Royal patronage which had international and national organizations along with the support of His Majesty to administer the project to control leprosy so successfully following His Majesty’s advice.

Particularly in areas of vehicles, medical equipment and supplies, research, health education promotion, producing textbooks, manuals and history books on leprosy, funds for training, education and fieldtrips, research, research buildings, regional leprosy center buildings, buildings for the disabled support and rehabilitation etc., summarized below:

1. Expansion of Specialized Leprosy Control Campaign to covers 40 hyperendemic provinces (prevalence of more than 20 per 10,000 population) between 1957-1970.
   - WHO
   - UNICEF

2. Expansion of Integration of Leprosy Control into the Provincial Health Services to include all provinces at which the spread of leprosy was brought under control (prevalence rate of less 10 per 10,000 population) between 1971-1976. And reaching the target of elimination of leprosy as a public health problem (prevalence less than 1 per 10,000 population in 1994.
   - UNICEF
   - Sasakawa Memorial Health Foundation of Japan (SMHF)
   - German Leprosy Relief Association (GLRA)
   - Rajpracha Samasai Foundation under the Royal patronage of H.M. the King & Phuthong Foundation under the Royal patronage of H.M. Queen Rambhaibarni
   - Harddegen Fund, Germany
   - UMEMOTO Memorial Service for Lepra, Japan (UMSEL)
   - Leprosy Relief Foundation under patronage of the supreme patriarch
   - The Netherland leprosy Relief (NLR).
6. Summary of the Success of the National Leprosy Control Project under Royal patronage from 1956-2015 (59 years)

Figure 1: Summary of the Success of the project to control leprosy under Royal patronage from 1956-2015 (59 years)

Number of cases per 10,000 population

Royal Audience, 2 June 1997 (Following the success of eliminating leprosy as a public health problem in 1994)
Some part of Royal Remarks Given on July 2 1997:-

○ “...What is important to remember is that leprosy is still not eliminated completely from the world. At this time,...we must say that this is the globalization era. It is a time when we can more easily exchange, but diseases can also be exchanged. This is especially true for us and our neighbors. They can easily come and go, and we cannot control them. The figures show us that as many as 100,000 enter our country and we don’t really know how.”

○ If you look around Bangkok, you will see foreigners, and you don’t know if they enter our country legally. We don’t know if they are carrying any disease. Therefore, we must have to find those persons who are infected. It doesn’t matter if they came legally or not. We find them and treat them if we are to eliminate this disease. Don’t think about whether they are legal or not. If we don’t treat them, this disease could spread again. This is your work, or assignment for the future. Good results don’t mean that we have already won. We must eliminate it completely.”

Summary of the project results of surveillance of leprosy in foreigners in accordance to His Majesty’s initiative (1998 - 2014).(2)

1. 1998-2014, a total of 16 years A total of 483 foreign workers were found to be suffering from leprosy. These included: 1) 453 Burmese (93.78%), 2) 9 Lao (1.86%), 3) 12 Cambodian (2.48%), 4) 5 Indian (1.04%), 5) 3 Chinese (0.62%) and 6) 1 Malian (0.21%) (This does not include 14 Burmese (2.90%) and 3 Lao (0.02%) leprosy patients who came to Thailand for treatment.

2. When comparing new leprosy Thai sufferers throughout Thailand in the years 1998-2014, 9,913 new leprosy patients, with the total of infected foreign patients mentioned above in paragraph 1, 483, or 4.87 percent, which is a ratio, or proportion of 20:1.

3. When comparing the trend of the proportion mentioned above in paragraph 2 for the period after 1998-2014, the ratio, or proportion will fluctuate from 7.11 in 2009 to 16.8, 11.65, 10.47, 20.01 and 12.52, between 2011-2014, respectively. This was a major concern which His Majesty the King expressed in 1997.

(2) Please see in details in chapter 13
7. Royal Remarks of H.M. the King, 2 June 1997 on the success of eliminating leprosy as a public health problem in 1994

“…I want all to understand, that we have still not met with complete success. There is still more to be done. We must pay attention and thank all citizens for all their efforts and we must continue to inspire and motivate them to stay strong and persevere in these efforts to overcome the obstacles still to be faced. I must thank all once more for all fulfilling your responsibilities, and I hope all your tasks and activities will meet with success, and you will find joy, prosperity, health and fulfillment.”

With sincere appreciation of His Majesty the King
As it may please His Majesty,
Thank you Professor Dr. Teera Ramasoota
President, Rajpracha Samasai Foundation under Royal patronage and Advisor to the Disease Control Department.
References


Chapter 3
The King’s and the Royal Family of the Chakri Dynajty’s Roles in Traditional Controlling Leprosy Disease Using Institutional or Isolation Approach
Three Divided Historic Phases of The King’s and the Royal Family of the Chakri Dynasty’s Roles in Traditional Controlling Leprosy Disease Using Institutional or Isolation Approach

Phase 1: Self-Help Approach of Leprosy Patients from King Rama I in 1782-1809 (27 years) to King Rama II in 1809-1824 (14 years) periods in 1782-1824 (86 years)

At that time, there was no vivid historical evidence about the Leprosy disease except the Missionaries’ and Leprosy’s forefathers’ stories. They told about the Leprosy patients’ suffering together with lives of their families receiving lots of social prejudice and stigmatization according to the wrong belief and misconception such as Leprosy was the disease of people with sin, dirt, Leprosy was contagious and incurable, Leprosy led to disabilities and heredity diseases.

This caused the ancient people to be afraid of the disease with no reasons and people were also full of confusions according to the misleading ancient legend since periods of the Buddha and the Jesus Christ.

Therefore, Leprosy patients tried to help themselves by concealing and hiding inside their houses as other people were doing ostracism. It happened that anyone who was caught as having Leprosy would be dismissed. Also, they had to move to Leprosy Village which was extremely far away from the ordinary villages. It was full of Leprosy patients. Some patients even changed to be the beggars. And this story was told continuously since then.

During King Rama II’s period, there were lots of American missionaries visiting Thailand to spread religion, education, engineering, publishing, and social welfare responsibilities. But, there was no evidence about touching on helping Leprosy Patients.
Phase 2: Missionary Support Approach in the periods of King Rama III to King Rama V in 1824-1910 (66 years)

In 1831, American missionaries, getting into Thailand, brought with them the modern Medicine. They opened the medical clinic and spread Christianity. One of them was Doctor Devis Abail and another was Doctor Tomlin.

In 1833, Doctor John Taylor Jones and Doctor Sammual Smith treated the patients and set up the medical clinic and the doctor Smith's Publishing Company.

In 1834, American Board Group assigned Pastor Charles Robinson and Pastor Stephen Johnson to set up Missionary Center in Bangkok.

In 1835, American Presbyterian Mission Group led by Pastor William Ueal and family got into Bangkok and set up the long-lasting Operating Center. This caused lots of American Missionary Doctors to get into the city such as Doctor Naybeach Bradley who was the initiator of surgery operations and who was able to handle the Cholera Epidemic in Bangkok. In addition, Doctor T. Harvard and Doctor Gorge B. Macfarland also came to assist as the senior doctor at Siriraj Hospital. Apart from that, Doctor Macfarland also helped creating a Thai typing machine and making a Thai-English dictionary. Later on, he was given a Titled holder of Bank Noveliry as Phra Aj Vithayakom.

In 1861, American Presbyterian Missionary Doctors started to expand the work to other provinces for the first time. They set up the Mission Station at Petchburi. And the team members were Pastor Danial and family together with Miss Sophia Mckillvali, Pastor Samanuel and Miss Jane Macfarland.

In 1862, Professor Mckillvali and his grandfather, Doctor Dan Beach Bradley (American Missionary), and Miss Sophia Mckillvali together with Doctor Samuel House had chances to know the Northern Vassals who got
into Bangkok to provide the tributes. They were impressed by the Northern Culture and Language. Therefore, they would like to spread Expansionism in order to express Christianity to the Northern of Thailand.

In 1875, The intention of having Chiangmai Missionaries was implemented. A temporary hospital was set up by Doctor Mayrian Azig or Doctor Zig. Moreover, the dispensary was also provided.

In 1887, Doctor McKillvallie, Doctor Adwin Seacourt, (Por Liang Court in Northern name) and Doctor James W. McKean, Surgery Doctor from Iowa, together with his wife, came to join Chiangmai Presbyterian Missionary Group as the volunteering doctors for 42 years. During spreading Christianity and Medical Assisting period, Doctor McKean found six Leprosy beggars. He felt very pity and depressed for them so he searched for new shelters, provided clothes and treatment for Leprosy disease patients for the first time.

In 1905, Doctor McKaeen had initially considered that the vacant area in Chiangmai should be used as Leprosy patient shelter and treatment center. Thus, he asked Leader Intrara-Varorose-Suriyavong, Chiangmai Governor, for a permission of modifying the 640000 square-meter (160 acres) middle island of Ping River which was being used as an Elephant Feeding area to be Leprosy patient shelter and treatment center.

In 1907, the problem of Leprosy on Chiangmai Middle Island was heard by Somdej Krom Prayadumrong-Rachanupharb, Commander in Chief of Ministry of Interior. As he concerned for this issue as well, he supported this project and informed it to King Rama V. With the support from Queen Savang Vadhana, the Chairwoman of Thailand
Red Cross Society, The middle island of Ping River was asked systematically to be used as the Leprosy patient shelter and treatment center. By operating this, Somdej Krom Prayadumrong-Rachanupharb was assigned to manage the building process of “McKean Leprosy Institute”, the first private Leprosy Hospital or Leprosarium in Thailand.

Later on, the Royal Family together with the merchants and Chiangmai residents supported this project by devoting money to American Presbyterian Church Executive Committee in order to build the Leprosy patients’ buildings, cottages, and relieving houses. The Center was successfully done in 1908 and was ready to provide treatment for every Leprosy patient. This Leprosy Institute was known as the most Modern and beautiful Leprosy Hospital in Asia Pacific at that period of time(1).

Moreover, in 1924, Somdej Krom Prayadumrong-Rachanupharb asked the government for yearly supporting money of 10,000 baht which later became one-third of McKean Institute’s budget. While H.R.H. Somdej Pramahittalatibesa (The present king’s Father) was working as a doctor at McCormick Hospital in Chiangmai, he devoted his money and properties to build the third Leprosy Patient Building with the name “Somdej Chaofah Krommalhuang Songklanakarin” presented until these days. After that, the fourth and the fifth buildings were made respectively with the name “Somdej Krom Prayadumrong-Rachanupharb” and “Chaopraya Surasree Visitsuck”. In addition, on January 4, 1929, Queen Savang Vadhana together with Somdej Prayagumpangpetch went to visit McKean Leprosy Institute.

“McKean Leprosy Institute” or “McKean Leprosarium” was the very first Leprosy Hospital in Thailand. It’s the center of all projects including controlling, treatment, welfare and rehabilitation of Leprosy patients which mostly were the residents of the Northern and some from the other parts of Thailand or the Southern of China. All the projects were operated by the American Presbyterian Church Executive Committee who took care of approximately 10,000 Leprosy Patients in Thailand at that time.

(1) H.M. King Bhumipol Adulyadej together with H.M. Queen Sirikit went to visit Mckean Leprosy Institute in Mach 5, 1978 and kindly donated 100,000 Baht to the institute.
Later on the name was changed to “McKean Leprosy Relief Institute” and the name was changed again to be “McKean Institute of Rehabilitation” in 1982 and had been being used until now. Moreover, the Institute was also the center for reconstructive surgery for people with disabilities from Leprosy or from any other diseases. The 110th Ceremony of the center was proudly made in 2007 with the name “100th Anniversary Celebration of the Victory over Leprosy, an Remnal of social prejudice from society”.

In 1905, for McCormick Hospital, Doctor Court or Father Court asked Miss McCormick, an American Billionaire, for the donation in order to expand the hospital to the eastern side of Ping River. Moreover, Somdej Jaofah Krommalhuang Songklanakarin (The king’s Father) also donated his money to help this and the expansion was fully finished in 1925. For the Opening Ceremony, Somdej Jaofah Krommalhuang Songklanakarin came as the president on January 13, 1928. Thus, McCormick became the most innovative and modern private hospital. The hospital also supported and took care of Mckean patients. By joining the Medical work, Somdej Jaofah Krommalhuang Songklanakarin stayed simply at Doctor Court’s house of McCormick Hospital.

In 1906, Doctor McKean tried experimenting the inoculation pus in order to inoculate and protect the peoples widely from Smallpox. And there was the beginning of Modern Leprosy Control Project using a Mobile Team in order to get into the community, searching for patients, and prescribing medicines. Apart from that, the team also set up Leprosy Village providing welfarg and rehabilitation for those homeless Leprosy patients who had been dismissed form the community in many provinces in the upper part of the Northern of Thailand[2].

In 1906, Doctor Court started to build the Medical school at McCormick Hospital with the curriculum programme being guaranteed by Medical school Institute of Siriraj Hospital. For the first period, there were 4 doctor trainees: 1) Doctor Jinda Singhanade 2) Doctor Mhong Pradittham 3) Doctor Sawang Singhanade and 4) Doctor Sreemon Pimkum. Especially, Dr. Jinda Singhanade, who graduated Master of Public Health’s degree from Johns Hopkins University in America, the same place as Dr. Teera Ramasoota, came back to work as a McKean Institute Director. This resulted in regional Leprosy Control Center in the Northern Region, Lumpang from the Department of Health Executed strongly mutual support and cooperation with the work of McKean.

[2] When the Leprosy division, Department of Health established the Northern Regional Leprosy contral center at Lampang, of which plan of with Dr.Teera Ramasoota as the Chief Medical Officer, He coordinated with Dr.Jinda Singhanade, Disector of McKean institute to use Mobile Team of the center to work closely with pastor Mean Pongnoi and pastor Robert Bradburn for Re-Examination and Re-Registration of 6,000 former Leprosy cases in Chiangmai and other provinces in the upper part of the Northern region to be under control of the Governmen Leprosy Control Service System.
In 1923, Doctor Court also set up "McCormick Nursing School" at McCormick Hospital and this was the third nursing and midwifery school center in Thailand.

Apart from that, there were many private bodies related to Christianity set up to help Leprosy problems such as:

1) **CCT or The Church of Christ in Thailand**
   - responsible for supporting McKean Leprosy Center by providing the three village clinics covering 17 villages and 3 clinics.

2) **Christianity Foundation for Leprosy**
   - was set up by Missionary O.M.S. cooperating with Christian Manorom Hospital in Chainat province of Northern Region and Christian Saiburi Hospital in Pattani province of Southern Region.

3) **Peter Donder Foundation**
   - from the Netherlands, he supported patients in Noonsomboon Leprosy Hospital, Khonkaen and Tarrae Leprosy Clinic, Nakornpanom in North eastern Region.

4) **Niramon Clinic, Khonkaen, North Eastern Region.**
   - operated by the nuns and the Madetatham Group giving support to Leprosy patients

5) **Saint Camillo Group Foundation**
   - giving help and support to Kokepeep Private Leprosy Colony, Prajeenburi and Tahwar Clinic, Kanchanaburi in Central Region.

6) **Beulah Land Service**
   - was a part of United Christian and other organizations.
Phase 3: The Method of Isolating Leprosy Patients to the Governmental Leprosy Hospital or Leprosarium and Leprosy Colonies (Institutional/Isolation Approach) in the periods of King Rama VI- King Rama IX in 1910-1946 (36 years)

3.1 Period of King Rama VI (1910-1925)

In 1925, American Missionary Group expanded Nakornsrithammaraj Leprosy Hospital Operation in order to support the Southern Leprosy patients by the operating of Doctor Edwin-B. Mcdanial. The government under Vajiravudh (Monarch) or King Rama VI gave 4,000 baht support annually until 1941 that the business was transferred to the Department of Public Health, Ministry of Interior. The ministry continuously managed the land effectively and later on had to transfer the land to Ministry of Defence and the Department of Public Health set up Puthong Leprosy colony in Puthong, Ronpibul District, Nakornsrithammaraj, Southern Region on the King’s given 280,000 square-meter or 70 acres land.

On January 4, 2418, Queen Savang Vadhana together with Somdej Praya Gumpangpetch visited Chiangmai McKean Institute.

In 1923, by setting up Phrapradaeng Leprosy Hospital or Leprosarium, the second Leprosy Hospital, King Rama VI gave a permission to establish the Department of Public Health in Ministry of Interior on November 27, 1918.

Phrajaonongyater Krommameorn Chaiyanart Naraintorn was assigned to move from Medical University Rector to Director General of Department of Public Health. And he also reported the Leprosy problems with approximately 10,000 patients who had no leprosy Hospital or Leprosy colonies to take care of according to McKen Institute. King Rama VI concerned of her citizen who got Leprosy, so he reported the problems to H.R.H. Queen Savang Vadhana, President of Siam Red
Cross Society. Also, she devoted her own property and money together with the collected money from the Royal’s family, merchants, and citizen and gave it to Somdej Choofah Kromluang Nakornsawan Vorapinit, the Vice-president responsible for building “Red Cross Society Bureau for Leprosy Patients”. The Leprosy Hospital was set up on the land surrounded Saming Prai Grandpa Fortress, Bangyapreak Sub-District, Phrapradaeng District, by the Jaopraya River on Samutprakarn provincial side of Central Region. The Leprosy Hospital covered the area of 116,672 square meters. (28.8 Acres). And the building together with Leprosy Patient Shelter were fully finished in 1923 with Doctor Luang Pijit Pesatchakarn as the first director. He was able to take care of 125 patients by using the annual given 25,000 baht budget from the Ministry of Finance Treasure.

Later on, H.R.H. Queen Savang Vadhana separated a part of the land and used it as “Buddhist Temple Namely Wat Klangsuan”. The temple benefited patients for doing meditation and setting up funerals. Therefore, the left space of Leprosy Hospital was 26.4 ares in the land documental number of 152.

On May 4, 1923, H.R.H. Queen Savang Vadhana did the Opening Ceremony for “Bureau for Leprosy Patients, Red Cross Society.”

Later in 1934, “Bureau for Leprosy Patients, Red Cross Society”, Phrapradaeng was transferred from being under the Red Cross Society to being under the Department of Public Health, Ministry of Interior. And it was changed to be “Phrapradaeng Hospital”. Also, the place was added to have 200 patients’ beds.

In 1942, as the Ministry of Public Health had been set up, Phrapradaeng Leprosy Hospital was changed again to “Phrapradaeng Leprosarium” under the control of Leprosy Control Division, Department of Health.
In 1974, Department of Communicable Disease Control was separated from the previous Department of Health. “Phrapradaeng Leprosarium” was changed back into “Phrapradaeng Loprosy Hospital” with the equal status of Leprosy Control Division.

In 2002, there was a reorganization of Ministry of Public Health Structure. Department of Communicable Disease Control was changed into Department of Disease Control. Phrapradaeng Leprosy Hospital and Leprosy Control Division were merged into “Rajpracha Samasai Institute or Bureau”, the leader of Department of Disease Control which was proudly developed into “National Leprosy Institute” that helped lead and was a model of ASEAN.

3.2 Period of King Rama VII (In 1925-1934)

In 1927, King Prajadhipok, also King Rama VII together with his Queen, visited Chiangmai McKean Institute and assigned the staffs to build the last-long rock main road linking between the island in the middle of Ping River and Chiangmai City for the transportation convenience of patients and other people.

In 1927, King Prajadhipok, also King Rama VII together with his Queen, did the opening ceremony for “Woman Patient Building” of McKean Institute. Also, he donated his own money together with His Queen and Somdej Jaofah Mahidol Adulyadej, King’s Father’s donation to the institute. Moreover, he delivered, for the first time, the Royal speech to people there that he desired for a better Siam Country that was away from Leprosy. Thus he encouraged government and Red Cross Society to intentionally help and get rid of Leprosy Disease.

3.3 Period of King Rama VIII King Ananda Mahidol (in 1934-1935) and King Rama IX (from 1946-today)

3.3.1 The Speeding Up Expansion of Leprosy Hospitals and Leprosy colonies over the Country in the periods of King Rama VIII and King Rama IX (in 1935-1994)

Department of Public Health, Ministry of Interior followed the intention of King Rama VII and set up several Governmental Leprosy Hospitals and Leprosy Colonies Nation-Wide. Following in 1942, there was a settlement of Ministry of Public Health by Leprosy Control Division, Department of Health in the periods of King Rama VIII (in 1934-1936) and King Rama IX (from 1946 - today). In total, there were 14 Leprosy Colonies covering every part of Thailand.
The Northern Region
In 1935, Mae Lao Colony, Chiangrai province
In 1941, Maeta Colony, Lampang province
In 1952, Fhaikaew Colony, Nan province
In 1900, Baankrang Colony, Phitsanulok province
In 1900, Huayklee Colony, Maehongsorn province (later on was closed down)

The Northeastern Region
In 1941, Aumnartjareon Conlony, Ubon Rajchathani province
In 1953, Huatalay Conlony, Nakom Rajsrima province (later on was closed down)
Saelaphumi Conlony, Roy Ed province
Baan Hun Conlony, Mahasarakham province
Prasart Conlony, Surin province
In 1988, Noensomboon Conlony, Khon Kaen (was moved and was adjusted from Sreetam Leprosy Hospital, Khon Kaen which total area had been used to build Khon Kaen University in 1962 and Noensomboon Leprosy Hospital was set up instead on the new land. Later in 1982, the Hospital was closed down and the in front area was used to build the Northeast Regional Communicable Disease Hospital, which was later changed into Sirindhorn General Hospital. And the previous area of Noensomboon Leprosy Hospital was changed to Noensomboon Colony.

The Central Region
In 1955, Dongtub Colony, Chanthaburi province
In 1959, Preang Kar Young Colony, Chantaburi province

The Southern Region
In 1941, Puthong Colony, Nakornsrithammaraj province
This was the only Leprosy Colony in the South with the long developed history and introduction since King Rama VI. In 1925, Missionary Group expanded the work scale and set up the South Regional Leprosy Hospital, in Chaeian District, Nakornsrithammaraj province with Doctor Edwinsee Mcdanial as the director. This helped create trust to Leprosy patients in Nakornsrithammaraj and nearby provinces in the South. There were many patients getting to have the treatments, both treatment and welfare supporting. Therefore, government supported the yearly budget to the missionary for 4,000 baht.
Later in 1941, Department of Public Health saw that the Southern Leprosy Hospital was in the community of Nakornsrithammaraj Urban District making Leprosy and normal people stay together. This made the situation get worsen. Thus, staffs negotiated to move
this hospital. However, Doctor M.B. Barber, the director together with missionary group, did not agree. They had another negotiation to transfer this business into governmental responsibility and gave the land of 126,720 square meters or 31.6 ares at Puthong Village, Hintok Sub-District, Ronpiboon District, Nakorn Srithammaraj to the Department of Public Health in order for the Department of Public Health to be ready for the Leprosy hospital transformation since 1941.

Later in the period of King Rama IX, in 1953, Ministry of Defense desired to use the land of Leprosy Hospital, Maung District, Nakorn Srithammaraj in benefiting the army. Then, Ministry of Defense contacted Ministry of Public Health in order to transfer that land. The Ministry of Defense compensated for the damage cost of destroying the building and all architectures in total of 610,000 baht. Moreover, money from this was used to set up new Leprosy Colony on the area assigned by missionaries giving to Puthong Village, Hintok Sub-district, Ronpiboon District, Nakorn Srithammaraj. And that land was separated later to Leprosy patients leading to patients’ chances in having occupations. Also, the first name set up for this village was “Puthong Colony” since then.

Until year 1974, Mr. Prasit Lulitanont, President of Bangkok Post Newspaper, asked for people’s donation and set up Puthong Leprosy Fund for establishment of the memorial health center in the Leprosy colony. H.M. Queen Rumpaipunnee, King Rama VII’s wife, also accepted the puthong fund in her patronage and used the donation wisely in developing “Puthong” in several aspects such as agriculture, household projects, medical supplies, daily necessary materials, durable articles, open-therapy building, kindergarten school, small operation building for disable problems, training center, roads, electricities, watering system, water reservoirs, all three religion places, sport fields, and news spreading center, etc.

In addition, Mr. Prasit Lulitanont also developed the Fund into Puthong Foundation and donated 2,900,000 baht from the foundation to build the Memorial Health Center together with two staff lodgings to celebrate King Bhumibol’s 50th’s anniversary reign. Moreover, the foundation staffs built the new buildings for disable and aging patients from budget of 1,654,000 baht which had been given from “Rajpracha Samasai Foundation” for 1,454,000 baht and from “Rajprahca Samasai Institute” for 200,000 baht. According to King’s 80th birthday in 2014, Donbosgo occupation Training Institute also built the training center building from Puthong foundation and Catholic foundation donations. Moreover, Knights of Malta foundation, from France, set up shoes’ factory for Leprosy patients.
3.3.2 Establishment of Sri-tharn Leprosy Hospital, Khon Kaen, the third Leprosy Hospital in the Northeastern Region

Department of Public Health, Ministry of Interior, set up on November 17, 1918, reviewed King Rama VII’s speech and the Leprosy situation that there would be 10,000 additional patients compared to what had been predicted at the launch of McKean Institute.

**In 1935, the Northeast Leprosy Hospital** was set up in Baan Sri-tharn, Maungkhao Sub-district, Maung District, Khon Kaen in order to be used as the Northeast treatment and welfare facility. The building process was successfully finished and was opened on June 29, 1940 with Doctor Lhuangsere Prungsook as the first director. The number of patients able to handle was 223 people with 57 houses for them. Later in 1946, Leprosy Control Division, Department of Health, added more houses with the total amount of 71 houses. The hospital was able to handle 341 patients and the name was changed into Sritharn Leprosy Hospital.

3.3.3 Sritharn Leprosy Hospital, Khon Kaen was changed to Noensomboon Leprosy Hospital, Northeast communicable Disease Hospital/ Sirintorn General Hospital/ Noensomboon Leprosy Colony in 1940-1992

In 1962, Field Marshal Sarit Thanarat, the Prime Minister of Thailand, desired to use all land of Sritharn Leprosy Hospital to build Khon Kaen University. Therefore, Sritharn Leprosy Hospital was closed down and was moved for the new Leprosy Hospital around Baan Neonsomboon, village, Baanpao-District, Baan Had Sub-District, Khon Kaen which was 22 km. away from Khon Kaen city.

The building process was fully done and opened for operation on February 6, 1963 with Phrabumrart-Naradoon, Minister of Ministry of Public Health, as a head of the opening ceremony. And the new name was also given as “Noensomboon Leprosy Hospital”.

In 1974, Reorganization of the Ministry of Public Health was performed. And the New Department of Communicable Disease Control was set up, separated form the previous Department of Health.

In 1991, Department of Communicable Disease Control, with Doctor Teera Ramasoota as the Director-General, had the policy of setting up Regional communicable Disease Hospital in the Northeast on the in front land of 320,000 square meters or 80 Acres by Noensomboon Leprosy Hospital Near Mittrapharb Highway. There were buildings and houses in total of 16 houses built within a budget of 98.75 million baht. Thus, the hospital was full of 200 beds and well equipped with several medical equipments. Moreover, it was ready to provide the treatments and take continuously care to the given patients in the Northeast.
For the former Noensomboon Leprosy Hospital, located in the back, was closed down and was set up as “Noensomboon Leprosy Colony” instead, under the responsibility of the 7th Regional Office for prevention and Control of Disease, Khon Kaen.

Later on, not for so long, Department of Communicable Disease Control Under new Director General changed the policy and adjusted from the Northeast Regional Communicable Disease Hospital to the general hospital with 200 patients’ beds in Khon Kaen under the King’s given name of “Sirindhorn General Hospital” Under supervision of Khon Kaen Provincial Public Health Office. However, the place still took care of Leprosy patients in Noensomboon Colony and patients referred from other provinces in the Northeast.

Leading to the completely end of institutional or isolation approach which Isolated Leprosy patients in the Leprosy hospital and the colony, and moved into Modern Leprosy Control according to WHO’s Recommendation that intended to search for and effectively treatment of Leprosy patients from home (Domiciliary Approach) starting in 1956 (the details was in the next chapters).
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Chapter 4

H.R.H. Princess Srinakarindra
(H.R.H. Princess Mother)
and Her Works on Leprosy
H.R.H. Princess Srinakarindra (H.R.H Princess Mother) and Her Works on Leprosy

H.R.H. Princess Srinakarindra served her kingdom in grace and compassion in countless ways throughout her lifetime. Upon learning about His Majesty the King's interest in alleviating Thailand's issues on leprosy, she actively supported work in this area. Thus, in the princess' honor, many reputable Thai leprosy private organizations have invited Princess Srinakarindra to perform her royal duties with them to record the history of leprosy in Thailand.

1. Attended the opening ceremony of the Rajpracha Samasai Institute (RPSI) building with His Majesty The King on 16 January 1960

His Majesty the King, and H.R.H. Princess Srinakarindra attended the opening ceremony of the RPSI at the Leprosy Hospital in Phrapradaeng, where the king compassionately donated to the Ministry of Public Health (MOPH) to develop training as well as research and development facilities to spread awareness on the disease to the public. Her Majesty the Queen Sirikit participated in placing the foundation stone for the building on 16 January 1960 while the Royal Grandmother presented 100,000 Baht to the institute.

The Royal Grandmother was interested in viewing the building model that shows the various buildings of the RPSI and the Leprosy Hospital. Among these buildings included a building for taking care of children with mother who have been affected with leprosy, a vocational training factory. H.R.H. Princess Srinakarindra also received a queue of leprosy patients and inquired the management and doctors about issues related to the disease.
2. Royal duties to Rajpracha Samasai School

After His Majesty the King donated His Royal Fund to RPSI's Establishment and development and attended the ceremony for placing the foundation stone and opening ceremony of the organization on 16 January 1958 and 1960, he also became interested in the welfare and education of the children of mothers affected with leprosy residing in the Leprosy Hospital, Phrapradaeng. Thus, he personally visited these children two times and donated funds to Thanpuyung Dujadeemala Malakul Na Ayutthaya, committee member and president of the RPSF. Later, he founded the Rajpracha Samasai School for these children, located next to the Chao Phraya River across from the Leprosy Hospital. He then attended the opening ceremony of the school building.

Afterwards, His Majesty the King personally attended other building opening ceremonies numerous times.

H.R.H. Princess Srinakarindra also donated funds and visited Rajpracha Samasai School during many occasions, such as:
1. Donated funds annually
2. Sponsored 3 primary education scholarships annually, each amounting to 25,000 Baht
3. Acted as regent to the king in the opening ceremony of the Pongsawadi administrative building donated by Mr. Pongsawadi on 3 September 1966. Mr. Pongsawadi Suriyothai donated some funds for the development of the school and, along with other donators, was granted an audience with the king's regent.

In this opening ceremony, H.R.H. Princess Srinakarindra conveyed her passion and long-term outlook on the problem of leprosy and the education of the children of leprosy patients.

"I am honored to attend this opening ceremony of the Pongsawadi building as the king’s regent amongst people with such charitable hearts gathered here today."

“According to the report, we can see that the institution has been progressively developed upon. These achievements are only possible by the efforts, cooperation, and faithfulness of the Foundation committee, school committee, and the Ministry of Education and Ministry of Public Health that sent officials to help with various activities in order to combat leprosy. These good deeds are priceless. Notable are Raj Pracha Samasai school’s efforts on education for the children of leprosy patients, so that these youth can grow up to be good citizens in the future..."
4. In 1969, the princess visited the Rapracha Samasai School and presented one wooden box of dance drama dolls to the school.

3. Charitable activities in helping leprosy patients in Lampang Leprosy Foundation and the Chitaree School at Lampang under the care of H.R.H. Princess Srinakarindra

According to details in Chapter 23, H.R.H. Princess Srinakarindra helped both the charity for the leprosy patients in Lampang and the Chitaree School of Lampang, which cares for the children of leprosy patients as well as other underprivileged youth in Lampang and the North. Her key activities include:

1. Brought the charity for leprosy patients in Lampang and the Chitaree School of Lampang under her care in the years 1954 and 1962, consecutively
2. Visited the Chitaree School with the Privy Councilor President, Mom Luang Dech Sanitwong and received the charity’s administrative committee at the Bhubing Rajanives Palace in Chiang Mai to attend to their reports continuously
3. Presented funds to help Chitaree School continuously
4. Presented snacks to students as a blessing
5. H.R.H. The Princess Mother’s funds helped developed vocational training such as traditional five-colored Thai ceramic arts.
6. State and private sectors both in and outside of the country have joined hands to develop the school. Today, the school is able to receive almost 2,000 students, among them the children of leprosy and AIDS patients, children with hearing disabilities, and other underprivileged youth including homeless, orphaned, and abused children, children who are at risk of being prostituted, and children from the plains and mountain tribes in the North. These youth receive both education and vocational experience aligned with the ways of virtue and morality in order to sustain a happy life in society and instill in them recognition of their individual worth and human dignity, according to royal wishes.
4. Activities with the New Life Thai Foundation under the care of H.R.H. Princess Srinakarindra (more details are contained in Chapter 23)

Can be summarized as Follow:

1. Received the New Life Thai Foundation under her care in 1967
2. Received Mr. Robert Elmwoolf and his wife, the founders of the charity, at Saphathum Palace, Bangkok on 11 October 1967
3. Visited New Life Tri Sapha Wa Kam village in Chiang Dao district, Chiang Mai, three times on 24 November 1967, 2 February 1969, and 12 March 1975. The Royal Grandmother also visited the village with H.R.H. Princess of Naradhiwas, Galyani Vadhana, one time and received the charity’s committee at Bhubing Palace in Chiang Mai on 30 November 1967. H.R.H. Princess Srinakarindra also presented funds totaling 104,474 baht to the charity on this date to establish the Rajaprajanugroh School, a primary-level educational institution for children for leprosy patients in the village. Today, the school is called the Tri Sapha Wa Kam School of Chiang Dao, operating under the Department of General Education, the Ministry of Education.
4. On the event of His Majesty the King’s 60th birthday anniversary on 5 December 1987, the Royal Grandmother gave the “Somdejya Charitable Fund” totaling 200,000 baht to build a shelter for the elderly and disabled people in the Tri Sapha Wa Kam district, Chiang Mai, the New Life village, Baan Pai district, Li District, Lamphun. She named the buildings “Somdejying Building” and “Somdejya Building” and took a picture with the Princess of Naradhiwas, Galyani Vadhana to hang up at both buildings.
5. **On 8 April 1987,** H.R.H. Princess of Naradhiwas, Galyani Vadhana attended the opening ceremony of *Somdejying Building* at Tri Sapha Wa Kam village, Chiang Dao district, Chiang Mai.

6. **On 8 February 1989,** the Royal Grandmother and *Thanpuying Dhasanawalaya Sornsongkram* resided as Guests of Honor at the opening ceremony of Somdejya Building at the New Life village, Li District, Lamphun.

H.R.H. Princess Srinakarindra’s compassion has enabled the successful development and establishment of the New Life Thai Foundation to help both leprosy and mental patients to live normally in society with sustainable jobs, helping to further develop New Life village. The village has since seen remarkable progress, according to royal wishes.
References


Chapter 5

Her Royal Highness Princess Maha Chakri Sirindhorn and Her Works Against Leprosy
Her Royal Highness Princess Maha Chakri Sirindhorn and Her Works Against Leprosy

The King and the Royal Family has had a significant role in helping people who suffer from leprosy as well as the families of leprosy patients. Since ancient times, people with leprosy have been held in contempt by society at large, as detailed in Chapter 3.

His Majesty the King Bhumibol Adulyadej has given the nation Rajpracha Samasai Institute, Foundation, and School in his efforts to control leprosy. He also presented a priceless Royal theory of Rajpracha Samasai (the King and people assist mutually) to the people, which have been applied to various citizens, the community, the public and private sectors, as well as to organizations abroad. The King and his citizens are interdependent in this aspect. Each of these units has contributed in helping to control leprosy. Thus, Thailand was able to be successfully elimination of leprosy in 1994, before the committed goal with the World Health Organization in 2005. Also, Thailand was successfully achieve sustainable elimination of leprosy in the long term in 2013, before the committed goal with the World Health Organization in 2020, according to royal wishes.

In addition to H.R.H. Princess Srinagarindra, H.R.H. Princess of Narathiwas Galyani Vadhana, H.M. Queen Sirikit, H.R.H. Crown Prince Maha Vajiralongkorn, and H.R.H. Princess Maha Chakri Sirindhorn also followed in the footsteps of His Majesty the King in working against leprosy (details are in chapters 3 to 4). Her efforts are respectively summarized in this chapter:
On 5 July 1979, His Majesty the King along with H.R.H. Princess Maha Chakri Sirindhorn attended the opening ceremony of Rajpracha Samasai’s second research building. The building has just received a donation from Dr. Hardegen, the president of the Hardegen Fund of Germany. The building was also well equip with research instruments and a laboratory for operating on animal laboratory animal from donation of the Sasakawa Memorial Health Foundation in Japan. When the royals visited this laboratory, H.R.H. the princess kindly named the Nude Mice in it “Chao Kroon” as a blessing for research done on leprosy.

In 1965, His Majesty the King and H.M. the Queen received an audience with the Rajpracha Samasai Executive committee under royal care at Dusidalai Hall, Chitralada Garden. The royals then presented 900,000 baht to the committee, given by the Government Lottery Office to build a cafeteria for Rajpracha Samasai School.

Queen Sirikit also gave a total of 182 toys that belonged to the Crown Prince and Princess that were no longer in use to the students of Rajpracha Samasai School.

On 10 July 1985, H.R.H. Princess Sirindhorn received the Rajpracha Samasai committee as the King’s regent. On the event of the foundation’s 25th anniversary, the committee reported their progress to the princess in Dusidalai Hall, Chitralada Garden.

During this meeting, the Princess gave the following statements, “His Majesty the King recognizes that the success of the foundation is due to all of your faithful, diligent work. Taking on such work temporarily is not so difficult. However, I commend this foundation in being able to be so unwaveringly, continuously committed to the cause over such a long period of time.” “The thorough understanding of the committee and the teachers of the King’s royal idea effectively helped patients as well as provided education to the patients’ children.”
Thus, the King is immensely pleased at such positive results…” “May all of you receive good fruits from your good works, and be filled in kindheartedness in doing good.”

On 1 February 1994, H.R.H. Princess Sirindhorn visited the New Life Foundation under the patronage of Princess Srinagarindra in Chiang Dao district, Chiang Mai province. She stopped at the elderly home, the home for disabled leprosy patients, the Somdejying Building, which was funded by H.R.H. the Princess of Narathiwas, Galyani Vadhana, and the School of Education and Welfare, Chiang Dao, located in the Tri Sapha Wa Kam village in Chiang Dao, Chiang Mai.

On 9 June 2005, on the Auspicious occasion of His Majesty the King’s 72nd birthday, the Ministry of Education established a memorial building in Rajpracha Samasai School. H.R.H. Princess Sirindhorn attended the opening ceremony for this building.

On 16 July 2003, H.R.H. Princess Sirindhorn acted as the king’s regent in receiving the Rajpracha Samasai Committee. The committee reported on their work progress and presented some funds for the princess to use according to her will at Dusidalai Hall, Chitralada Garden.

In her royal speech, the princess stated, “Providing education to the orphan children of AIDS patients is a very good thing. In addition to providing education, we should also follow up on these youths after they finish their schooling to see if they are able to obtain work and a sustainable income, support their family, and be self-dependent. To support the livelihood of these youths, we should also cooperate with the business sector beforehand to help secure jobs for them. Although a report to His Majesty the King in
1997 stated that we have eliminated leprosy nationwide, there still remains homeless people and beggars who are affected with the disease. To prevent misunderstandings among the society on this issue, the Rajpracha Samasai Foundation should readily coordinate with the public and private sectors to ensure that people who have been healed from leprosy, disabled people, and the elderly can continue to freely live their lives in society.”

Furthermore, H.R.H. Princess Sirindhorn observed that the majority of the committee members were elderly people. Thus, she recommended that the foundation’s committee start finding new administrative volunteers so that the program would be able to sustainably continue. This was the beginning of Foundation committee developments and Financial support to the Rajpracha Samasai Spirit Volunteer society to launch the Program on Surveying, of disabilities in order to care for and rehabilitate disable leprosy patients. The program is also made up of Rajpracha Samasai spirit volunteers from networks in the area, such as hospitals, local governments, private organizations, businesses, and Tambon (Subdistrict). All volunteers executed their charitable work according to the Rajpracha Samasai theory (the king and the people assist mutually) to help those suffering from leprosy, and including also disabled and elderly peoples. These efforts are aimed at eliminating of leprosy sustainably, according to royal wishes (according to details in Chapter 12 and Chapter 25).

On 13 November 2013, H.R.H. Princess Sirindhorn acted as regent to the king in receiving the Rajpracha Samasai committee. The committee presented a progress report, funds to be used according to the Princess’ discretion, and Gave the “50 years of Rajpracha Samasai in Response to H.M., The King’s Royal wish” book to the princess on the occasion of the 50th anniversary of Rajpracha Samasai Institute, and Foundation.

At one point, the princess gave the following statement, “After we are able to successfully eliminate of leprosy, we do not need to limit our work to only this disease. We should also help other underprivileged people and alleviate health and social problems in the rural area as are deemed suitable continuously.”

The Rajpracha Samasai Foundation and institute then responded according to royal thoughts by establishing and developing the “Program for the Establishment of Sub-District (Tambon) and Organizational Spirit Volunteers Society” nationwide from 2015 to 2020. This program is a continuation of the previous one, which ran from 2010 to 2014.
Under this program, volunteers from the Sub-district and organizations such as hospitals, the local government, and businesses can join in the royal charitable work. Moreover, such a program is an opportunity for spirit volunteers of Rajpracha Samsai and the king as well as citizens to do good for the Father of the Nation and the motherland, according to the Rajpracha Samsai theory (The King and people assist mutually) and the royal ideology of “doing a thankless job,” or “Pid Tong Lank Phra” which means to do good without ostentation. The Rajpracha Samsai Foundation also cooperated with the National Health Security Office (NHSO), the Ministry of Public Health, (MOPH), and other relevant Organizations that volunteered to support health and public work, which includes friendship volunteer therapist, Medical, and Nursing Volunteers in hospital work. Rajpracha Samsai Foundation intends to expand this program to all sub-districts nationwide for the sake of Doing Good for the Father of the Nation and the motherland by help supporting reforming the country’s morality, good governance, health, social, environment, and stability etc., (according to details in Chapter 25).

H.R.H. Princess Sirindhorn recognized the importance of developing the royal programs according to his royal thoughts and wishes of H.M. the King and was thus able to see the programs to their successful realization. Such programs include the sustainable control and elimination of leprosy, the Rajpracha Samsai scholarship program for orphans of AIDs patients and rural underprivileged youth, the follow up and home care of the disabled and ex-leprosy patients after rehabilitation, and the establishment of the Rajpracha Samsai sub-district and organizational spirit volunteers society. These programs will help build civil society’s power and Rajpracha Samsai’s volunteering spirit to do good for the Father of the Nation and the motherland according to the royal ideology of “doing a thankless job,” which means doing good and not asking for anything in return. Thus, Thailand will be able to reform its morality, health, social, and environment as well as instill a spirit of loving its own nation, religion, monarchy, and democracy with the king as the head of state. Education, agriculture, preservation of local wisdom and culture, Agriculture and cooperatives, drug problems, stability issues, and issues of the underprivileged in communities will also be transformed according H.R.H. Princess Sirindhorn’s royal thoughts, bestowed to the executive committee of the Rajpracha Samsai Foundation in 2013 for a sustainable future.
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Chapter 6

McKean Rehabilitation Institute, the Pioneer in Leprosy Control in Thailand
McKean Rehabilitation Institute, the Pioneer in Leprosy Control in Thailand

1. Background

At the end of the nineteenth century in 1887, American missionary physicians from the Presbyterian Church established a medical clinic in Chiang Mai. Among this group included Dr. James McKean, who not only helped developed a vaccine to prevent smallpox, but also recognized the importance of caring for people with leprosy who were chased out of their homes. Oftentimes, these people would be homeless or beggars, living on the streets or under bridges. McKean collected food scraps after the closing of the fresh-food market to help the patients at the clinic. Furthermore, in 1908, the physician established a village built with bamboo for leprosy patients; it became open for use in 1909. This village is also recognized as the first settlement for leprosy patients in Thailand.

Afterwards, the governor of Chiang Mai, Chao Intawaroros Suriyawong, requested royal permission from Somdej Krom Phraya Damrong Rajanubhab, the minister of the Ministry of Interior and H.R.H. Queen Sri Savarindra, vice-president of the Thai Red Cross Society to establish an area of land in the middle of the Ping River, of Chiangmai, previously used for raising elephants, to be the “McKean Leprosy Institute”
in 1908. The institute requested 10,000 baht in governmental subsidies annually until the end of World War II, after which its name changed to "McKean Rehabilitation Institute." The McKean Institute is recognized as a pioneer in its efforts to combat leprosy in Thailand. Notable works from the Institute include establishing a village for leprosy patients, developing a community for leprosy patients, hospital services for leprosy patients, leprosy control by a mobile team, and systematic modern rehabilitation.

2. The Development of McKean Institute

2.1 Initial Developments from 2008 to the End of World War II

1) Developing the Buildings and the Environment

In its beginning stages, McKean Institute functioned as both a hospital and a community for leprosy patients. The patients’ houses were built with bamboo and situated in a neat row, close to other houses built with beautiful wood. The center also included a garden and a surrounding fence, which remains exceptionally pretty until today. In those days, the patients would clean their houses and fence at the end of the rainy season every year. Next, various buildings were established, including huts white-washed with cement, dormitories, a building for admitted patients, a water tank tower, a church, and a total of five villages, funded by donations from Dr. McKean, charitable donors from Bangkok, and churches overseas. Notably, the women’s village is strictly separated from the men’s, located in a corner north of the central island. The missionaries set strict rules for daily life in the community, such as a ban on alcohol or sexual indecencies.

2) Daily Life and Vocation for Patients

Staff members did not have accommodation at first, but there was a well-developed plan for the community. This plan put all leprosy patients in teams to work together to complete daily tasks, such as spinning cotton to make clothes, finding tools for agriculture, and farming. Everyone received pocket money for their efforts. Daily tasks were laid out every morning; in the afternoon, everyone helped each other plant fruits and vegetables in designated areas. All members used the same tools and cook together. Thus, sometimes, they had to go out and buy groceries from outside the community. However, due to societal contempt towards leprosy and its contagiousness, McKean Institute’s patients had to use special coins as money in the community. These special coins were able to be exchanged for normal money. Since there was not yet any cure for leprosy in those days, the institute focused on taking care of patients and making sure they lived comfortable, stable, and disciplined lives in the community, according to Christian principles.
3) Working Towards a Cure with Chaulmoogra Oil

Around 1929, there were some discoveries emerging that chaulmoogra oil could be used to treat certain skin diseases, including leprosy. Dr. McKean started to plant chaulmoogra trees near the Ping riverside, developed an injection based on the oil, and used his creation on some patients. Some patients responded positively to the injection. Dr. McKean also contacted physicians all over the world who have had experience with using chaulmoogra oil injections to treat leprosy. He also found that a way to control leprosy is to separate some patients from the general community to place in the hospital or another isolated group.

4) His Majesty King Rama the 7th Visits McKean Center

In 1927, H.M. King Prajadhipok and H.M. Queen Rambhaibarni visited McKean Institute and gave permission for a bridge and a concrete road to be built to link the central island of the community to Chiang Mai town to enable convenient traveling and communications.

5) Dr. McKean’s Unfortunate Passing

In 1939, Dr. McKean traveled back to the US due to health problems, where he passed away in 1948. His son, Dr. Hugh McKean, took over as the director of McKean Institute. The new director was well-supported by missionary physicians and volunteers who came to help both before and after World War II.

2.2 Developments After the Transfer of McKean Institute to the Church of Christ in Thailand

After the transfer of McKean Institute to the Church of Christ in Thailand, Dr. Jinda Singhanet was appointed as the first Thai director of the institution. During this period, the institute was continuously developed in all aspects and received tremendous help from volunteers from the community and the Church of Christ in Thailand.
2.3 Developing McKean Institute into McKean Rehabilitation Institute, a Modern Institution

In 1969, the Church of Christ in Thailand contacted the Leprosy Mission, an international Christian charity, to send over teams to help develop McKean Institute into a more modern hospital or center for people affected with leprosy. The team that was sent over during this new era of rehabilitation to control the spread of leprosy included doctors, nurses, physiotherapists, religious teachers, and an experienced team leader. Meanwhile, many long-time internal patients of McKean Institute were starting to find the institution’s rules and regulations tedious. Some wanted to exit the center and start their own families. As a result, the director bought two areas of land in the north for such patients, so that they could go on and establish their own communities in these areas. McKean Institute also trained individuals to take care of the people in the village, such as transporting the sick back to the institute to be taken care of other people were trained in Bible studies and went back to their respective villages to found churches. The main focus of McKean Institute during this time was to help the villages sustainably develop. The institute bought land from village members to establish farms and created opportunities for people in the village to vote for a village elder with a high sense of responsibility. McKean Institute also established a small school for children born in the village and managed the teachers’ income.

2.4 Treating Leprosy with Dapsone and Drug Resistance to Dapsone

In 1972, many patients who were previously treated with Dapsone for a long period of time were admitted to the institute due to relapse they got leprosy again after they stopped using the drug.

McKean Institute studied this phenomenon in cooperation with the Faculty of Medicine, Chiang Mai University. The university sent experienced doctors to do further research on this project; one of these doctors included Dr. Trevor Smith. After observing leprosy patients outside the care of McKean Institute, he found that 38 percent of patients who took Dapsone up to 20 years became resistant to the drug, either from taking the drug for too long, in too low doses, or from not regularly taking the drug.

2.5 Treating Leprosy with the Multidrug Therapy as Recommended by the World Health Organization in 1982

From 1982 onwards, McKean Institute changed from treating leprosy with Dapsone monotherapy to the multidrug therapy (MDT), as recommended by the World Health Organization.
3. A Period of Integration and Rehabilitation

3.1 Expanding Clinics for Leprosy with the Multidrug Therapy

In 1970, the World Health Organization changed its policy concerning treatments for people affected with leprosy. The new policy focused on integration and rehabilitation using the multidrug therapy (MDT).

In response to this new policy, McKean Institute established leprosy treatment clinics in various locations, such as Chiang Mai Town, Fang district, San Pa Tong district, and other nearby districts. These clinics helped dispense MDT, treat normal leprosy patients, and were also used as a center to help identify any new individuals affected with leprosy in different communities.

3.2 Rehabilitation Work

Patients that have stayed at the institute for a very long time have various problems, as elaborated upon below. Thus, McKean Institute’s management intervened by establishing certain guidelines in order to help remedy patients’ problems.

A major problem facing people affected by leprosy is the contempt they face from society due to misunderstandings about the disease. Leprosy patients are also worry about the negative effects on their own family members. McKean Institute responded to this problem by providing accurate information on leprosy to the public as well as sending social workers and local public health officers to meet the patients’ families and neighbors. This is to ensure a smooth reintegration of the leprosy patient back into society, where they can live like a normal citizen.

Sometimes, even if patients and their families are able to make a smooth integration back into society, they still face financial difficulties. To this, McKean Institute provides vocational training and a program to increase family income.

3.3 McKean Institute Helped Build 2 New Life Villages in 1970

For some patients, the social stigma that they have been subjected to remains an important life obstacle. Other patients that have stayed at the institute for longer periods of time are so used to having convenient services within the institute that they do not want to integrate back into society, where they will have to face new problems and challenges.

In 1970, McKean Institute established two additional villages for people affected with leprosy. These villages include housing for patients who are not able to return home but have work potential and may be able to start a fresh, new life in the community or among outside villages. The institute supported them by giving them land to work on, a house, and other various materials needed for the home. It also focused on leveling up
its patients’ potential to earn more, especially through agriculture. McKean Institute set a goal to develop each person’s talents so that they can ultimately gain acceptance from the community and smoothly integrate back into society. Notable are agricultural business programs that help support nearby community farms. These programs provide information on how to farm without using chemicals for a better environment. McKean Institute also supports plant varieties, a buffalo bank (a savings group), provides information and training, and sends people to go on field visits.

3.4 Education for Patients’ Children

In 1970, the institute recognized the importance of education in developing families and self-dependence. Thus, McKean Institute established the Suep Nathi Tham School to provide education and benefits to approximately 2,000 children of leprosy patients in the community. Located across from the institute, the school includes three dormitories. The school was funded by the Christian Children’s Fund and the Leprosy Mission and managed by a team in charge of education from the institution. Later, a public school was established near the leprosy community in the village.

3.5 Caring for Elderly Patients

For 15 years from 1970 to 1985, McKean Institute’s management team cared for approximately 100 elderly and disabled leprosy patients. These people are ones that are unable to their homes for rehabilitation. In 1980, the village north of the institution, previously known as the village for female leprosy patients, was established as a social welfare village. This village contains housing for disabled, elderly patients and a system for appointing a village headman and village committee. Most village members live in their own huts and some marry with other patients. The blind and disabled are not only cared for in the village, but at a nursing home. The institution also has a team dedicated to ensuring that the village maintains good relations with other normal villages.

3.6 The Establishment of the General Rehabilitation Institute

From administering suitable and effective treatments for leprosy with dapsone to the multidrug therapy (MDT), McKean Institute under Dr. Smith relentlessly pushed for the leprosy community to be seen as a normal village. After studying the needs of the people in the community, the institute decided to transform into a general rehabilitation center. This change enabled disabled people due to other diseases to also be admitted for treatment at the institute.
This transitional program saw an additional, new hospital building developed, as more space was needed for rehabilitation activities, such as physical therapy or community-based rehabilitation (CBR). At this point, some people were still curious whether normal people would be willing to receive treatments at the same institute with leprosy patients. Thus, the management acknowledged that much discretion is needed to decide how this general rehabilitation center would remain the same or evolve to a different state from an institute exclusively set up for leprosy patients.

### 3.7 The Royal Grace of His Majesty the King to Staff Members of McKean Institute

In his royal grace, His Majesty the King Bhumibol Adulyadej sent Dr. Samran Wangpha, a royal doctor of ophthalmology, to study the effects of leprosy on the eye. The doctor found that of all the disabled leprosy patients, 30 of them lost any feeling in their hands and became blind. These people were very scared to get surgery to treat their condition.

In **1978**, His Majesty the King and Queen Sirikit visited McKean Institute and received an audience with relevant persons there. The king then expressed his delight with their progress, especially in how the institute was able to get rid of the fear of surgery to fix disabilities amongst patients.

### 3.8 McKean Rehabilitation Institute New Image and the National Leprosy Elimination Program

Currently, McKean Institute, now known as the McKean Rehabilitation Center, has a big pool for fishing. The center has also organized a Fish Park Day, where people can enter a fishing competition to win prizes. For hundreds of visitors, their first visit to the center was to fish.

McKean Institute also opened a factory to manufacture wheelchairs—including push-pull tricycles—as well as artificial legs. Production grew, and many general disabled patients formed good relationships with leprosy patients.

Meanwhile, there were people who worked with leprosy that traveled from other countries to study the seamless caregiving of both leprosy patients and patients with other disabilities in order to bring this knowledge back to apply in their own countries. They also came to learn about dealing with poverty issues, a significant factor leading to societal condemnation experienced by many of the patients. Thus, McKean offered occupational therapy training to help patients able to sustainably support themselves. The people who traveled to the institute to study about leprosy included patients, their families, and people with work related to the disease.
Currently, McKean Institute is internationally recognized as a caregiver of underprivileged persons with no nationality or migrants. In addition, the institution contains a team responsible for identifying and treating foreigners with leprosy near border areas. Staffs at the Ministry of Public Health and volunteers are also trained by the institute.

Some families requested the institution to take care of their elderly relatives. They wanted their own elders to be able to adapt to a life with elders with leprosy. This is due to the increase of elderly people, an important problem in the twentieth century. Because of this, McKean Institute revised its mission to ensure responsiveness to current societal needs by developing multi-tiered aged care services for both Thai and international elderly patients.

At the same time, McKean Institute continued to take steps to Eliminate leprosy nationwide. The long experience accumulated by the institute enabled it to play a key role in supporting the diagnosis of experts in leprosy, treating leprosy and its complications, spreading knowledge on the disease, as well as generally supporting leprosy patients and their families.

For more than 100 years, McKean Institute functioned as a hospital, treating leprosy patients and pioneering the control of leprosy and rehabilitation of its patients and families. After transforming into a general rehabilitation center, it became internationally recognized. In addition to Dr. James McKean, his son Dr. Hugh McKean, and Dr. Jinda Singhanetr, former institute director, others who continued to ensure the running of the McKean Institute includes Dr. Trevor Smith and his wife Heather Smith. These are the people who sacrificed and dedicated their lives to the development of McKean Institute and are worthy of remembrance in the history of leprosy in Thailand.
References


5. Heather Smith. The History of Leprosy Treatment at McKean. McKean Institute, 2015 (5 photocopied pages)
Chapter 7

The Initiation of Modern Leprosy Control Project with Domiciliary Approach according to WHO Recommendation: Khon Kaen Pilot Project
Khon Kaen Pilot Project: the initiation of modern Leprosy Control Project with Domiciliary Approach according to WHO Recommendation.

World Health Organization (WHO) headquarter at Geneva and WHO - South East Asian Regional Office (WHO - SEARO) play the important roles in helping and supporting Leprosy Control Projects in many countries across the globe, especially in Southeast Asia. In 1953-1976, Thais received tremendous help during the launching and expanding of Leprosy Control projects in Thailand.

The Initiation of Modern Leprosy Control Project with Domiciliary Approach according to WHO Recommendation: Khon Kaen Pilot Project in 1955-1956

1) The country randomly sampling survey aims at estimating Leprosy prevalence for preliminary planning.

WHO - SEARO assigned Doctor DHARMENDAR senior expert in Leprosy from India to be the short term Leprosy Consultant in 1953. He together with Doctor Pairoj Prasert Sarawut from Phrapradaeng Leprosy hospital, Leprosy Control Division, Department of Health did the national sampling survey.

From the national sampling survey, Thailand had approximately 140,000 leprosy patients with the prevalence of 50 per 10,000 population. In addition, the result showed that 50% of all patients lived in the North East of Thailand.

2) The Khon Kaen Pilot Project

WHO - SEARO supported the Leprosy Control Division, Department of Health to set up the office “Khon Kaen Leprosy Control Project” around Sritan Leprosarium, Khon Kaen in 1955-1956. This disease control was beneficial for the Pilot Project Trial of the modern Leprosy Control Project with Domiciliary Approach in the form of Vertical Leprosy Control Project. By performing this, there were many help from the specialized doctors: Doctor Ramon Miquel from Spain as a WHO Leprosy Consultant, Doctor Kumjorn Duangkaew as the Chief Medical Officer of the Pilot Project in 1955, Doctor Pairoj Prasert Sarawut as the Chief Medical Officer of the Project in 1956. Apart from the doctors, there are two sanitarians (Health Officer) helping with the project: Boonnark Prompunjai and Samai Mahintharathep.
3) The Pilot Project for Preservice Training of Auxiliary Leprosy Workers for Working in Mobile Teams

Khon Kaen Leprosy Control Project tried setting up a 3-month program for preservice training employees (graduated grade 9) in order to be Auxiliary Leprosy Workers (ALWs) of the Mobile Team. This Team was responsible for performing house-to-house survey for villagers affected from Leprosy. After case-finding this Team also set up the Temporary Mobile Clinics at temples, schools, or villages for giving Sulfone intra muscular injections for Leprosy patients found and registered for treatments every two week (at that time, the society had strong prejudice against Leprosy patients. The hospitals and the health centers did not allow those patients to get into the building and to receive the treatment). Moreover, Diamino Diphenyl Sulfone (DDS) injections were injected into patients’ muscles at the beginning of the project similar to the the Penicillin injection with the Yaws Control Project in order to gain trust in DDS efficacy from the Leprosy patients.

4) The Work Plan of the Mobile Team (to gain the interest from Leprosy patients and to avoid them from concealment)

Each of the Mobile Team had a Sanitarian (known as Public Health Officer nowadays) as the chief and four other auxiliary Leprosy workers as the team members. One of them was responsible for performing the Slit Skin Smear (SSS for Acid-Fast Staining) for microscopical examination for demonstration of acid-fast bacilli for every found patient. Moreover, the Team had to give health education to the villagers about the disease, searched for the Leprosy patients everyday from Monday to Thursday,
and injected the medicine intra muscularily to those patients every two week. For Friday, the Team would work at the office of Leprosy Control Project in order to bring back the collected slides from SSS for further staining and performing acid-fast staining for microscopical examination for demonstration of acid-fast bacilli. In addition, they would meet together for preparedness and plan for next-week work plan.

5) The Process of Choosing the Villages for Leprosy Survey

At first, the Leprosy Control Office would inform for cooperation of the subdistrict chiefs together with the village headmen to randomly explore of suspicious leprosy cases in the villages and reported back the number of villagers who was under suspect of having Leprosy. Then, the Leprosy Control Office would make estimated prevalence of leprosy in each village (Number of case per 10,000 population) and would further send the Mobile Team to conduct house-to-house survey of the villages with high prevalence (exceeding 20 out of 10,000 population) first and then continued with the lower prevalence rate respectively.

6) The Village Survey of the Leprosy Patients by the Mobile Team

1. The Leprosy Control Office had delivered the appointment letter to subdistrict chiefs and village headmen before the Mobile Team actually visited the villages. Thus, subdistrict chiefs and village headmen could spread the news and let the villagers prepare for the visits. However, as in that time the society had quite strong prejudice agains Leprosy patients, they announced that this survey was for the skin disease to avoid some villagers from concealment.
2. By doing the village survey, the Mobile Team asked subdistrict chiefs and village headmen to inform villagers one day beforehand for the team’s visit. In the morning of an operating day, the Team visited villagers by doing House to House surveys thoroughly. And in the afternoon, the Team visited schools and checked up the students and the teachers (School Survey) together with follow up of those absentees from the survey in the morning and also performing household contact examination.

3. Villagers under suspect during survey would be sent to the leader of the Mobile Team. The leader then made thorough checks, confirming diagnosis register the patients for the medical record cards, and appoint patients the date of having Sulfone injections every two week by their closest Mobile Treatment Clinic.

7) The Patient Appointment of Having DDS Injections Every Two Week at the Mobile Treatment Clinic

As result from rejection of leprosy patients by the hospitals and health centers, There were many places used as the Temporary Mobile Treatment Center or Clinic such as the temple pavilions, school, village headmen’s homes, subdistrict chiefs’ homes or the temporary cabins by the road.

In conclusion, from the pilot operation of the Khon Kaen Leprosy Control Project working process in 1955-1956, the project finally got the working model and the working procedure in the form of the Specialized or Vertical Leprosy Control Project using Mobile Team to educate, survey, and keep track of the subdistrict and villages leaders, the villagers, the teachers, the students, and the others involved.

The temporary Mobile Leprosy Team of Khon Kaen Leprosy Control Project which was a pilot project and was under trial and successful within two years proved to WHO the efficiency of this project. As a result of this, WHO accepted and supported the project to be expanded in 1957 on ward to many provinces in the North East and the other parts of Thailand (with the prevalence rate of higher than 20 per 10,000 population or more). Some helps the project Team got from WHO were the support of WHO consultants and the trainings about Leprosy, the abroad study visits, the meetings, the seminars, and the assistance from UNICEF. The UNICEF was ready to support with several stuffs such as vehicles, cars, bicycles, medical supplies, field operating and laboratory equipments, budgets for health education, public relations, training of health officials together with village health volunteers and many others in order to expand this project to other provinces starting in 1957.
References


Chapter 8

Leprosy Control Project following Royal’s initiative, Rajpracha Samasai Theory: Royal’s given Rajpracha Samasai Institute/ Rajpracha Samasai Foundation Under the Royal patronage together with Rajpracha Samasai School Under the Royal patronage.
1. Royal’s given Rajpracha Samasai Institute

1.1 Ministry of Public Health started to launch the Pilot Leprosy Control Project according to the recommendation and assistance from WHO.

In 1953, Department of Health, Ministry of Public Health adjusted the policy and the work plan of Leprosy control from the previous segregation method which was isolating patients for controlling the spread of the disease in 1908-1952 (Institutional or Isolation Approach) into the new modern method (Domiciliary Approach with Dapsone Monotherapy), according to WHO's recommendation and assistance.

WHO assigned Doctor Dhamendra, a senior expert in Leprosy from India, to have a country’s random sampling survey of leprosy. Doctor Piroj Prachertsaravut, a senior doctor from Phrapradaeng Leprosy Hospital as Counterpart also included in this national survey. The result showed that in Thailand, there were approximately 140,000 patients with the prevalence rate of 50 per 10,000 population and 50% of all patients are residents of the North East.

1.2 Khon Kaen Pilot Leprosy Control Project

In 1955-1956, the Leprosy Control Division of Department of Health, started to operate the Leprosy Control Project (as it’s said in 1.1) by setting up office of “Khon Kaen Leprosy Control Project” at Sritharn Leprosy Hospital, Khon Kaen. This project was a Specialized or Vertical Leprosy Control Project with Mobile Team aimed at leprosy survey and providing ambulatory treatment. For the auxiliary Leprosy workers (ALWs) employees, they were trained three months after finishing their elementary schools in order to do their works. However, several problems existed such as the inadequate number of trained ALWs, the unacceptable hospitals or Health Center who were afraid of the Leprosy patients and the lack of proper knowledge in this field, etc. (For more details, please check out Chapter 7).
1.3 King Bhumibol’s adoption of National Leprosy Control Project as one of the Royal’s projects

In 1956, King Bhumibol Adulyadej was interested and concerned about the Leprosy problems and the Pilot Leprosy Control Project. He assigned Professor Doctor Sawat Daengsawang, the Director General of Department of Health, Public Health Ministry, to update and explain him all the situations, the problems, and the work plans of the National Leprosy Control Project which was supported by WHO and UNICEF. Apart from that, King Bhumibol Adulyadej adopted the National Leprosy Control Project as his royal projects. In addition, he demanded that this project should be expanded all around the country quickly. From the previous time-set of 12 years of expanding, he changed into 8 years. In order to develop the sustainable ways of getting rid of Leprosy, King Bhumibol gave budget from Ananda Mahidol Royal Fund to the Department of Health to build the Leprosy Research Institute for leprosy research and training Auxiliary Leprosy Workers (ALWs) and Public Health Provincial Staffs in order to expand this project according to the King’s desire.

1.4 King Bhumibol gave budget from Ananda Mahidol Royal Fund to build the Leprosy Traing and Research Institute in 1956.

In 1956, His Majesty gave 175,064.74 baht as the budget from Ananda Mahidol Royal Fund which was the left amount of 1,558,561.75 baht, his given money for building “Ananda Mahidol Building” at Siriraj Hospital.

In this point, there were many others supporting “Ananda Mahidol” budget.

1) December 5, 1957, His Majesty gave his owned money for 20,000 baht according to his birthday.

2) November 11, 1957, H.R.H. Somdet Phra Srinakarin dra (Princess Mather) gave her owned money for 100,000 baht.

3) September 26, 1957, Columbia Movie Company together with Newodian Cinema devoted the income from one round of showing “The Bridge of the River Kwai” together with the money from donators in total of 60,300 baht.
4) **January 11, 1958**, Panapunvidtaya private School set up the Leprosy event and got the donation of 120,416.20 baht in total.

5) **February 4, 1958**, Japanese Ambassador in Thailand together with the Empire Theatre arranged the Choshigu Dance and donated all the money from the show with some more donations in total of 36,816.20 baht.

6) **March 15-16, 1958**, Lady Dutsadee Mala Malakul, Lady Jongkol Kittikachorn, Lady Ngarmjit Boorachut, Miss J.K. Walter, Miss Hunleewoo were altogether set up the charity funpark which was supported by H.R.H. Galyani Vadhana, H.R.H. Princess of Naradhiwas and the donation was 551,184.25 baht.

7) **August 12, 1958**, Royal Turf Club of Thailand under the Royal Patronage set up the Horse Riding Competition on the Mother’s day and brought 51,184.98 baht to support “Ananda Mahidol”.

8) September 20, 1958, Wanglangwattana Alumni Senior Group devoted 10,219.00 baht to support “Ananda Mahidol” budget.

9) Apart from those people, there were merchants and citizen who helped support “Ananda Mahidol” budget for 10,219.00 baht.

1.5 In 1958-1959, His Majesty gave money from the “Ananda Mahidol” budget and all donations from above list to the Department of Health, Public Health Ministry in order to be used as the building payment for construction of the leprosy research and training Institute, Phrapradaeng Leprosy Hospital.

- April 19, 1958 298,800.00 baht
- November 20, 1959 100,000.00 baht
- November 16, 1959 100,000.00 baht
- February 6, 1959 65,000.00 baht
- February 19, 1959 100,000.00 baht
- March 25, 1959 178,000.00 baht
- April 2, 1959 65,000.00 baht
- May 4, 1959 60,000.00 baht
- May 8, 1959 65,500.000 baht
- June 19, 1959 138,800.00 baht

Total 1,238,100.00 baht
1.6 A Building of Leprosy Training and Research Institute nearby Phrapradaeng Leprosy Hospital of Chaopraya River, Samutprakarn from the donation supporting “Ananda Mahidol Royal Fund”.

1. The building for teaching and practicing clinical Leprosy was done on June 2, 1958 with the building cost of 299,300.00 baht.
2. The building for administration and research of Leprosy was done on March 17, 1959 with the building cost of 478,000.00 baht.
3. X-rays and Physical Therapy Building was done on April 4, 1959 with the building cost of 198,800.00 baht.
4. The dormitories for Auxiliary Leprosy Workers (ALWs) Trainees and other purposes was done on May 7, 1959 with the total cost of 260,500.00 baht.

All the building were fully built according to the King’s given “Ananda Mahidol” budget with the total building cost of 1,236,600.00 baht.

1.7 King Bhumibol Adulyadej named the building as “Rajpracha Samasai Institute”, came to do the Ground breaking Ceremony, and joined the Opening Ceremony.

January 16, 1958, His Majesty together with H.R.H. Queen Sirikit came to do the Groundbreaking Ceremony.

January 16, 1960, His Majesty together with H.R.H. Somdej Pra Srinakarin dra Princess Mather came to join the Opening Ceremony of the Leprosy Training and Research Institute. The King also named the institute as “Rajpracha Samasai Institute” which importantly means “The King and the People Assist Mutually”.

The History of Leprosy in Thailand by Prof. Teera Ramasoota, M.D.
1.8 King Bhumibol Adulyadej’s speech from the Rajpracha Samasai Institute Opening Ceremony on January 16, 1960.

“I am so thankful to be here and to open the “Rajpracha Samasai Institute” today. I decided to build this institute in order for people to study, to practice, and to research about Leprosy. So that they could expand and find ways to control and cure the disease. This building was finished as all of you helped and donated money for the building cost. I’m so happy and thankful for all of you. Also, I would like to give special thanks to WHO, UNICEF, and all officers from all departments that help together until this work fulfilled the desired purposes.

“Rajpracha Samasai Institute means every part has help together until we success as you guys have seen. Today, I would like to give 271,452.05 baht as a budget for spending and supporting the institute from now on.”

2. Buddhist Patriarch Pra Vachirayarnnavong, Baromnivartviharn temple, sent the letter to support the National Leprosy Control Project on January 15, 1957 which made this Rajpracha Samasai theory fully perfect and appropriate in half of Buddhist era to be recorded the history as follow according to the ancient Buddhism Theory.

“Inside the letter was. “Nowadays, many people in our country are suffering from Leprosy. Some even get disabled because of it. This was pitiful when lives were off before the proper time. Actually, this disease is curable. And there should be ways to completely cure it as the treatment and Medical techniques are being highly developed. However, every patient should take care of themselves first by getting to see the doctors in time and avoid isolating as nobody can escape from the sickness and the death. What we can do is to heal and to decrease the pain from Leprosy. If the patients get to see the doctors, not only them that will be away from disease, others are safe as well. At this time, government gives full help and support which is very beneficial to those getting cured and those giving cure. If everybody helped together, our country will be stronger with strong people.
This year is already 2500 years since we have Buddhism. In this opportunity that all of you can do the merits together to remind of our Buddha. I wish you all had good behaviors, good conversations, and good thoughts to Leprosy patients. A good behavior can be bringing the patients to the doctors. A good conversation can be telling them to get the treatment. And some good thoughts can be wishing the patients to be away from the disease and wishing others to understand them and don’t hate them. Apart from that, I wish all of you to pray for Leprosy patients on every first Monk’s day of the months by mentioning the power of three important cores of Buddhism.”

3. King adopted Rajpracha Samasai Foundation into his patronage.

3.1 After King Bhumibol Adulyadej had given 1,238,100 baht from “Ananda Mahidol Royal Fund” to the Department of Health, Public Health Ministry in order to build Rajpracha Samasai Institute, some money were still left. Later, on January 16, 1960, 271,452.04 baht was given to Pra Bumrajnaradoon, a Public Health Minister, for “Rajpracha Samasai Fund” to support the institute activities.

Public Health Ministry saw that this work was better to be called “Rajpracha Samasai Foundation” instead of “Rajpracha Samasai Fund” which the King also agreed about this. Therefore, he decided to change the name and also adopted this foundation into as his patronage in April, 1960.

3.2 Public Health Ministry then invited several honored guests to the meeting for “Rajpracha Samasai Foundation” establishment with the fundamental purpose of supporting the activities of Rajpracha Samasai Foundation. Some support were helps in research study, preventing, controlling, treatment, welfare and rehabilitation of leprosy patients and education of their kids.

Apart from that, educating and training doctors, nurses, scientists, and others together with contacting the government, internal and external foundations and organizations are also essential. By getting all of the support, operation of leprosy control was easier according to King’s intention. This foundation had Professor Doctor Gumtorn Suvannakij, Director General of Department of Health, as the first president from 1960-1962 followed by Lady Jongkon Kittikajorn (1963-1972), Lady Dudsadeemala...
3.3 Meaning, logo, and objectives of Rajpracha Samasai Foundation according to the Institute or Organization letter of allowance. The allowance letter number was น.84/2503. And it was given by the permanent secretary of Ministry of Education on August 2, 1960.

Objective
1. To support the business of “Rajpracha Samasai” Institute
2. To help with the business, help in researching, preventing, treatment and providing welfare to Leprosy patients.
3. To help and support the training and educating of doctors, nurses, scientists, and other staffs relate to control, prevention and treatment of Leprosy.
4. To contact and collaborate with the government together with the internal and external foundations and organizations for the benefits of Control, Prevention and Treatment of Leprosy.

Meaning: “Rajpracha Samasai” means the King and People Assist Mutually.

Logo: a lotus with water
Lotus means King.
Yellow means the color of King’s birthday or Monday.
Water means citizen.

3.4 Name and the latest objectives of Rajpracha Samasai Foundation according to the rules of Rajpracha Samasai Foundation under the royal patronage (the latest edition:6) in 2005
**Foundation Name**

1) This foundation is called “Rajpracha Samasai” Foundation and is written in English as Rajpracha Samasai Foundation Under the Royal Patronage. And its logo looks like a lotus floating over the water and all inside the circle. A lotus means the King. Water means people where both King and people assist mutually.

**Objectives**

2) Objectives of the Foundation are:

2.1) To support Rajpracha Samasai Institute Business

2.2) To help and support institutes, organizations, and people who are in charge of controlling, preventing, treatment, eliminating of Leprosy, and providing welfare support of Leprosy patients’ children.

2.3) To help and support in researching, investigating, educating, and training of doctors, nurses, scientists, or others related to this area.

2.4) To promote and information about control, prevention, treatment, and elimination of Leprosy

2.5) To contact and exchange news, information, help, and collaboration with the government, institutes, organizations, internal and external bodies for the benefits of controlling, protecting, treatment, and elimination of Leprosy.

2.6) To support Leprosy patients in finding occupations, places to stay and places to work by asking the help from both government and private bodies.

2.7) To support the education and welfare to the HIVs patients’ Orphans.

2.8) To collect the donation and own the ownership together with any estates.

2.9) To operate any actions which still left unfinished from the set up objectives.
4. King’s Rajpracha Samasai School adoption in his patronage.

4.1 History of the school

1. On January 16, 1960, H.M. King Bhumibol Adulyadej together with H.M. Queen Sirikij went to the Rajpracha Samasai Institute Opening Ceremony at Phrapradaeng Leprosy Hospital, Samutprakarn. On that day, he let the patients sitting by the hallway of the hospital and he also greeted and enhanced the spirits and morales for them. Not only those missions, he also visited the babies born from Leprosy Mothers who were separated from their babies. After being delivered, the babies would be isolated and brought to another building under Doctor Vilai Dullayathammapirom responsibility. Those babies aged 1 year and 6 months to 3 years. And the King very concerned about their futures.

In the same year, His Majesty visited the babies at Phrapradaeng Leprosy Hospital two times. On the second time, he brought King Boduang, the King of Belgium, to visit the children. He also asked Doctor Vilai in details about the children care and treatment. He also said that “These kids must have a school for their good futures”.

2. In 1960, King Bhumibol Adulyadej planned and asked Lady Dudsadeemala Malakul, second Vice President of Rajpracha Samasai Foundation at that time, to set up the school for educating children of the Leprosy’s mothers who were separated from their mothers since delivery.

Some parts of what the King said to Lady Dudsadeemala were.

“Children also have the problems as Phrapradaeng Leprosy Hospital taking care of them until they are 7 and they will be sent to the Department of Public Welfare. So, we should not collaborate only with Public Health Ministry and Ministry of Interior, Ministry of Education is also another important body. If any other foundations would like to take these children in consideration, it will be great. Thus, for our foundation, we should also work on these children’s educational aspects.

And taking care of these children is not only to give them good food, warm and love are also essential. They need love…”
3. In 1962, Lady Dudsadeemala Malakul followed the King’s intention of having Rajpracha Samasai School for children of Leprosy’s children.

On November 25, 1962, Lady Dudsadeemala consulted Mr. Kaung Apaiyavong, first Vice President of Rajpracha Samasai Foundation and Chairman of the Foundation Committee Meeting, in order to consider about building the school.

Mr. Kaung Apaiyavong informed the committee of the King’s intention of having the school for children of Leprosy’s mothers who stayed at Phrapradaeng Leprosy Hospital. He read the condition and the reason that the King had planned for this project to the committee.

1. The committee should set up the school for children of Leprosy’s mothers and educate them to be good citizen in the future.

2. At first, we should open this opportunity for the children from Phrapradaeng Leprosy Hospital and if there are more places available we can open for children from other Leprosy Colonies.

3. By the first period, teaching should cover the kindergarten level. But, there is the possibility to expand the scale to cover the high school level.

In this case, the committee would like to set up a new subcommittee responsible for school management. The committee agreed to have Lady Dudsadeemala Malakul as the Head of the subcommittee as she is specialized in educational field. And she would have Mr. Kwankaew Vatcharothai as her first committee because he was close to the King and he knew the King’s intention and desire.

4. In 1962, H.M. King Bhumibol gave his money for one million baht in order to support the school’s project. 500,000 baht was used as building the first teaching building by the name of “Rajpracha Samasai School”. And another 500,000 baht was spared to be used as the students’ necessaries, teaching materials and school supplies for the first group of 50 Kindergarten children.
5. On January 20, 1963, Lady Dudsadeemala, the Chairman of School Management subcommittee, set up the meeting of the management subcommittee members which had Mr. Vitoon Jakkapark, Samutprakarn Governor and Mr. Pradit Seubpun, Phrapradaeng Prefect, as the subcommittee members. In the meeting, there was the proposal made about the 51,396 square metered land located in Bangjak Sub-district, Phrapradaeung District, nearby the Jaopraya River, opposite to Phrapradaeung Leprosy Hospital. This area could be used as the school area. Therefore, the subcommittee contacted the nearby residents and asked them to help develop the land.

6. On October 19, 1963, the first program was taught for the Kindergarten level 1-2 at the first King’s given building.

7. On January 16, 1964, H.M. King Bhumibol Adulyadej together with H.M. Queen Sirikij went to the opening ceremony of the “Rajpracha Samasai School Under Patronage”. The King talked about the school management and told that the foundation had been taking the best care of the school. Thus, he would love to give another one million baht to build the second school building. Moreover, he suggested that the school should accept other students coming to apply so that people would not see this school as the school for Leprosy mothers’ children. In addition, this also helped the Ministry of Education about the problem of inadequate number of schools compared to the existing students which all of them needed the fundamental compulsory education.
4.2 H.M. King Bhumibol’s speech for the “Rajpracha Samasai School” Opening Ceremony, Suksawad Road, Phrapradeang District, Samutprakarn on January 16, 1964.

“Queen Sirikij and I feel so thankful to come opening this Rajpracha Samasai School. And today is very special as it is the same day as the Groundbreaking Ceremony day and the Rajpracha Samasai Institute opening day.

My intention to build this place is to help children who face the problems as their mothers are Leprosy patients. They should have a place to study, have equal rights, and get support from others to them who having bad lucks that they cannot choose. This help is the help for our country as these children, if educated well, will grow up as good citizen, which is beneficial for themselves and the country in the future. By doing this project, there were helps from many parts. Many people donated money and properties for this project which had been sent to the committee responsible for this field. Moreover, according to the report, the school establishment and operation was successful because of the government bodies together with the private bodies, including normal citizen who are helpful and benevolent.

I’m very appreciated and happy for all of you with this merit. I hope you all will keep on supporting this school forever and ever. I would like to thank the school committee, all staffs and officers who did great jobs so far until today.

By this opportunity, I’m willing to give more support to the school. I would like to give the left 532,290.75 baht, another 16,141.50 baht from Thai-Muslim donation, and money from Al-Quran or Koran Reading Competition at Chulalongkorn University Auditorium to be the budget for supporting and operating the school continuously.

It’s the time to open Rajpracha Samasai School. I hope this school is the great school forever that acknowledges and teaches the students effectively so they will become good citizen in the future.”
When the ceremony went gradually to the end, while watching the school building, the King mentioned that this school should be expanded more and more. There had to be training places and cafeteria. Therefore, he gave another one million baht. 500,000 baht would be used as building the second school building. And another 500,000 baht would be used as other payments similar to what he had done with the first school building.

4.3 On October 8, 1964, H.M. King Bhumibol and H.M. Queen Sirikij concerned about the students and the school management. Thus, they went together to look after the second school building process. The King also mentioned that there should be more other students apart from children with Leprosy’s mothers so that the school is normal and looks like other schools.

5. Conclusion

King Bhumibol Adulyadej is very generous, and down-to-earth. He concerned about Leprosy patients and their children. He did an excellent job in helping and managing the Leprosy Control Project. With his great vision and abilities, he came up with the “Rajpracha Samasai Theory” that the King and People Assist Mutually. In addition, he encouraged himself, staffs, officers, and committee to use this theory through three different bodies where he gave money to support. Those bodies were an institute, a foundation, and Rajpracha Samasai school. All of them were the main hearts of success in Leprosy Control Project according to King's intention. As this project was professional and valuable, merchants, citizen, other organizations, public and private bodies and foreign organizations joined and helped supporting this work of Rajpracha Samasai Theory. With the beginning success of the project from this chapter, continued by the unstopping development in all three main bodies, this project is amazingly and gracefully operated with huge success.
References


References


Chapter 9

The Beginning of Leprosy Control Expansion according to the King’s Initiation for the First Time at MahaSarakham, Kalasin, and Roi Et
The Beginning of Leprosy Control Expansion according to the King’s Initiation for the First Time at Maha Sarakham, Kalasin, and Roi Et.

1. Preface

In 1956, after King Bhumibol Adulyadej adopted Leprosy Control Project from the Department of Health, Public Health Ministry as the Project Under Royal initiation in order to expand the project faster all over the country by decreasing the expected time from 12 years to 8 years. And after Leprosy Control Division, Department of Health had set up Leprosy Control Center, at Khon Kaen as a Pilot Project of the Modern Leprosy Control according to the Assistance from WHO. In 1955-1956, the project was in the form of Specialized or Vertical Leprosy Control Project by Mobile Team as shown in Chapter 7.

2. The setting up of Zonal Leprosy Control Center in Maha Sarakham to expand the project for the first time to other Provinces with the prevalence rate of Higher Than 20 per 10,000 population.

In 1957, Leprosy Control Division, the Department of Health started to expand the Leprosy Control Project for the first time by setting up sectoral “Maha Sarakham Leprosy Control Center” in Maha Sarakham province which was responsible for 3 provinces: Maha Sarakham, Kalasin, and Roi Et. Moreover, there were Doctor Teera Ramasoota as the Chief Medical Officer of the center, Doctor Tanan Tuppavimol(1) as an assistant, and three Public Health Officers(2) which were:

1) Mr. Piya Piyaslip, the chief of Maha Sarakham Mobile Team
2) Mr. Thongin Phongsai, the chief of Roi Et Mobile Team
3) Mr. Prasert Thongthom, the chief of Kalasin Mobile Team.

Dr. Ramon Miquel, Spanish Doctor, Leprosy Consultant from WHO, came to work as a consultant for this project. Apart from WHO, UNICEF also helped a lot by giving vehicles, medicines, and medical supplies. For the vehicles, UNICEF gave each team a Land Rover car. For the medicines, UNICEF gave the Dapsone suspension, injected into Leprosy patients’ muscles every two week, which attracted patients’ attentions and would not make them feel ashamed and concealed themself as when they had to use poor

(1) After working for two years, he asked for moving to the first-class Health Center.
(2) Graduated diploma or undergraduation from the Faculty of Public Health, Mahidol University
efficacy of previous drugs. Added on for the medicines, Dapsone tablets taking through mouths everyday were also provided. Lastly, for the medical supplies, UNICEF helped giving the ointment for skin disease and also drugs for other diseases, Laboratory equipments such as knife handles, blades, alcohol burners, glass slides, glass slide, boxes, and health education media such as posters, leaflets.

3. Defining the roles and the duties of each Mobile Team.

1) Mobile Teams. Each Team was responsible for surveying, case-finding, following up of treatment of Leprosy-patients found in the villages of Planned Target of province.

The staffs of a mobile team would contact subdistrict headmen and village headmen before going into the area. Moreover, the team would also providing health education to the villagers who still have strongly social prejudice towards those Leprosy patients.

2) Work Schedule of the Weekly Mobile Team.

Monday-Thursday

The team had to conduct village survey for the patients from the targeted villages and gave intramuscular injunction of sulfone drugs at the temporary treatment clinics(3) such as temples, schools, and cottages by the roads of the villages. The drug injected was Dapsone which the patients had to get it every two week at any clinics. There would be

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(3) At that moment, every province had only one provincial hospital. And for the large district, there would be the first-class health center with one doctor and ten patients’ beds. For the small district and large sub-district, there would be the second-class health center with one health staff and one midwife. And for the small sub-district, there would be the midwifery center and one midwife.
3-5 clinics provided each day where each of them located within the same radius. And each clinic would have the patients registered for the treatments and appointed every two week. Those who were absent from the house to house village survey in the morning would get the special visits by their houses in the afternoon and evening in order to check up their symptoms and effects from taking medicines, together with performing household contact examination and school survey. And if any were found to have the diseases or severe symptoms, the doctors would help treat them. Some symptoms that might happen were Leprosy Reaction or Neuritis or medicine toxicities. By caring the patients, the staffs would gain experience, trust and confidence of values and standards of the Leprosy Control capabilities in order for the staffs to expand the work continuously.

**Friday**

Although Friday was set to be the free day, the team had to prepare all equipments for the next coming week and collect and analysis of the information together with reports from the work system. Moreover, the team would meet to indicate the target villages with high prevalence rate of over 20 per 10,000 population in the districts and the sub-districts. And those villages would be surveyed and followed up of Treatment at temporary Mobile Treatment clinics every two week. Lastly, there would be the meeting of the the chief Medical Officers, the Team Chiefs, and the Team Assistants every Friday in order to plan for next week and next month operations.

3) The Plan for Estimating the Villages’ Prevalence Rates of Leprosy Patients before Sending the Mobile Team into action

The Chief Medical Officer of Zonal Maha Sarakham Leprosy Control Center would have the official letter together with the form sending to the subdistrict headman and the

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(A) At that time, there were highly social discrimination and stigmatization to the Leprosy patients. Patients themselves also escaped and isolated from getting the treatments. After the team had got into the village and had provided Health education to people about Leprosy, villagers understood the disease and the patients more properly. However, the Mobile Team took 5 years to make doctors, health staffs in the hospitals, Health Centers, and the Midwifery Centers understand Leprosy correctly and permit the patients get into the buildings and receive the medicines. Also, the health team had to follow the strong policy from the Department of Health to accept leprosy Patients for Treatment in medical and health facilities.
village headman to fill in the number of suspecting Leprosy patients\(^5\) and to send back to the team within one month.

At the Zonal Leprosy Control Center, the staffs would be ready with the map showing all the districts and sub-districts together with the villager statistics so that they could estimate the prevalence rate of the patients per 10,000 people. And also the team could define which villages needed operation (the villages with the prevalence rate equal to or higher than 20 per 10,000 population). After completion of House-to-House Village survey, the team then set up the temporary mobile treatment clinics to provide the treatment every two weeks, and the team continued by making further survey of the other villages with lower prevalence rate in order to know the accurate prevalence rate the rate of number of patients per 10,000 population or endemicity of each village, sub-district, and district. All of this information would show the epidemiology indicators, the real situation of this endemic disease. Therefore, the team could evaluate the yearly outputs and outcomes of Leprosy Control and evaluate the annual epidemiological trends which indicated the increasing or decreasing of the occurrence and transmission of leprosy in the control areas.

4. Setting up the Mobile Team’s Treatment Points in the villages

If the team going out for one round of village survey (within 1-3 hours) found that there were 50-100 patients, they would set up the temporary mobile treatment clinics by the temple, the school, or the trees of the village. There was even the case that the team paid villagers to help building a small bamboo cottage for using as the temporary clinic to appoint the patients for Depsone injection every two weeks during the first two years. But after that, patients would be appointed once a month to get everyday Dapsone medicine.

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\(^5\) In the sent form, there were the clinical symptoms of Leprosy defined for the people to check themselves, or by village headmen. They were 1. Hypopigmented Macules, patches, or thick red papules or nodules growing on the skin (when pitching is not hurt, but numb) 2. Feeling numb at the Hands and foot or tips of fingers and toes, finger muscle shrinks, fingers and toes clawing and mutilating. 3. Thick red ear, squeezing or collapse of nose, and unclosed eyelids, drop foot and hand.
(as they hurt their hips after having many injections). If the Leprosy patients did not follow the treatment appointment, team members or Team chief would visit their houses and check up their bodies in case they might get other complications such as Leprosy Reaction, Neuritis, drug toxicity or plantar ulcers, etc.

5. The method of case finding for the Leprosy patients in the villages

5.1 Examine every one in the house and every house in the village (House to House village survey)

This method was used with the small village with few villagers and their houses are not far away from one another. Therefore, the team could walk and explore their houses within 1-3 hours. Before making survey, the team had informed the subdistrict headman and the village headman so that they could tell their villagers for the date and time of survey. Actually, the Team Staffs and the Team Chief would be responsible with the body check up; however, sometimes the Chief medical officer would join and help with the check up. In checking, they would check the overall skin, together with test for numbness or impairment of touch and pain sensation and palpation of enlargement of peripheral nerves along arm/leg/face/neck (6). And the medical officer would also check the suspecting patients who might be difficult for diagnosis in order to definitely confirm the previous diagnosis.

For the patients with hypopigmented macules, Hyperpigmentation annular lesions, erythematosus patches, papules, nodules, plaques, and diffuse infiltrative lesions on their skin, after confirmed of having Leprosy, they would be sent to get the Slit Skin Smear by the Team Laboratory Technician. Also, they together with their close relatives as household contacts, to gather with school children would be checked up again every year.

When finding the suspicious Leprosy patients, the Team Staffs would send the patients to their chiefs or to the chief medical officer of the leprosy center to get the confirmation of diagnosis and to get the specific Leprosy Classification for every patient. Then, the result of the patients’ diagnosis, Classification, together with the family’s Members or household contact’s check up would be recorded in the patient registration card. Therefore, the patient would get the injection every two week at any Mobile Treatment clinics and all close relatives, family, and school students would be checked again once a year.

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(6) Important Symptoms or Cardinal signs shows that the person got Leprosy are 1) The hypopigment macules, hypopigment annular macule with elevated erythematos edge, erythematos patch, papule, nodule, plaque and diffuse infiltration growing on the skin with numbness 2) The enlargement of peripheral nerves of the arms, legs, faces, and necks can be founded by palpation 3) The confirming result after Slit Skin Smear was placed on the glass slide and was acid-fast staining before the microscopical examination of acid fast bacilli, to be performed at the Leprosy Control Center.
In the morning or the afternoon, if the team had some more time, they would check up the students of every level of every school or known as “school survey” before continuing to conduct leprosy survey in other villages.

5.2 The method of “Gathering under the tree “or” Mass Survey” by letting the subdistrict headman and the village headman inform the villagers on the evening of the day before the Mobile Team’s work. On that day, the team would provide the checking up car parked in the village and provide the examining rooms by using the white curtains to separate the places into 4 rooms as temporary mobile clinics at the temple or the trees (Gathering under the Tree or Mass Survey).

This method was used with the large village with many villagers and all the houses were scatter and far away from one another which was inconvenient for the Team members or staffs to split up and check up every house (House-To-House survey as above.) within 1-3 hours per village. The team then had to appoint the members of every house to get the check up at 6 o’clock in the morning at the set up Mobile Clinic under the tree. And the team had to get everything done in 3 hours which included checking up members of each house. After that, the team would examine the students (school survey) and would wait until late afternoon or evening for checking absentee from the morning survey for those farmers who were just back from work as the team must check up as many people as they can (at least examination rate of 80 percent of the existing villagers).

Moreover, at that time there were no hotels by the district even though staying in Maha Sarakham province. After finishing their work, the Mobile Team had to sleep over the subdistrict headman’s house or the village headman’s house and use their stipend to help paying for food; however, the villagers were all helpful and generous to them. Villagers would bring them sticky rice, boiled chicken, boiled eggs and spicy papaya salad with pickled fish. The Team Chief and the Chief Medical officer also had to sleep and eat like this as there were no hotels and restaurants in the sub-district and the village(7).

(7) At that time, the villages and the roads were not civilized like nowadays. There were no roads led to the villages. Villagers needed to use carts’ ways or logs’ ways instead. Even the main road, it was not good. There was also the bridge built by the two wooden sheets to cross the small canals. When the car ran, the dirt came up so much that we could not see the road at front. When the driver wanted to cross the bridge, he/she needed to be a professional driver. The speed should be at least 60 km/hour in order for the car to be balanced while running on the bridge; otherwise, the car would be shaken and might be fallen down the bridge. In the rainy season, many cars could not get in as the road to the village was flooded.
5.3 The health check up with the help from the Team Chief and the chief or assistant medical officer who went together with the village survey Team

The opportunity that the doctor would get into the very remote village at that time was very hard as the number of available doctors, cars and good road was limited. Therefore, when the doctor got into the village to explore the Leprosy, other diseases could also be checked such as the skin and other common diseases. Then the doctor would order the medicines according to the sickness which enhanced morale and trust to the villagers.

6. Benefits from WHO Consulting Doctor joining the Leprosy survey in the villages from time to time

Some days Doctor Ramon Miquel, Leprosy Consultant from WHO, with the driver, would join the survey work together with the chief and assistant medical officer from the zonal Leprosy Control Center and the Mobile Teams’ members which not only built the belief and trust from the villagers, but also the Team Chief and the Team Members got the higher priorities according to the Department of Health rules and regulations. They got the higher daily stipend (for example, the doctor normally got 20 baht of stipend a day, but if they worked together with WHO Leprosy Consultant, they would get 60 baht of stipend).

Doctor Ramon Miquel was benevolent just the same as the Chief medical officer of the Zonal leprosy control center as he also paid for the Team’s meal according to the Mobile Team Culture. This culture was like the leader should pay for the team members and he/she should have a good leadership so that he/she was able to control himself/herself, control the team, control the work, and importantly control the hearts of the team members that were so various in order to work together as ‘one’ such as tough hiking, tough sleeping and eating, tough ways that were ruined by the carts and the logs, and tough environment as the remote rural area was so under developed. Even though in the office, the leader had to stay with the team members as it was not enough budget for him/her to have a private House. Therefore, the leader had to rent the office as the two-floored house and use the second floor as the bedrooms for himself/herself and the team.
7. Setting up Permanent Leprosy clinics in the Health Center or Midwifery center for providing Treatment of Leprosy Patients after the Mobile team completely finished the district and the provincial Leprosy Survey.

After the Mobile Team had completely finished the entire village, district and province survey, they set up the temporary Mobile Treatment Center in order to provide the Dapsone injection every two week for a year. When the team found any sub-districts having more than 100 patients, the zonal Leprosy Control Center would send one auxilliary leprosy workers (ALWS) from mobile Team together with one motorcycle and necessary medical supplies in order to work daily at the Health Center or midwifery Center. By doing this, the employee can follow up with the treatment of the patients and check up the school students’ health together with the close-up relatives (Household contact tracing) every year according to the standard of the Leprosy Control Center known as Static Unit’. Using ‘Mobile Unit’ to injection of the delivery Medicine or dispense daily drug was not worth and too pricy.

8. Supervision of Mobile Team Activites from the Chief Medical officer and the chief public health officer of the zonal and regional leprosy control to every mobile and static leprosy control unit at Mahasara Kam and Khon Kakn every year.

There would be the annual Follow-up for monitoring and evaluation from supervision of Mobile Team from the Zonal and Regional Leprosy Control center at Mahasarakam and Khon Kaen who went out to follow up the work at every Mobile and static leprosy Treatment Center, The follow up or supervision team consisted of the Chief Medical officer or the Chief Public Health officer together with the Laboratory Technician would go out and follow up the registered patients' health and symptoms known as “Clinical Assessment” for “Clinical Improvement”. Moreover, “Bacteriological Examinations or slit skin smears (SSS) for Bacterial Index: BI) improvement was also made. The Index was calculated by the plus average 1+ till 6+ altogether divided by the number of the site of skin performed SSS. If the number decreased until having the minus value, there was no more infectiousness (BI=0). All of these methods were made in order to take care the patients and to evaluate the result of Leprosy Treatment and Control (Monitoring and Evaluation). Those patients received all the treatments completely could stop taking the medicines according to the Therapy Criteria (Release from Control) in order to decrease the prevalence rate in the area. However, the patients still needed the follow up once a year every 3-5 years after stop Treatment in order to see whether they got relapsed. And they also
had to get another course of Dapsone Treatment. Including, their parts of skin would also be cut out and be collected to check for Dapsone Resistant (Skin Biopsy).

In addition to all above, the follow up also included checking the accuracy and regularity of the patients’ treatments, the medical records, the patients’ complaint, the patients’ and the family's Knowledge in understanding the Leprosy properly and in protecting themselves from disabilities, and the adequate and accurate number of population’s Knowledge about Leprosy.

By doing the follow-up, the Follow-up Team also kept tracks of the work from the staffs. The Team could also suggested and acknowledge together with provide on the spot training and refresher training to local health staff of both the First and the Second Class Health center and Midwifery center.

9. Maha Sarakham Zonal Leprosy Control Center without the chief Medical officer

After expanding the project for two years, Doctor Teera Ramasoota, Chief Medical officer of Mahasarakam zonal Leprosy Center continued his Master's Degree in public health at the Faculty of Public Health, Mahidol University for a year. Then, he moved to be the Chief Medical officer of the New expanded zonal Leprosy control center at Ubon Ratchathani for two years and moved to be the Chief Medical officer of The Northen Regional Leprosy Control Centre in Lampang for six years.

Doctor Tanan Tuppavimol together with Doctor Soontorn Sukkavetvorakij, Medical Officer at MahasaraKam and Khon Kaen Leprosy Control Center, asked for moving to the first Class Health Center in the middle part of Thailand.

Mister Thongin Phongsai, Public Health Officer, together with Dr. Teera Ramasoota, moved to Ubon Ratchathani Zonal Leprosy Control Center.

Mister Prasert Thongthom, Public Health Officer, asked for moving to be a teacher at the Institute of Physical Education.

Mister Piya Piyaslip was the only one left. And he was originally from Maha Sarakham, so he was the next Chief of Maha Sarakham Zonal Leprosy Control Center.(8)

(8) When the project expansion was run towards the end (in 1957-1976), it was challenging and difficult to find the doctors for Zonal. Leprosy Control Center, Division of Leprosy Control, Department of Health, then assigned the Sanitarian or the Public Health officer to be the chief of the only Zonal Leprosy Control Centers. However, some Zonal Control Centers were able to find the doctors such as Udornthani Zonal Leprosy Control Center (Dr. Kritsanapong Ratsamheeprapa), Khon Kaen Regional Leprosy Control Center (Dr. Noppadol Sootsukon and Dr. Kanjana Kongseubchart), Huahin zonal Leprosy Control Center and Ubon Ratchathani zonal Control Center (Dr. Sumruay Khunprasert), The South Regional Leprosy Control Center (Dr. Surasak Sumpattavanit), etc. For one doctor, Dr. Gumjorn Duangkaew, the chief of the North-east Regional Leprosy Control Center resigned to open his private clinic in Khon Kaen after working with the governmental bodies for 8 years.
10. The Successful Expansion of Specialized or Vertical Leprosy Control Project Covering 40 Hyperendemic Provinces with the Prevalence Rate of Higher Than 20 per 10,000 population in 1957-1970. In 1976, the expansion covered all country.

After the National Leprosy Control project, Department of Health, expanded the project via the Mobile Team by using Maha Sarakham Control Center as a model to many provinces with the prevalence rate exceeding 20 per 10,000 population to all 40 Hyperendemic provinces in the North East, the North, and some provinces in the Central area in 1957-1970, the Control Project decided to rearrange the structure of the Leprosy Control Center and expanded the work scale to cover left Hypoendemic 33 provinces. The integration of Leprosy Control into Provincial Health Services, right at the beginning, was used instead as using the Mobile Team which was too pricy.

Existing Regional and Zonal Leprosy Control Centers were closed and were changed into 12 Sectoral Leprosy Centers all over the country for easy and closely support and monitor of the Integration of Leprosy control into the Provincial Health service system. After that, when there was the improvement and reorganization of the Ministry of Public Health in 1974, the Department of Communicable Disease Control was set up, separated from the previous Department of Health. Then Regional office of prevention and control of communicable Disease were also set up. Therefore, 12 sectoral Leprosy Control Centers were changed to be taken care under them instead of the Leprosy Control division like before.

11. The Latest Change of Leprosy Control Reorganization after successful Elimination of Leprosy and when the Public Health Ministry reorganized the governmental bodies in 2002 and 2013

After successful Elimination of Leprosy, the changes included the Merging of Phra Pradaeng Leprosy Hospital and Leprosy Division into the new governmental body known as “Rajpracha Samasai Institute”, the change from “Department of Communicable Disease Control” to “Department of Disease Control”, and the change from “Regional office of Communcable Disease control” to Regional office of prevention and control of Disease (13 of them all over the countries). And sectoral Leprosy Control Center was down sizing and changed to the group working on Leprosy in Regional office of Prevention and contral of disease. The work of Leprosy continued getting smaller and smaller until the disease could be Elimination as a public health problem in 1994 and could be totally and sustainably eliminated in 2013. In addition, there was the transferring of the Leprosy Settlement or colonies into normal community from 8 out of 13 settlements (colonies) to be in hands of the local governments. And for the patients who receives social integration into normal citizen they and their families must get total rights and dignity as others in the society. They could be able to be parts of the society (social Integration) which was the ultimate goal and success of Leprosy Control.
References


Chapter 10

The Mobile Teams’ Expansion of Leprosy Control Project Covering 40 Hyperendemic Provinces with High Prevalence Rates according to King’s Intention
The Mobile Teams’ Expansion of Leprosy Control Project Covering 40 Hyperendemic Provinces with High Prevalence Rates according to King’s Intention

1. Preface

1.1 After the Leprosy Control Division, Department of Health, had set up the Modern Leprosy Control with the Domiciliary Approach according to WHO recommendations and had tried conducting the Pilot Project by setting up KhonKaen Leprosy Control Center at the Sreetharn Leprosy Hospital in 1955-1956 (as detailed in Chapter 7), there were many things continued.

In 1957, the project was expanded for the first time as there was the setting up of MahaSarakham Zonal Leprosy Control Center (as detailed in Chapter 8) and King Bhumibol Adulyadej also intended to rapidly expand this project all over the country within 8 years instead of 12 years by the previous plan. The King then gave the “Anada Mahidol” Budget to the Department of Health in order to set up the Training and Research Leprosy Institute at Phrapradaeng Leprosy Hospital and he also named it as “Rajpracha Samasai Institute”. Moreover, King Bhumibol Adulyadej together with Queen Sirikij went to the Groundbreaking Ceremony and named the place as “Rajpracha Samasai Institute” (King and People Assist Mutually). Not only that, King Bhumibol together Princess Srinagarindra also went to the Opening Ceremony on January 16, 1960 (as detailed in Chapter 2) to urge the institute to produce adequate Leprosy Auxiliary Workers (ALWs) for the expansion of the Leprosy Control Project.
1.2 To increase the number of Auxiliary Leprosy Workers: ALWs) in order to expand the Leprosy Control Project

The training program was another very important factor that helped expanding the project by using Specialized or Vertical Leprosy Control Programme by Mobile Team as KhonKaen Leprosy Control Center was able to set up the three-month programme for a training trial. There were two periods of students\(^\text{1}\) joined the programme with the total number of 95 students. Some of them were assigned to work at KhonKaen Leprosy Control Center (in 1955-1956), some of them were assigned to work at MahaSarakham Zonal Leprosy Control Center (1957-1959), and the rest were assigned to work at Ubon Rajchathani Leprosy Control Center (1960). Then after that (in 1960-1976), Rajpracha Samasai Institute also produced Auxiliary Leprosy Workers (ALWs) with the 6-month programme training as the expansion project (in 1960-1970) required lots of staffs. There were 23 batches of ALWs with the total of 574 people. All of them were more competent compared to the former ALWs from the previous training programme. The expansion covering 40 provinces with the prevalence rate of higher than 20 per 10,000 population was successful in 1970. And the expansion also included the Leprosy Control Orientation Training for the Staffs of hospitals or the Health Centers of every province with the prevalence rate lower than 20 per 10,000 Population in 1971-1976 (including training the leprosy workers from the private organizations, etc.).

\(^1\) Only man passing from the Soldier Draft who finished grade 12 (equaled to grade 9 nowadays) would be allowed to have 3 months of theory training and 3 months of field training.
Apart from that, Rajpracha Samasai Institute also produced other more specialized staffs from the Auxiliary Leprosy Workers (ALWs) with work experiences in order to support and expand the project. And those supported staffs were:

1. Intermediate Leprosy Supervisors (ILS) from the three-week training program, 8 batches and 180 people

2. Junior Health Personnels with the two-year programme (6 months of theories and 18 months in the working field), 2 batches, 80 people (to adjust the status and career path of the Auxiliary Leprosy Workers (ALWs) employees from Temporaly employees to permanent governmental staffs)

3. The orientation training of doctors and Public Health Staffs who were responsible with the Leprosy Control work covering 67 provinces with the prevalence rate lower than 20 per10,000 population. The programme was in 3 days, 3 Batches, with 30-50 people per day. In total, there were 286 Batches with 8,634 people in 1971-1976. Then the former Auxiliary Leprosy Workers (ALWs) was assigned to them to be permanent officials (Integration of Leprosy Control into Provincial Health Services).

2. The Expansion of the Leprosy Control Project in the Form of a Specialized Project by the Mobile Team Covering 40 Provinces with the Prevalence Rate Higher Than 20 per 10,000 Population in 1957-1970 and the Integration of Leprosy Control into those Provinces with Prevalence Rate Lower Than 20 per 10,000 Population in 1971-1976

With the help from Rajpracha Samasai Institute by producing adequate number of ALWs together with the assistance from WHO by giving the technical supports and from the UNICEF by giving vehicles, medical supplies, laboratory and medical equipments and health education materials, the staffs could quickly expand the project covering 40 provinces with high prevalence rate of 20 per 10,000 population in 1957-1970. And this vertical project became successful in 1970. Also, the integration of leprosy control was made into those province with the prevalence rate lower than 20 per 1,000 population in 1971-1976.

2.1 The Expansion of the regional and Zonal Leprosy Control Centers Covering 40 Provinces with the Prevalence Rate Higher Than 20 per 10,000 population in the Form of the Specialized Mobile Team in 1957-1970.
The structure and the work plan were the same as The First Expanded MahaSarakham zonal Leprosy Control Center (as detailed in Chapter 9). However, the regional Leprosy Control Centers were responsible with taking care, monitoring, and evaluating the zonal Leprosy Control Centers in their duties. And the Zonal Leprosy Control Centers also had to control and manage provincial Leprosy Control Center in remaining 6 hyperendemic provinces out of former 40 hyperendemic provinces which was later integrated into provincial control centers.
health services in 1993. In 1976, there were the liquidations of all former 4 regional and 20 zonal Leprosy Control Centers. And new 12 zonal or sectoral Leprosy Centers, Division of Leprosy, Department of Communicable Disease Control, were established all over the country instead. Apart from that, 6 provincial Leprosy Control Centers were set up in 6 provinces with the prevalence rate remain higher than 20 per 10,000 population and were used as the demonstration and training areas in 1976-1980. However, these provincial leprosy control centers in MahaSarakham, Kalasin, Roy Ed, Surin, NakhonSawhan, and Saraburi, were later closed down as they had the prevalence rate lower than 20 per 10,000 population.

2.2 The Key Players in the regional and the zonal Leprosy Control Centers who related with the Leprosy Control Project Expansion in 1957-1976 included:

1) WHO Advisors in Leprosy Control
2) WHO Leprosy Control Officers
3) Director of the Leprosy Division and Chief of Leprosy Research and Training Section Together with Chief of Leprosy Control Project Section of the Division.
4) Chief Medical Officers of Regional and Zonal Leprosy Control Centers
5) Sanitarian or Public Health Officer, the Chief of Zonal Leprosy Control Centers

Those key players played important roles in Leprosy Control and should be recorded in the History of specialized or vertical Leprosy during the expansion period of Leprosy Control Programme in 1957-1970 in 40 hyperendemic provinces with prevalence rate Higher Than 20 per 10,000 population and the integration of Leprosy Control into provincial health services in 1971-1976 in provinces of the prevalence rate lower than 20 per 10,000 population\(^{(2)}^{(3)}\).

1) Leprosy Control Division

1.1 Director of Leprosy Control Division

a) Dr. Chaisiri Kettanurak Acting for Director of Leprosy Control Division in 1957-1960 and was appointed as the real Director in 1974.
b) Dr. Kiean Glaivichean, Director of Leprosy Control Division in 1961-1973

1.2 Chief of Research and Training Section of the Leprosy Control Division

a) Dr. Anan Jareonpakdee in 1957-1959 and in 1964-1966
b) Dr. Chumnarn Wuttanakul in 1960-1963
c) Dr. Teera Ramasoota in 1967-1974
d) Dr. Surasak Sumpattavanit in 1975-1976
e) Dr. Yupin Pelcharanon in 1977-1978


\(^{(3)}\) Ramasoota, Teera. 50 Years of Rajpracha Samasai in response to H.M. the King's Royal Wish. Bangkok: Master Key, 2010. Print
1.3 Chief of Leprosy Control Project Section of the Leprosy Control Division
   a) Dr. Chaisiri Kettanurak in 1957-1963
   b) Dr. Anan Jareonpakdee in 1964-1967
   c) Dr. Sunti Wattanapooti in 1968-1974

2) WHO Advisors in Leprosy Control
   2.1 Dr. Ramon Miquel (Spanish)
      - Responsible with KhonKaen Leprosy Control Center (Pilot Project) in 1945-1946
      - Responsible with zonal MahaKarakhamp Leprosy Control Center in 1957-1959
      - Responsible with zonal UbonRatchathani Leprosy Control Center in 1960-1961
      - Responsible with The North East Regional Leprosy Control Center, KhonKaen in 1962-1966
   2.2 Dr. Kenneth Seal (British)
      - Responsible with Leprosy Control Division in 1967-1970
   2.3 Dr. J. Walters (Brazilian)
      - Responsible with Leprosy Control Division in 1971-1976
   2.4 Dr. J. A. Cap (Belgian)
      - Responsible with Nakornlauang Metropolitan Leprosy Control Center, BKK in 1957-1960
      - Responsible with the North Regional Leprosy Control Center, Lampang in 1961-1963
   2.5 Dr. S. Reed (British)
      - Responsible with UdonThani Zonal Leprosy Control Center (in 1961-1963)
      - Responsible with the North Regional Leprosy Control, Lumpang (in 1964)

3) WHO Leprosy Control Officers
   3.1 Mr. Michael Oregan (Icelander)
      - Responsible with Surin Zonal Leprosy Control Center in 1957-1960
      - Responsible with Nakhon Rajsrima Zonal Leprosy Control Center in 1961-1966
   3.2 Mr. Royston Mayson (British)
      - Responsible with SakonNakhon Zonal Leprosy Control Center in 1960-1964

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The names together with the years of responsibilities might be missed as there were no enough evidence; only some of them in (2) and (3). Most of the time, there was no obvious evidence. Therefore, the information was added based on the writer’s memory and interviews of people with similar ages and experiences as many by the same age had already passed away. If there are any mistaken information, the writer would like to apologize.
4) The Chief Medical Officer of KhonKaen Leprosy Control Center (Pilot Project)
   4.1 Doctor Piroj Prasertsarawut in 1955
   4.2 Doctor Chumnarn Wattanakul in 1956
   4.4 Doctor Suthorn Sukavechvorakit, 1957-1958
   4.5 Doctor Nopadon Soetsukone, 1958-1959.

5) The Chief Medical Officer of Zonal Leprosy Control Center
   5.1 Chief Medical Officer of The North East Regional Leprosy Control Center, KhonKaen
      a) Dr. Gumjorn Duangkaew in 1960-1966
      b) Dr. Anun Jareonpakdee in 1967-1974
   5.2 Chief Medical Officer Regional of The North Leprosy Control Center, Lumpang
      a) Dr. Teera Ramasoota in 1961-1966 (continued his study in America in 1964-1966)
      b) Dr. Ake Tadthong in 1964-1965 (temporary stayed)
      c) Dr. Kritsanapong Ratsamheeprapa in 1966 (temporary stayed)
      d) Mr. Wunchai Theppawun in 1967-1974 (as a Sanitarian or Public Health Officer)
   5.3 Chief Medical Officer of The Central Regional Leprosy Control Center, Chonburi
      a) Dr. Piroj Prasertsarawut in 1961-1962
      b) Mr. Ake Tadthong in 1963-1967
      c) Dr. Teera Ramasoota in 1968-1973
   5.4 Chief Medical Officer of The South Regional Leprosy Control Center, NakonSrithammaraj
      a) Dr. Surasak Sumpattavanit in 1974

6. The Zonal Leprosy Control Center in 1957-1974
   6.1 The North East
      a) Dr. Teera Ramasoota, Chief of MahaSarakham Zonal Center in 1957-1959
      b) Mr. Piya Piyaslip, Chief of MahaSarakham Zonal Center in 1960-1976
      c) Dr. Sumruay Khunprasert, Chief of UbonRajthani Zonal Center in 1963-1971
      d) Mr. Boonnak Promtunjai, Chief of NakonRajsrima Zonal Center in 1961-1976
      e) Mr. Thongin Phongsai, Chief of UbonRajthani Zonal Center in 1962, 1971-1976
6.2 The North
a) Mr. Wunchai Theppawun, Chief of Lumpung Zonal Center in 1962-1976
b) Mr. Supavarn Purakom, Chief of Phitsanulok Zonal Center in 1962-1976
c) Mr. Satiean Yovaphui, Chief of NakonSawan Zonal Center in 1969-1975
d) Mr. Boonchom Dornchai, Chief of Chiangrai Zonal Center in 1962-1976
e) Mr. Rachain Rammashoot, Chief of KamphaengPhet Zonal Center in 1962-1976

6.3 The Central
a) Dr. Vilai Dullayapirom, Chief of Nakornlaung Metropolitan Zonal Center, BKK in 1957-1963
b) Mr. Jumnong Thongpatpu, Chief of Prachinburi & Ratchaburi Zonal Center in 1963-1976
c) Mr. Sawai Sumreng, Chief of Saraburi Zonal Center in 1963-1976
d) Mr. Prapart Chimmarkaew, Chief of Chanthaburi Zonal Center in 1963-1976
e) Dr. Kanjana Kongseubchart, Chief of Nakornlaung Metropolitan Zonal Center, BKK in 1969-1970
f) Doctor Charoon Pirayavaraporn, Chief of Nakornlaung Metropolitan Zonal Center, BKK in 1975-1976

6.4 The South
a) Doctor Kanjana Kongseubchart, Chief of Huahin Zonal Center, Prachuap Khiri Khan in 1964-1967
3. The Summary of Leprosy Control Project Result following King’s Initiation in the Form of Specialized or Vertical by Using the Mobile Team of Domiciliary Approach in 1956-1970 Covering 40 Hyperendemic Provinces with the Prevalence Rate Exceeding 20 per 10,000 Population (see from the below graph)

**Picture 2**: The Number of Leprosy Patients Found and Registered for Treatments from Specialized Leprosy Control Project According to King’s Initiation of Having a Mobile Team in 1956-1970 Covering 40 Hyperendemic Provinces with the Prevalence Rate Exceeding 20 per 10,000 Population.

Picture 3: Trends of the Prevalence Rate per 10,000 Population (Prevalence-rate; PR) and the Rate of Finding New Leprosy Patients (Detection Rate of new case of Leprosy; DR) in the Period of Effort to Expand the Specialized/ Vertical Leprosy Control Campaign by Using the Mobile Team to Conduct Village Survey and to Treat the Patients from Domiciliary Basis in 40 Hyperendemic Provinces with the Prevalence Rate Higher than 20 per 10,000 Population in 1957-1970.

Note: * The Information of new found patients was still unorganized by the beginning of the project’s expansion in 1957-1962.

From pictures 2-3, there were three main summaries:-

1) The beginning of the Leprosy Control Project expansion following King's initiation in the form of the specialized or vertical leprosy control project by using the mobile Team of Domiciliary Approach in 1956-1970 covering 40 hyperendemic provinces with the prevalence rate exceeding 20 per 10,000 population was mainly the result of WHO's assistance and recommendations together with the pioneer's benevolence. During the expansion, the project was able to increase the effectiveness of case-finding in 40 hyperendemic provinces which prevalence rate higher than 20 per 10,000 population and was able to have cumulative number and registering patients' records from 8,495 patients in 1956 to 111,203 patients in 1970 which closed to 140,000, WHO national random sampling surveyed in 1953. Project expanded and covered every province in the North East in 1970.

2) The expansion of the Leprosy Control Project helped reduce the patients' prevalence rate from 50 per 10,000 population, randomly sampling survey by WHO in 1953. The expansion happened in 1956-1970 covering 40 hyperendemic provinces with the prevalence rate of higher than 20 per 10,000 population. And during the expansion, the prevalence rate changed to 10 per 10,000 population which was the under control rate. In 1976, Leprosy Control Project according to King’s initiation could cover all provinces in the countries in 1976.

3) The Detection Rate of new case of Leprosy per 100,000 population from the information system gathered since 1963 still swung without steady rate. And at the beginning of this project, there were still lots patients found. Therefore, the tendency of getting decreasing rate in finding new patients, reflecting the tendency of the contagious disease spread, was not shown in the early stage of case-fining activities.

4. The Liquidation of the Regional and the Zonal Leprosy Control Centers after the Expansion of the Project Covering 67 Hypoendemic Provinces with the Prevalence Rate lower than 20 per 10,000 Population in 1971-1976
Picture 4: This diagram showed the rearrangement of the leprosy control organization in 1976 after setting up the new Department of Communicable Disease Control in 1974 and expanding the leprosy control project to cover 67 hypoendemic provinces with the prevalence rate of lower than 20 per 10,000 population in 1970-1976. All of the Former Regional and Zonal Control Centers were closed and were changed into 12 New Zonal or Sectoral Leprosy Centers in 12 zones instead.

Remarks:
1. Director of Zonal Leprosy Center was the Public Health Technical officer who Graduate B.Sc. in Public Health from Mahidol University or former Sanitarian who continued His Education Leading for B.Sc. in public Health.
2. After Reorganization of Ministry of Public Health in 1974, Department of Communicable Disease Control was Established and Provides Orientation Training to all provincial chief of Communicable Disease Control Section of Provincial Health Office. As Details in Teera Ramasoota, Sri Srinopakul, Sursak Sampatramich, Somboon Chunha Praseat, Jammsong Tongpuphou and Tanawat Imsomboon. Orientation Training of provincial chief of Communicable Disease Control, provincial Health office. Journal of Communicable Distase, 1976; 2(2) : 30-44.
**Picture 5:** This bar graph showed the number of patients who were found and were treated in 67 hypoendemic provinces with the prevalence rate lower than 20 per 10,000 population. And the Leprosy Control work was integrated into provincial Public Health services in 1971-1976. Before assigning the work, orientation training was provided to provincial medical and Public Health Staffs’ in 67 hypoendemic provinces, 3 days per batch, 30-50 trainees per batch, in total of 216 batches with 8,634 trainees.

- **Specialized or Vertical Leprosy Campaign** covered 40 Hyperendemic provinces with prevalence Higher than 20 per 10,000 population in 1957-1970. And **Integration of Leprosy control** was given from 1971-1976 to 34 out of 40 provinces where prevalence became Lower than 20 per 10,000 population.

- **Integration of Leprosy control Right at the Beginning** was carried out in 33 provinces with original prevalence, lower than 20 per 10,000 population in 1957-1970.

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<td>Patients Detected Annually</td>
<td>1,159</td>
<td>1,643</td>
<td>1,629</td>
<td>1,904</td>
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<td>Cumulative Number of Registered Cases</td>
<td>112,362</td>
<td>114,005</td>
<td>115,634</td>
<td>117,538</td>
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5. Summary

The pioneer of the Leprosy Control Project according to King’s initiation in the form of the specialized leprosy control services using the Mobile Team to conduct village survey and provide treatment of the patients via the Domiciliary Approach covering 40 hyperendemic provinces with the prevalence rate higher than 20 per 10,000 population in 1957-1970 was the most important thing as it meant the team fixed the problem correctly right at the beginning and directly from its cause. By doing this, the team focus on the place with the highest prevalence rate and dealt with patients there first as main sources of infection and transmission in order to reduce and control the transmission rate. From WHO estimated rate in 1953 that Thailand had 140,000 patients, the team found 111,203 patients and cured them perfectly by 79.43 percent in 1957-1970 which was a tremendous fulfilment according to the King’s intention and desire. Therefore, all pioneer dedicating themselves to be struggle and dedicated just to help Leprosy patients in need were the ones worth to be recorded in Thailand Leprosy’s historic Hall of Fame.

References


3. Teera Ramasoota. 54 Years of Reproducing Leprosy Control Project Following the Royal Initiative Towards the Successes of Sustainable Elimination of Leprosy as Royal Wish. In. Teera Ramasoota. 50 Years of Rajpracha Samasai in Response of Royal Wishes. Bangkok: Master Key Co., Ltd., 2010; 90-119.


References


Chapter 11

Expansion of The Royal-initiated Leprosy Control Project covering all provinces to be totally integrated into the Provincial Health Services.
Expansion on The Royal-initiated Leprosy Control Project covering all provinces to be totally integrated into the Provincial Health Services.

1. Background

A new modern Leprosy Control Project with domiciliary approach using specialized mobile team aimed at finding and treating patients at home was initiated in Hyperendemic provinces with high leprosy prevalence exceeds 20 per ten thousand population according to recommendation and support of the World Health Organization. The Leprosy Control Center in Khon Kaen was set up as a pilot project in 1945-1946\(^{(1)}\). His Majesty the King graciously accepted the Leprosy Control Program as the Royal ‐ initiated Program with his intention to expand the project across the country within eight years\(^{(2)}\).

In 1955-1956 the specialized mobile team of Khon Kaen Leprosy Control Center (Pilot Project) worked out and trained the auxiliary leprosy worker of the mobile team for the finding and treatment of leprosy. Hence, the project was first expanded in 1957 by establishing zonal Mahasarakham Leprosy Control Center to look after 3 provinces namely Mahasarakham, Kalasin and Roi Et\(^{(3)}\). After that the program was expanded to 36 hyperendemic provinces in various regions with prevalence exceeding 20 per ten thousand population\(^{(4)}\).

2. The Leprosy Control Project was extended to the hypoendemic provinces with prevalence originally below 20 per ten thousand population from 1957-1970. During which every provincial medical doctors and public health officers were trained under 6 years orientation training program from 1971-1976 from UNICEF financial support. Then an Integrated Leprosy Control Program was expanded by integration of program to the Provincial Health Services in 1971-1976.

During 1971-1976 the Leprosy Control Program was expanded to 67 provinces. These included 33 former hyperendemic provinces under specialized mobile team with leprosy prevalence became below 20 per ten thousand population and other remaining hypoendemic 34 provinces with prevalence was originally below 20 per ten thousand population. Then in 1971-1976 an Integrated Leprosy Control Program of 67 hypoendemic provinces had transferred to the Provincial Health Services. An implementation of such integrated program was carried out by two means as follow:

\(^{(1)}\) See details in chapter 7  
\(^{(2)}\) See details in chapter 9  
\(^{(3)}\) See details in chapter 10  
\(^{(4)}\) See details in chapter 11
2.1 Medical doctors and public health officers in the 34 provinces of former hyperendemic 40 provinces with previously high leprosy prevalence above 20 per ten thousand population and became lower than 20 per 10,000 population were trained.

There were only six remaining provinces out of 40 hyperendemic provinces under specialized mobile team where the prevalence was still higher than 20 per ten thousand population in 1976 namely; Mahasarakham, Kalasin, Roiet, Surin, Saraburi and Nakhon Sawan. In these 6 provinces the control program by using a specialized mobile team still remained. Moreover, the provincial leprosy control centers were established in each province. The chief of leprosy control in each center was selected from experienced auxiliary leprosy worker which should be senior supervisors who were well trained in health management and had high leadership. The leprosy control center of the 6 provinces were beneficial as demonstration and fields research as well.

After year 1976 till 1980 the prevalence in such six provinces thus reduced to less than 20 per ten thousand population. Medical doctors and public health officers of these 6 provinces were trained in order to sustainable transfer the Integrated Leprosy Control Project to the Provincial Health Services as the next step. After that the leprosy control center in the 6 provinces were closed down and the staffs were moved to 12 Sectoral Leprosy Center that was set up in 1976.

2.2 During 1941 to 1976 the integrated leprosy control program was expanded right at the beginning to 33 hypoendemic provinces of various region with the prevalence was originally below 20 per ten thousand population. Medical doctors and public health officers of the newly integrated 33 provinces were trained. Right at the beginning before the Integrated Leprosy Control Program were totally transferred to the Provincial Health Services during 1971 to 1976(5).

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As for 6 Hyperendemic provinces out of 40 former high endemic provinces under specialised Mobile Teams was still remaining existed (Mahasarakham, Kalasin, Roiet, Surin, Saraburi and Nakornsawan) whereas provincial Leprosy Central Centers were established until prevalence came lower than 20 per 10,000 population in 1980 when Orientation Training was conducted before total Integration of Leprosy services into provincial health services.

The Process integration of Leprosy control made by transfer of one ALW with one Motorcycle to subdistrict Health Center in order to provide Treatment of 50-100 registered cases in neighboring villages around the Health Center, as the static treatment and control unit.

Such ALWs after longer experiences would receive two years training in order to upgrade into permanent official as junior health staff.
2.2.1 Guidelines in total integration of Leprosy Control Program

1. The leprosy prevalence rate less than 20 per ten thousand population.
2. Consist of enough health service centers in order to support sustainability of Integrated Leprosy Control Services.
3. Public health administrators have a positive attitude towards the acceptance of patients and work for leprosy and have given high priority to the Royal Leprosy Control Program.
4. Any district that had more than 50-100 patients registered for treatment one auxiliary leprosy worker with one motorbike should be provided to work at first class health center (that consist of a medical doctor with 10 beds as equivalent to present community hospital) and subdistrict second class health center/ or Midwifery Centers in order to set up as a static leprosy treatment and control unit.
5. Provincial medical doctors and public health officers had positive attitude and accept the leprosy patient to receive anti-leprosy drug in an outpatient building together with readiness to sustainable carry out the Royal Leprosy Control Program.
6. In the 67 provinces with leprosy prevalence of less than 20 per ten thousand population, the provincial medical doctors and public health officers should be trained before transferring the program. This orientation training was carried out within 6 years during 1971 till 1976. The training was held for 216 batches with 30-50 trainees per course of 3 days. So the total medical, health and nursing personnel joined in training were 8,634. A senior medical doctor from Department of Health would explain the strong policy statement in transferring the Leprosy Program in every training course. UNICEF provided fund to every training course for six years (in those days).

2.2.2 Pattern of integration of the Leprosy Control Program into the provincial health services of the provincial health office.

1. Integration of specialized or vertical leprosy control services into the provincial health services in 34 out of former hyperendemic 40 provinces with prevalence of higher than 20 per ten thousand population until the prevalence was less than 20 per ten thousand population.
2. Leprosy Control Division of the Department of Health transferred the Leprosy Control Program to 33 hypoendemic provinces that never had experience in specialized mobile team before and the original prevalence of the leprosy was reported to be below 20 per ten thousand population during 1957-1970. Regard as an expansion by integration of leprosy control services into provincial health service, right at the beginning.
3. For the district and sub-district health center in the area where the leprosy prevalence was mild, that is less than 10 per ten thousand population (Functional
Integration) only the leprosy work will be transferred but not include auxiliary leprosy workers and motorcycles because the leprosy situation in these areas were already under control.

4. For the district and sub-district health center in the area where the leprosy prevalence was moderate with the prevalence of 10-19 per ten thousand population (Organic Integration) the leprosy work including auxiliary leprosy workers and motorcycle were transferred to that health center. The number of the leprosy patient per one health center in these areas was 50-100 people.

5. Only the Partial Integration was transferred at the first stage. While the work in monitoring, follow up of leprosy treatment, survey of the villages, supervision and evaluation etc., were carried out by the provincial leprosy control center in 6 hyperendemic provinces where prevalence remained higher than 20 per ten thousand population and total 12 zonal leprosy center of the Division of Leprosy (6).

2.2.3 Organization of Orientation Training in the course of 3 days.

In 1971-1976 According to the guidelines before transferring the Leprosy Control Program the orientation training to 67 provinces should be carried out. A chief medical officer and deputy director general from Department of Health would explain the policy statement in transferring the program in every training course. The 3 days orientation courses during 1971-1976 worked out by the training team from Rajpracha Samasai Institute and the zonal Leprosy center of the leprosy division. The orientation was about Leprology and Leprosy Control for medical doctors, public health officers and nurses of the provincial health services. The training was held for 216 batches with 30-50 trainee per course of 3 days. So the total medical, health and nursing personnel joined in training were 8,634 (7). (It was the longest 6 years orientation training about contagious disease ever held and spent large amount of resources). The training was Financially supported by UNICEF that contributed to the Royal Charities. All these training aimed for the successful

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6 The zonal or sectoral leprosy center was also responsible for looking after the leprosy colony in their covering province for example, zonal leprosy center, zone 10 in Lampang province would be responsible for Maetha colony in Lampang province, Faikaew colony in Nan province, Malao colony in Chiangrai province and Huaykli colony in Mae Hongson province. In zone with remaining provincial leprosy center and leprosy colony like Khonkaen zonal leprosy center, such center and colony would be also under their responsibility.

7 Details of These orientation Training courses was in reference Number 3.
achievement of the integration of Leprosy Control Program to 67 provinces that had the leprosy prevalence less than 20 per ten thousand population. (The leprosy control centers in 6 hyperendemic provinces where the leprosy prevalence more than 20 per ten thousand population were remained as former specialized program. Those provinces namely Mahasarakham, Kalasin, Roiet, Surin, Saraburi and Nakhonsawan. The Specialized Leprosy Control Program was transferred to these 6 provinces after the leprosy prevalence became less than 20 per ten thousand population in 1980 after the orientation training was conducted. All of orientation courses were evaluated before further implementation of integrated leprosy services\(^{(8)}\). Afterwards, refresher training and seminar for maintaining, quality development and strengthening of health care services were carried out. Moreover, community leaders, village health volunteers, local journalists together with leprosy supervisors and coordinator were also trained continuously (as shown in the photos).

\(^{(8)}\) Details of these evaluation was in reference number 4 and 6.
2.2.4 Objective of the Integrated Leprosy Control Program to be transferred to the provincial public health offices.

1. To reduce the occurrence of new leprosy patients by preventing transmission of leprosy by mean of providing leprosy treatment to registered cases as a source of transmission.

2. The detected and registered leprosy cases should be followed up. until the patients were completely cure so that their names were removed from the registered patients list and reported as under controlled list. In order to decrease the prevalence rate and detection rate of new cast in provincial and district level.

3. To limit and prevent disability and rehabilitate disable patients and people who was affected by leprosy.

4. To prepare and strengthen public health services and communities in order to support leprosy control and treatment as well as welfare and rehabilitation of the leprosy patients and the people affected by leprosy.

2.2.5 Main activity of the Leprosy Control Project initiated by his Majesty the King according to above objectives was to transfer the operation of leprosy control to 67 provincial public health services during 1971-1976. The program was also transferred to another 6 provinces with provincial leprosy center in 1980. Finally, in 1994 the leprosy was eliminated as a public health problem (leprosy prevalence was less than 1 per ten thousand population) prior to the eliminating goal of WHO in 2005.

2.2.6 The success in transferring the Leprosy Control Program during 10 years was evaluated in Phuket provinces. The procedure was to conduct random sampling survey for both epidemiology and operation of leprosy control in every 5 years in 1972 and 1981. The result indicated that the leprosy control was highly successful and effective according the objective, criteria and indicators of the Leprosy Control Project(9)-(11).


Figure 1: Main Activities of Leprosy control under the Royal initiative which was integrated into provincial Health Services of 67 provinces under monitoring and Technical Support of the Leprosy Division, Department of Health.

Department of Health

Leprosy Division

Rural Health Division

Provincial Health office
(Provincial Public Health Office at present)

Communicable Disease Control Section

Provincial Health Service system: Regional Hospitals/General Hospitals/Community Hospitals
(Former First Class District Health Center/Subdistrict second class Health Center
(Present subdistrict Health Promotion Hospital)

Survey of Hidden and New Case in the community
- Health Education Through Mass. Media, Village News disseminating center, school and community Health service center
- Leprosy screening from out-patients of Hospital and health center
- Annual Contact Tracing and School Survey by Health Staff
- Rapid Village Survey (RVS) by Mobile team of Zonal Leprosy Center in Epidemiological Trageting village

Monthly Monotherpy by Dapsone at Treatment Center
- Monthly Treatment by Daily Dose of Dapsone at Treatment Center in the Hospital or Health Center (Change into New Multidrug Therapy as Recommended by who since 1985)
- Clinical and Bacteriological Assessment Every 6 Months for paucibacillary case (PB) and 12 months for Multibacillary case (MB) By Mobile Clinical Assessment Team of Zonal Leprosy Center

Prevention of Deformities, Welfare and Rehabilitation
- Health Education on Prevention of Deformities
- Teaching and Demonstrating of Self-prevention and Self Care of Leprosy patients at Self - CARE Clinic in the Hospital and Health Center
- Preventive Measures and Management for Deformities at self-Care Clinic
- Refer selected cases for Reconstructive surgery
- Community preparedess for community based welfare and Rehabilitation of Leprosy patients

Mobile Health Education and Rapid Village Survey team of Zonal Leprosy center

Mobile Clinical and Bacteriological Assessment Supervisory Team of Zonal Leprosy Center and The Leprosy Division

(12) (13) Change to New Department of Communicable Disease Control in 1974 and Department of Disease control in 2002 and Establishment of 12 Regional office of prevention and control of Disease with Downsizing of Zonal Leprosy Center into Leprosy Group.
3. The leprosy organization was reorganized from under the Health Department to be under the New Department of Communicable Disease Control in 1974.

In 1976 the regional and zonal leprosy control center were abolished after the leprosy control program was transferred to 67 Hypoendemic provinces and modified to 12 zonal or sectoral leprosy control centers during 1971-1976. These 12 centers supported integrated leprosy control in various provinces. Then the Ministry of Public Health was reorganized in 1974 and a new Department of Communicable Disease Control was established. The Technical Division and the Hospital for the treatment, prevention and control of communicable diseases were separated from the former Department of Health and was under the newly established department of communicable disease control. Phrapradaeng Hospital was then move from Leprosy division and was established as the Division of Praprapradaeng Hospital.

In 2002, The Ministry of Public health was Reorganized again and Department of Communicable Disease Control was changed into Department of Disease Control. Meanwhile, The Phrapradaeng Leprosy Hospital merged with the Leprosy Division forming into Bureau of Rajpracha Samasai Institute which fulfilled the Royal wish of H.M. the King who founded this Institute in 1960.
4. The success of the transferring and integration of Leprosy Control Program in to 67 provinces where the prevalence is less than 20 per ten thousand population in 1971-1976 was summarized in Figure 2.

Figure 2: Cumulative Number of Registered and new Detected Leprosy cases in 67 integrated provinces where Leprosy control was transferred to provincial health Services in 1971-1976 after orientation training courses were given to total 8634 medical and health and nursing staffs in 216 batches with 30-50 Trainees per course of 3 days.

- Specialized or Vertical Leprosy Campaign covered 40 Hyperendemic provinces with prevalence higher than 20 per 10,000 population in 1957-1970. And Integration of Leprosy control was given to 34 out of 40 provinces where prevalent became lower than 20 per 10,000 population.
- Integration of Leprosy control Right at the Beginning was carried out in 33 provinces with original prevalence. Lower Than 20 per 10,000 population in 1957-1970.

The cumulative number of patients and new detected cases are as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>2514</th>
<th>2515</th>
<th>2516</th>
<th>2517</th>
<th>2518</th>
<th>2519</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>112,362</td>
<td>114,005</td>
<td>115,634</td>
<td>117,538</td>
<td>119,334</td>
<td>122,050</td>
</tr>
<tr>
<td>New Patients Detected Annually</td>
<td>1159</td>
<td>1643</td>
<td>1629</td>
<td>1904</td>
<td>1796</td>
<td>2716</td>
</tr>
</tbody>
</table>

Cumulative Number of registered patients since the beginning of project’s expansion in 1957-1970 in total of 111,203
References


5. Ramasoota T, Sampattavanich S, Ochasanonda P and ITo T. Results of five years on integration of Leprosy control into the provincial Health service of Phuket, Southern Thailand. Leprosy review, 1979; 44; 261-264


Chapter 12

Leprosy was successfully under control and Elimination as the public health problem and developed to sustainable Elimination in accordance with the Royal initiatives.
Leprosy was successfully under control and Elimination as the public health problem and developed to sustainable Elimination in accordance with the Royal initiatives.

1. Background information before successfully elimination of leprosy in 1994

1.1 The story mentioned in chapter 1-11 clearly showed continuously achievement of Rajpracha Samasai Theory of His Majesty the King. (the king and the people assist mutually). In 1960-1964 His Majesty the King had given Rajpracha Samasai theory and laid the foundation of Rajpracha Samasai Institute which comprised of 3 mains organizations namely Rajpracha Samasai Institute, Rajpracha Samasai Foundation etc. and Rajpracha Samasai School. Thai people, businessmen, domestic, private and government organizations and international organizations overwhelming joined to support The Royal-initiated Leprosy Control Program. Thus, the Leprosy Control Program expanded to cover every province and totally transferred to provincial health services. And leprosy was successfully under control exquisitely and wonderfully since then.

1.2 The main factor for the successfulness of Leprosy Control mentioned above derived from application and responding of Rajpracha Samasai Theory of His Majesty the King. Thai communities, Thai people, private and government authorities and international organizations overwhelming joined to support the Leprosy Control Program gracefully and wonderfully that had never happened in any public health program before.

2. Development Towards Elimination of Leprosy as a Public Health Problem

2.1 The continuous application of Rajpracha Samasai Theory of His Majesty the King together with the development and quality control of the Partial and Total Integration of Leprosy Control Program were the main factors in the successfulness of leprosy
control in 1994. Besides, the other factor was after the dapsone resistance in 1983.\(^{(1)}\) This could be explained as Dapsone Monotherapy was the only mean in leprosy control since 1957 - 1983 when the program was expanded and integrated to every provincial public health office and service. After that, Multidrug Therapy (MDT) was introduced instead on the recommendation of World Health Organization (WHO).\(^{(2)}\) The multidrug therapy was highly effective since 1985 resulting in dramatically decreasing in the rate of leprosy prevalence to less than one per ten thousand population in 1994. The success in elimination of leprosy in Thailand was before WHO’s target year in 2005. The multidrug therapy was an important new development breakthrough the sucessfulness of leprosy control as shown in the figure.

Figure 1: Leprosy situation in Thailand from 1984 - 2014 before and after successful Elimination of Leprosy in 1994.

\textbf{2.2 During 1982- 1986} the measure in leprosy treatment had been changed in the mid of the Fifth National Health Development Plan. Since 1984 Multidrug Therapy (MDT) \(^{(2)}\) was used for leprosy treatment as recommended by WHO which efficacy was very high. The bactericidal drug could kill living bacteria on patient skin within 3 weeks. It took only 6 months for the treatment of Paucibacillary Leprosy (PB) and 2 years for Multibacillary Leprosy (MB)\(^{(3)}\). The result of the training in Multidrug Therapy to medical doctors and public health officers during 1984 - 1989 was an important factor for increasing the effectiveness in permanent and sustainable elimination of leprosy as shown in figure 1, 2, 3, 4 and Table 1.

Table 1  Orientation training in Multidrug Therapy to medical doctors and public health officers in every province during 1984 -1989 (3 days per course). There were total 14,272 trainees.

<table>
<thead>
<tr>
<th>Year Training &amp; Program Expanding</th>
<th>Number of province</th>
<th>List of provinces for program expanding &amp; training</th>
</tr>
</thead>
<tbody>
<tr>
<td>1984</td>
<td>3</td>
<td>MahaSarakham, Kalasin, Roi Et</td>
</tr>
<tr>
<td>1985</td>
<td>12</td>
<td>Chon Buri, Saraburi, Kanchanaburi, Nakhon Sawan, Ranong, Phuket, Phangnga, Krabi, Chumphon, Surat Thani, Nakhon Si Thammarat, Phatthalung</td>
</tr>
<tr>
<td>1986</td>
<td>13</td>
<td>Suphan Buri, Nonthaburi, Lopburi, Trat, Prachuap Khiri Khan, Surin, Khon Kaen, Ubon, Uthai Thani, Phitsanulok, Lampang, Lamphun, Songkhla,</td>
</tr>
<tr>
<td>1987</td>
<td>20</td>
<td>Sukhothai, Chaiyaphum, Kamphaeng Phet, Ratchaburi, Narathiwat, Chanthaburi, Buri Ram, Mae Hong Son, Satun, Ayuthaya, Thailand, Loei, Nong Khai, Udon Thani, Ang Thong, Samut Sakhon, Nakhon Ratchasima, Sakon Nakhon, Yasothon, Samut Songkhram.</td>
</tr>
<tr>
<td>1988</td>
<td>12</td>
<td>Phetchabun, Pattani, Phichit, Yala, Si Sa Ket, Nakhon Nayok, Tak, Chachoengsao, Prachin Buri, Nakhon Pathom, Thailand, Phetchaburi.</td>
</tr>
<tr>
<td>1989</td>
<td>12</td>
<td>Chai Nat, Sing Buri, Nakhon Phanom, Mukdahan, Uttaradit, Phrae, Nan, Chiang Rai, Phayao, Trang, Samut Prakan, Pathum Thani.</td>
</tr>
<tr>
<td>Total (except Bangkok)</td>
<td>72</td>
<td>72</td>
</tr>
</tbody>
</table>
Figure 2: Leprosy situation showing decreasing Trends of prevalence rate per 10,000 population from 1994 - 2014 after successful Elimination in 1994.

Figure 3: Leprosy situation showing decreasing Trends of Detection rate of new case of Leprosy per 100,000 population from 1994-2014 after successful Elimination of Leprosy in 1994.

Source: Rajpracha Samasai Institute, Department of Disease control
2.3 An expansion of Multidrug Therapy (MDT) for leprosy treatment was the target in the Sixth National Health Development Plan during 1987 - 1991. The plan was succeeded as MDT leprosy treatment was expanded in every province all over the country in the middle of the Sixth National Health Development Plan in 1989.

2.4 In 1990 The Ministry of Health appointed expert team in Leprosy Free Area (LFA).

The expert team mentioned above had reviewed the situation and progress of the leprosy control including the target to eliminate leprosy etc. The expert team defined principle and operational guidelines as well as an expansion of Leprosy Free Area (LFA) by the definition as follow:

1) Refers to an area with the leprosy prevalence rate less than one patient per one hundred thousand population.
2) Annual Detection Rate of new case less than one per one hundred thousand population for at least three consecutive years.

By focusing exclusively to non-public health issue of leprosy which not include all the problems of leprosy such as disability, social problems, including social prejudice and stigma or any other issues effected from leprosy.

2.5 Elimination of leprosy was successfully achieved in 1994 before the year 2005 which was the target of the World Health Organization. Thailand was able to reduce the leprosy prevalence rate of 50 patients per ten thousand population from the beginning of The Royal-initiated Leprosy Control Program in 1957 to less than rates of one per ten thousand population, (0.8 per ten thousand) in 1994. This success happened in accordance with the Royal initiatives before the year 2005 which was the target of the World Health Organization.

2.6 On June 2, 1997 at Dusidalai Hall Chitralada Villa Royal Residence, Dusit Palace, His Majesty the King graciously granted an audience of the Committee of Raipracha Samasai Foundation to lead the group of 314 people involved in the successes of Leprosy Control. They are administrators from Ministry of Public health and representatives from domestic and international organizations. The team had a chance to pay allegiance and celebrate the Fiftieth Anniversary (Golden Jubilee) Celebrations of His Majesty’s Accession to the Throne in this auspicious year, and respectfully reported that eliminating leprosy was achieved the objectives in 1994 in accordance with the Royal Initiatives.

His Majesty King graciously gave an hour speech to the team. Later on His Majesty the King edited his speech from the recorder and kindly published in a book of 64 pages in both English and Thai paging to further distribute to the public. (4) This is considered to be one of his immensely divine graces which never happened in any public health program before as shown in some part of His Majesty the King Speech below.

“First of all, I must thank the committee members and all responsible for the progress of the Rajpracha Samasai Foundation who have come here today to rejoice at our success resulting from the efforts made by the Foundation. The fact is really astounding.

“…There was a noteworthy incident which I must tell you about. It was in the early period of the work; the disease dreaded by everyone and had to be studied in order to render assistance. It was when we went on a tour of the provinces (Narathivas, March 25, 1959); I saw sitting among the people, a man who has leprosy; my personal doctor pointed out the man to me, saying that the man had “that kind of disease”, not daring to say it out loud that

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it was leprosy. Anyway, I approached the man and asked where he lived and how he was doing. My doctor was shocked and was alarmed. This meant that even a doctor did not know that the disease is not easily transmitted. Eventually, I went to the Phrapradaeng Hospital. It made the patients there understand that there were people who would help them; doctors and the general public were interested. The patients there began to see the light; they were encouraged. The patients’ morale is essential. The encouragement is two folded: one is the willingness to get admitted to the hospital; the other is the agreement to receive the treatment. In the past they ran away when the word “hospital” was mentioned, and once admitted, they would seize on the first opportunity to run away. They refused to be treated, and that is a most dangerous thing”

His Majesty the King policy and theory given to committee of the Rajpracha Samasai Foundation and representative of related agencies involved a total of 314 people at Dusidalai Hall, Chitralada Villa, Dusit Palace on June, 2 1997.

“....Today, I have spoken in this manner so that we can rejoice that we have been successful in our efforts towards the eradication of leprosy, and in raising the morale of both the workers and the patients along with that of their families. It has been a great success and we must continue our work because the 0.5 person in every ten thousand still has to be cared for. Moreover, the important thing for the future is that leprosy in the world has not yet been eradicated. In this era of - I must use this word - globalization, everything is easily communicated; disease can also be easily transmitted across the borders. This is particular true of our close neighbors where the disease still exists, and their citizens have entered our country, our authorities being helpless in stemming the flow. The statistics show that their number is in the hundreds of thousands……

…This is the duty, or it could be called the future mission that we have to do in the future; we cannot rest on our laurels after a victory; we cannot stop working….

…Thus, I Leaved you with a dual mission and the understanding that your duty is not yet completed and work must go on. If you are dedicated to your task, the people all over the country will be grateful to you and will appreciate your good action....”
After leprosy had been eliminated in 1994 Chairman of Rajpracha Samasai Foundation brought the committee and all people involved to meet in audience and respectfully reported the success in eliminating leprosy as mentioned above on 2, June 1997. The success derived from the implementation according to His Majesty the King’s Policy and Theory in monitoring and expediting the program and at last sustainable eliminating leprosy could be achieved in accordance with the Royal initiative(5).

Rajpracha Samasai Institute and Department of Communicable Disease Control, Ministry of Public Health, with the support from Rajpracha Samasai Foundation had cherished His Majesty the King Policy and Theory as mentioned above to set up Leprosy Elimination Campaign (LEC) since 1997. The Campaign was for the honor of His Majesty the King and to stimulate administrators and officers of public health service, periodically, to realize an importance of The Royal-initiated Leprosy Control Program including future issues gave by His Majesty the King in 1997 after the success in eliminating leprosy. That is to sustainable control and elimination leprosy continuously and to stimulate community and people to contribute for the Royal Charities. In order to find out the remaining leprosy patients in the community to come for the treatment so that sources of leprosy could be totally eliminated. (6)

The Special Campaign Projects were summarized in the Table 2 and Figure 5 below.

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(6) WHO Action Program for the Elimination of Leprosy, Leprosy Elimination Campaigns (LEC) and special action program for the Elimition of Leprosy (SAPEL)
<table>
<thead>
<tr>
<th>Number</th>
<th>Name of Project</th>
<th>Year</th>
<th>Main Objective</th>
<th>Target Area</th>
<th>Campaign Activity</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Campaign Project in Leprosy Elimination Dedicated for The Royal Charities for the Celebrations on the Auspicious Occasion of 50th Anniversary of His Majesty the King Accession to the Throne in 1996. (The PRR. 50 Project)</td>
<td>1996-1997</td>
<td>- honor - encourage health service centers, community and people to collaborate in detection of the leprosy patients remained in the community to come for the treatment - stimulate knowledge and awareness on an importance of leprosy control</td>
<td>Nationwide</td>
<td>- health Education - exhibition - grant returns to patients and people who found the patients</td>
<td>- detection of 935 leprosy new patients - increase recognition and participation in all sectors for the Royal Charities</td>
</tr>
<tr>
<td>2.</td>
<td>Campaign Project in Detection of the Leprosy patients in community where the leprosy prevalence rate was high dedicated to the Royal Charities for the celebration on the Auspicious Occasion of His Majesty the King 72 Birthday Anniversaries. (The PRR.72 Project)</td>
<td>2000 - 2001</td>
<td>- honor - encourage community and people to search for leprosy patients remained in the community to come for treatment - stimulate knowledge and awareness on an importance of leprosy control</td>
<td>126 districts of 36 provinces where the leprosy prevalence rate were over 1 per ten thousand population</td>
<td>- health Education - informed community leaders and volunteers and people to search for leprosy patients remained in the community to come for treatment to contribute to the Royal charities - health service centers screened for more leprosy patients from outpatients</td>
<td>- search for more new and remained patients - health service centers have enough knowledge and realized the importance of leprosy</td>
</tr>
<tr>
<td>3.</td>
<td>Campaign Project in Acceleration of Sustainable Leprosy Elimination Dedicated for The Royal Charities for the Celebrations on the Auspicious Occasion of His Majesty the King 75 Birthday Anniversaries on 5 December, 2002. (The PRR.2002 Project)</td>
<td>2002</td>
<td>Same as 2</td>
<td>93 districts had high leprosy prevalence more than one per ten thousand population in 72 provinces.</td>
<td>Same as 2</td>
<td>Same as 2</td>
</tr>
<tr>
<td>4.</td>
<td>Campaign Project in Leprosy Elimination in the area where leprosy remained public health problem dedicated to the Royal Charities on the Auspicious Occasion of 60th Anniversary of His Majesty the King Accession to the Throne in 2005 (The PPR 60 Project). (7)</td>
<td>2005 - 2007</td>
<td>Same as 2</td>
<td>73 districts had high leprosy prevalence more than one per ten thousand population in 27 provinces.</td>
<td>Same as 2</td>
<td>Same as 2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number</th>
<th>Name of Project</th>
<th>Year</th>
<th>Main Objective</th>
<th>Target Area</th>
<th>Campaign Activity</th>
<th>Achievement</th>
</tr>
</thead>
</table>
| 5.     | Anniversary of His majesty the King Accession to the Throne in 2006 (PRR 60 Project) Leprosy Elimination Accreditation project (LEA) | 2013 - now | - first new innovative in the world 
- To develop and control the standard quality of leprosy elimination of relevant organizations in provincial public health system 
- Boosting morale to public health officers 
- support in sustainable leprosy elimination                                                                 | Trial in the Contracting Unit for Primary Care (CUP) such as 6 community hospitals in 6 provinces namely Pathum Thani, Buri Ram, Chaiyaphum, Kalasin, Chiangmai and SuratThani | - workshop in determination of standard quality indicator of Leprosy Elimination Accreditation 
- issue guideline for surveyors training surveyors 
- survey test 
- seminar in the revision of guidelines/standard indicators 
- panel discussion in accreditation 
- workshop in quality accreditation | - Result from Innovative Project testing was effective and ready for practical application and expansion to support sustainable leprosy elimination |
| 6.     | Campaign Project of Rajpracha Samasai 50 Years anniversaries dedicated in accordance with the Royal Initiatives and Celebration on the Auspicious Occasion of His Majesty the King 84 Birthday Anniversaries and 50 Years anniversaries of conferring Rajpracha Samasai Foundation (PRR 84 project) | 2011 - 2015 | - accelerated in decreasing clear disability (level2) in leprosy new patients and complete eliminate disease dissemination in the community 
- decrease rate of level 2 disability in leprosy new patients per one hundred thousand population to 50% when compare t year 2010 | Risky area where there were new Pediatric Patients in the past 5 years or new leprosy patients every year in the past 5 years or there were total leprosy new patients more than 10 patients in the past 5 years | Same as 2                                                                                                  | Achieved main objective                                                                 |
| 7.     | Campaign Project Thai Unity to Express Utmost Loyalty to the Chakri Dynasty on 105 years of leprosy control and His Majesty the King benevolence to Rajpracha Samasai | 2013 - 2014 | - in order that the public could pay gratitude to His Majesty the King and the Royal Chakri Dynasty Family divine grace 
- to provide knowledge to people in order to recognized in leprosy control and joined in detection leprosy new patients in the community | Same as 6                                                                                                   | Same as 2                                                                                                  | - achieved main objective                                                                 |
| 8.     | Campaign Project in 20 years success in Leprosy elimination in accordance with the Royal Initiatives (after the success in leprosy elimination in 1994) | 2014       | - to accelerate new leprosy patients to more rapidly join in the health service system so that the patients could be cured before getting disability and could live their lives happily in the community | Same as 6                                                                                                   | Same as 2                                                                                                  | - achieved main objective                                                                 |

(8) Rajpracha Samasai Institute, Department of Disease Control. Guideline for Provincial Leprosy Elimination Accreditation. Bangkok : Express Transportation Organization of Thailand, 2004

The History of Leprosy in Thailand by Prof. Teera Ramasoota, M.D.
According to His Majesty the King Remarks and his assignment on June, 2, 1997 Rajpracha Samasai Institute, Rajpracha Samasai Foundation and Ministry of Public Health had carried out projects in accordance with the Royal initiatives and remarks

1) Project on Surveillance, detection and treatment of leprosy of Thai people and alien labors in accordance with the Royal Initiatives (as detail explained in chapter 13)

2) Project on Sustainable Elimination of Leprosy (as detail in chapter 12)

3) Project on survey of the disability and providing rehabilitation of people affected by leprosy in network area.

4) Project on Establishment of Rajpracha Samasai Spirit Volunteer Society in Subdistricts and Organizations in accordance with the Royal initiatives in 2010 - 2014 (as detail in chapter 24)

5) Project on Expansion of Rajpracha Samasai Spirit Volunteer Societies as initiated by Her Royal Highness Princess Maha Chakri Sirindhorn in order to support moral, social, health, and environmental and national security reform (as detail in chapter 24).

3. Development of Sustainable Elimination of leprosy has achieved the objectives in accordance with the Royal initiatives in 2513 before the target year of WHO in 2020.

3.1 The objective of the National Health Development Plan in 1997 - 2001 was to decrease the leprosy prevalence rate in every district all over the country to be less than 1 per ten thousand population. And to decrease visible disability rate (level 2) in new patients to be less than 7%. The result could be obtained by emphasized in Early detection, prevention and minimize disability of leprosy patients including the cured patients with disabilities. Moreover, technology in leprosy control and prevention of disability should be developed and transferred to local health workers.

3.2 Leprosy Elimination Campaign (LEC) for people and community to contribute for the Royal Charities in detection of the leprosy patients remained in the community with leprosy prevalence rate over the expected level of 1 per ten thousand population.

Rajpracha Samasai Institute and Foundation had established and operate the Campaign Projects in Leprosy Elimination Dedicated for the Royal Charities (PRR) on special occasion in order to encourage community and public health organizations and local governments and other relevant organizations to contribute for the Royal Charities in detection the leprosy patients remained in the community where the leprosy prevalence was high or had epidemiological problem in order to get early treatment before disability and disease dissemination occur such as ;
1) The PRR.50 Project for the Celebrations on the Auspicious Occasion of 50th Anniversary of His majesty the King Accession to the Throne (Golden Jubilee) in 1996.

2) The PRR.72 Project for the Celebrations on the Auspicious Occasion of His Majesty the King 72th Birthday Anniversaries in 2000. In order to expedite leprosy elimination campaign in 126 districts of 36 provinces where the leprosy prevalence rate were over 1 per ten thousand population.

The result after the end of the Fourth National Health Development Plan in 2001 revealed that there was only one province, Narathiwas and 79 districts of 25 provinces that had the leprosy prevalence rate over 1 per ten thousand population. But the proportion of disability (Grade 2) in the new patients was 14% higher than the original which reflected that detection for the new patients was not thorough and not rapid enough.

3) The PRR.2545 or PRR 75 Project for the Celebrations on the Auspicious Occasion of His Majesty the King 75th Birthday Anniversaries in 2002.

The leprosy campaign was carried out in 97 districts of 32 provinces where the leprosy prevalence rate were more than 1 per ten thousand population. Village Health Volunteers and community leaders in 93 districts worked together to dedicate to the Royal Charities in expediting the detection and stimulating the patients remained in the village to come for the treatment to prevent disability and provide more effective rehabilitatin. In this way the source of disease transmission would be eliminate and enhanced in leprosy elimination in the area where the leprosy prevalence was high in order to support Sustainable Leprosy Control Program.

4) The PRR.60 Project for the Celebrations on the Auspicious Occasion of His Majesty the King 60th Anniversaries of His Majesty the King Accession to the Throne in 2006 (The PPR 60 Project).
The leprosy campaign was carried out during 16 January 2005 to 9 June 2007. The areas for the campaign were in 55 districts of 22 provinces where leprosy was remained the public health problem that prevalence was over 1 per ten thousand population. Besides, to expedite the campaign in other 73 districts of 27 provinces for sustainable elimination of leprosy (as detail explained in Table 2).

3.3 The Sustainable Leprosy Control Program was updated in the Ninth National Health Development Plan, 2002 - 2006 such as;

1) In 2002, The Ministry of Public Health had reformed the organizations within the ministry and changed from the former Department of Communicable Disease Control to Department of Diseases Control. The new Department had more tasks to look after including prevention and control of communicable diseases, non-communicable diseases and occupational and environmental medicine. In addition, Division of Leprosy and Phrapradaeng Leprosy Hospital were merged and established Rajpracha Samasai Institute instead so that overall mission in leprosy control, tertiary care and rehabilitation could be uniting effectively. Most important is to honor to His Majesty the King who established Rajpracha Samasai Institute in 1960 and to develop this Institute to be Leprosy Excellent Center of the country and in ASEAN in accordance with the Royal initiatives and commitment in the mission of education training and research, health development and standardization. Moreover, to transfer knowledge and technology in leprosy prevention, control, treatment and prevention of disability including rehabilitation of the leprosy patients and people affected by leprosy.

2) Primarily targeted towards the elimination of leprosy as a public health problem was that the prevalence less than 1 per ten thousand population in district and sub-district. Including acceleration to decrease the economic and social problems of the leprosy patients and reduce the proportion of disability in new patients etc. in order to expedite sustainable leprosy control in long term.

3) After leprosy was under control in 1994 post elimination of Leprosy was expedited in 2002 emphasized in quality control and Elimination of leprosy in provinces with low endemic condition. (9) (10)

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Moreover Rajpracha Samasai Institute had created “Leprosy Accreditation: LA in the province” by set up “Provincial Leprosy Accreditation Committee” in order to set up standard index. As well as held the workshop in training medical doctors and public health officers so that they will further act as surveyors to survey, advice and assess the quality of provincial public health offices \(^{(11)}\).

4) The Leprosy Accreditation Project was benefit in quality and standard control of Sustainable Leprosy Control Program in the provincial health care system of the districts and provinces where the leprosy patients had registered for treatments. As well as knew where the leprosy trained medical doctors and expert dermatologists worked in, such as provincial hospitals of the Ministry of Public Health and other organizations which would be useful to people who interested and was voluntary in help supporting leprosy control and volunteers.

5) Establishment of hospital network specialized in leprosy (Node) in the Referral system.

As the leprosy prevalence rate greatly reduce that 80% of overall districts in the country had no registered patients at all led to difficulty in maintaining knowledge and expertise in leprosy diagnosis, treatment, prevention, control and rehabilitation of disable patients of the medical doctors, nurses and public health officers in regional hospitals, general hospitals, community hospitals and hospital for health promotion in the subdistricts.

Thus, Rajpracha Samasai Institute had worked out in coordinating with such hospitals in order to determine leprosy specialized hospitals. Thus, complete personnel of dermatologists, specialized leprosy medical doctors and professional team should be in these regional hospital and general hospitals including also Rajpracha Samasai Institute and Mckean Institute in every Regional health services. system. All the mentioned places should be ready in receiving the patients from the referral system who already received preliminary process on surveillance for case finding and, screening for suspected cases, new detected patients or patients with complications from village and sub district volunteers, subdistrict health promotion hospitals, district hospitals or community hospitals and general hospitals in order to refer to such specialized hospitals (Node). The regional or provincial specialized hospitals (node) would then confirm the diagnosis and treat the referred patients. And coordinated in the further follow up in leprosy control based on the leprosy elimination quality control and standard with refered hospitals in the health service and referral system.

6) The Project “Training in Leprology, Leprosy Control and Elimination” to the third year dermatology residents was held every year by close collaboration between Rajpracha Samasai Institute and the Intern Training Institute in dermatology, Dermatologist Association of Thailand.

Rajpracha Samasai Institute set up this training project under the responsibility of Dr. Kulprapas Prayayutakul, senior expert in leprosy and dermatology. Total of 30-50 third year dermatology residents were trained in “Leprology, Leprosy Control and Elimination” At Rajpracha Samasai Institute every year by Collaboration with Intern Training Institute in dermatology and Dermatologist Association of Thailand. After completion of such training, the residents were dispatched to various provincial hospitals to screen and treat the leprosy patients or refer the problematic patients through the referral system mentioned above to further support more effective sustainable leprosy elimination.

7) On 16 July, 2003 Her Royal Highness Princess Maha Chakri Sirindhorn on behalf of His Majesty the King graciously granted an audience to Rajpracha Samasai Foundation committee to present the progress report at Dusidalai Hall, Chitralada Villa (as detail in chapter 5) which led to the establishment of The New Project of Expansion of Rajpracha Samasai Spirit Volunteer Society for subdistricts and organizations (as detail in chapter 24).

8) In 2005 Rajpracha Samasai Institute, Department of Diseases Control had started The Integrated Project in Transferring Leprosy Settlement (Colonies) to Normal Community after successful elimination of leprosy in 1994 in order to achieve the ultimate goal of leprosy control “Social integration of people affected by leprosy and to improve the quality of life of persons affected by leprosy (as detail in chapter 14).

3.4 During 2007 - 2016 The Sustainable Leprosy Elimination Project had improved according to the Tenth National Health Development Plan (year 2007 - 2011) and the Eleventh (year 2012 - 2016) by adding up more detail as in the Ninth and Tenth National Health Development Plan such as

1) Rajpracha Samasai Institute, Department of Diseases Control had expedited an operation following the leprosy elimination strategies and had built up capacity of the regional and provincial medical and health together with other related staffs.

2) The surveyors’ team of Rajpracha Samasai under the Department of Disease Control had visited the hospitals under Ministry of Public Health, provincial health offices and regional disease prevention and control offices which were in charge of the Leprosy Elimination Accreditation Project (LEA) in order to access, evaluate, certify and then awarded the Leprosy Accreditation Certificate. The Leprosy Accreditation Committee had considered in raising quality standards of leprosy treatment. and
Control. Moreover, promoted training and building capacity of medical doctors, nurses and public health officers in the provinces which responsible in leprosy treatment and control. So that they could diagnose early manifestation of peripheral nerves damage which developed neuritis by increasing their the ability of using monofilaments in testing of sensation for early diagnosis and treatment of neuritis which was new developed technology for more effective prevention of further nerve damages and disabilities.

3) On the Auspicious Occasion of His Majesty the King 84th Birthday Anniversaries in 2011 and Rajpracha Samasai 50th foundation anniversaries graciously laid by His Majesty the King The Special Campaign Project “Rajpracha Samasai 50th Years Anniversary dedicated in accordance as the Royal Initiatives” under Department of Disease Control had carried out various campaign projects similar to the PRR. 60 Projects. In order to expedite in decreasing visible disabilities (level 2 or G2D) in leprosy new patients to obtain the result in regard to the Target of Sustainable Elimination of Leprosy. And to expedite sustainable leprosy elimination as WHO target in 2020 as well as in accordance as the Royal Initiatives (12).

4) In 2005 - 2015 Rajpracha Samasai Institute, Department of Diseases control had issued new target according to WHO as follow:

1) Set the goal to reduce 50% rate of visible disabilities (level 2 or G2D) in new case of leprosy per 100,000 population when compare to year 2010.

2) To decrease detection rate of visible disabilities (level 2) in new leprosy patients to less than 1 per one million population as set in the goal in 2020 this indicated successful Sustainable Elimination of Leprosy.

3) Standardized and quality control of standard and leprosy elimination index especially in screening suspected leprosy symptom and first stage of Leprosy Manifestation of every provincial public health center. Including improved transferring or Referral system of suspected cases or first stage of Leprosy Manifestation for diagnosis and

treatment in the leprosy expertise public health center (Node) e.g. General hospitals and regional hospitals in the system.

4) expedited the detection of new leprosy cases in risky areas indicated epidemiological prerequisites such as the area where the new children patient were found in any year in the past 5 years. This reflected active and recent transmission of leprosy or detection of new leprosy patient was found every year in the past 5 years or had more than 10 new patients in the past five years. The detection of new patients could be expedited by Rapid Village Survey (RVS), disease investigation after any diagnosis of new cases and follow up any households contact in the house, neighboring contacts, social contacts and work place contacts which had a chance to meet each other in the past 3 months etc.

5) In 2013 Rajpracha Samasai Institute, Department of Diseases Control with the support of Rajpracha Samasai Foundation and Ministry of Public Health had set up special campaign project “Campaign Project Thai Unity to Express Utmost Loyalty to the Chakri Dynasty for royal contribution to support leprosy works for 105 years after first establishment of McKean Institute in 1988 and His Majesty the King benevolence to Rajpracha Samasai” during 16 January, 2013 to 16 January, 2014. The campaign activities were outreach to the media, educational lectures in medical and public health institutions in the region by the president of Rajpracha Samasai Foundation. The book “Role of His Majesty the King and the Royal Family of Chakri Dynasty in Leprosy works in the Past 105 years”(13) was published for distribution and advertisement about leprosy works in Thailand since the setting up of the first McKean Leprosy Institute in Chiangmai in 1908.

The campaign was carried out in similar to PPR. 60 Projects to stimulate people and community to realize in the duties of His Majesty the King and member of the Royal family in leprosy control. And in detection of new leprosy patients remained in the community together with Rapid Village Survey (RVS) in target area according to the Epidemiological and operational indicator.

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(13) Teera Ramasoota. Roles of His Majesty the King and His Royal Families of Chakri Dynasty in Leprosy works during past 105 years. Bangkok : Master Key Co., Ltd., 2012.
6) In November, 2011 Her Royal Highness Princess Maha Chakri on behalf of His Majesty the King graciously granted an audience to Rajpracha Samasai Foundation committee to present the progress report at Dusidalai Hall, Chitralada Villa, Dusit Palace (as detail in chapter 5) which led to the establishment of The project on Rajpracha Samasai Spirit Volunteer Society in Sub-district and organizations (as detail in chapter 24).

7) In 2013 Thailand had succeed in decreasing detection rate of new leprosy patients with visible or grade 2 disabilities to less than 1 per one million population before WHO target year or sustainable elimination of leprosy in 2020. This indicated that Thailand had be able to sustainably eliminate leprosy in accordance with the Royal initiatives, in 2013.

8) In 2014, Rajpracha Samasai Institute had set up special campaign project “The Twentieth Year Celebration on the Success of Leprosy Elimination in accordance with the Royal Initiatives” supported by Rajpracha Samasai Foundation. After succeed in leprosy Elimination as a public health problem in 1994 people and community and public health service system were stimulated to rapidly and thoroughly detecting for leprosy new patients remained in the community in order to cure before becoming disability and further leprosy transmission. Including early treatment and look after disable leprosy patients and elderly patients to have good quality of life and be able to live happily and normally in community and society and were recognized of the rights and dignity of the human being equally.

4. Increasing community participation in setting up The Project on Rajpracha Samasai spirit volunteer society. This leading to the succeed in sustainable leprosy control in 2013 before WHO’s target year in 2020.

Leprosy control in Thailand was succeed in 1994 and effort in the improvement of standard and quality of control of leprosy as mentioned in earlier chapter and from His Majesty the King assignment in 1997 to continue in surveillance and detecting leprosy in Thai and alien labors. Resulting in the Ministry of Public Health to set up the project in surveillance, detecting and treatment of leprosy found from both Thai and alien labor since 1998 including setting up many campaign projects as mentioned above.\(^{(14)}\)

\(^{(14)}\) As details in Chapter 1 and 24.
Besides, Rajpracha Samasai Institute and Rajpracha Samasai Foundation had set up Pilot “Project on Rajpracha Samasai Spirit Volunteer Society in Sub-district and organization” since 2010. According to Rajpracha Samasai Theory (the people and the king assist mutually) the Rajpracha Samasai Spirit volunteers or Rajpracha volunteers should participate in surveillance, screening, and detecting suspected leprosy cases together with look after and making home visit to disable and elderly leprosy patients.

Many projects mentioned above and before resulting in rapid and thorough detection of remaining and new occurring leprosy cases and higher quality and efficacy in the prevention of disability. Resulting in overall high quality and efficacy of sustainable leprosy elimination.

So Thailand could decrease rate of new disable patients (level 2) to less than 1 per one million population in 2013 accordance with the WHO standard. Thus, It was recognized that Thailand had beautifully and wonderfully succeed in Sustainable Elimination of Leprosy in accordance with the Royal initiatives in 2013 before WHO’s target year in 2020. As well as be able to eliminate leprosy as a public health problem successfully in 1994 before WHO target year in 2005.

5. Summarize of Key Successful Factors of Leprosy Control in Thailand in accordance with the Royal initiatives.

5.1 Key successful factor was the Pilot Project of Leprosy Control Center Unit in KhonKaen to develop Specialized / Vertical Leprosy Control Mass Campaign in 1955 -1956.

1) In 1953 WHO had conducted national random sampling survey of leprosy in Thailand. It was found that overall total patients in the country was 140,000 with leprosy prevalence of 50 per ten thousand population. Most of the patients were concentrated in the northeast. The result of this survey was useful in planning according to the objective of Leprosy Control Project.

2) Able to develop appropriate specialized leprosy control mobile team before expanded the project overall the country.
3) Using dapsone injection intramuscularly in the early stage was attractive and building confident in the leprosy patients in the community to come for treatment.

4) Good policy and vision of the Director general of Department of Health, Director of Leprosy Control Division and WHO Leprosy Consultant of Thailand.

5) WHO and UNICEF closely supported enough technical and related resources.

6) Leadership Role of WHO Leprosy Consultant of Thailand, Director of Leprosy Control program and medical officers who was the head of KhonKaen Leprosy Control Center.

7) As His Majesty the King graciously accepted leprosy control program as the Project initiated by His Majesty the King in 1956 helped in creating interest and confidence in policy maker and executives related and received high priority.

5.2) Key successful factors in the Royal-initiated Leprosy Control Program in the form of specialized or vertical mobile team covered 40 provinces that leprosy prevalence exceed 20 per ten thousand population in 1957 - 1970.

1) Key successful factors of 1) - 7) in No. 5.1 above

2) The Royal Charities was continually supported by WHO in leprosy consultant, scholarships, training and study abroad etc. In addition, UNICEF provided vehicles, medical supplies, equipment and materials for skin smears and personnel training etc.

3) Commitment of certain and constant policy of the Department of Health made leprosy control always in high priority.

4) Organization management using the specialized or vertical mobile team allowed unique, effective, flexible and prompt leprosy control and services. Thus, be able to expand detection of leprosy in every home and community of high prevalence in 40 Hyperendemic provinces to come for treatment. This could rapidly decrease and eliminate sources of disease transmission with available resource in due time.

5) Rajpracha Samasai Institute that was given by His Majesty the King in 1960 expedited in the production of key personnel. That is 574 auxiliary leprosy workers (ALWs) from 23 Batches Together with 80 junior health officers from 2 batches, 180 intermediate leprosy supervisors from 8 batches. These basic leprosy workers were enough to work in specialized mobile team in all hyperendemic 40 provinces with leprosy prevalence exceed 20 per ten thousand population where the leprosy program was extended.

6) Close and consistent overwhelming cooperation and supported from Rajpracha Samasai Foundation, private organizations network, international organizations,
government organizations, and participation from Thai people and communities for the Royal Charities greatly help in very high effective implementation of all program for leprosy control, welfare, rehabilitation, training and research etc.

7) Good leadership of medical officers, head of regional and zonal leprosy control center in early stage and decentralized to these medical officers including sanitarians or health technical officers as chief of regional and zonal leprosy control from division of leprosy control in specialized mobile team for mass campaign. Those were all help increasing unity and efficacy in communication and coordination and approach public relation between specialized program and related local agencies and every provincial health office, hospital and health center including people, communities and related organizations.

8) Strategic planning and action plans that were effective and conform to the situation and invaluable resources.

9) In early extension stages two groups of American Peace Corp Volunteer, 5-10 volunteers per group had received special training in leprosy control at Rajpracha Samasai Institute before assisting at the zonal leprosy control center and leprosy hospital. This helped establish good faith to patients and the public.

10) In the reclamation and expansion stages WHO provided fellowship to medical officers, public health officers and other related staffs to study and training in leprosy control in Thailand which building trust and faith and more intensive development in leprosy control.

5.3 Key factors in the succeed in integration of leprosy control into provincial health services and terminated the vertical or specialized project using mobile teams that consumed huge resources to the provincials health services center in every province in 1971-1976. Making it possible to expand and integrate leprosy control program overall the country in 1976 in accordance with the Royal Initiatives.

1) The key factors of 5.1 to 5.2.

2) Concisely and gradually planning and operation based on integration, economic value and sufficient economy were applied in integrating leprosy control program. The leprosy control program was integrated to 34 out of hyperendermic 40 provinces that had operated by the specialized project using mobile team to decrease leprosy prevalence down from 50 to Less than 20 per ten thousand population. Then expansion by integration right at the beginning at the later time to 33 hypoendermic provinces with the prevalence that was already and originally less than 20 per ten thousand population which was not worth in using specialized program by mobile team in the expansion.
3) The Department of Health provided strong policy supporting, coordinating, and definite planning in transferring and integrating leprosy control and gradually effective trained medical officers and public health officers from 67 provinces. There were, 216 batches, 30-50 trainees per course resulted in total 8,634 trainees in 6 years of orientation training (from 1971 - 1977). Top executives from Department of Health joined in every training course as a keynote speaker to explain strong policy statement. Thus, provide effective training and could assured the participants before transferring the leprosy control program. Moreover, strengthening the institutes and building capacity of medical officers and public health officers to be ready to undertake the total integrated leprosy control program and services.

4) Specialized project was terminated and transferred most key personnel (auxiliary leprosy workers, and junior health workers) to work at local health center and midwifery center with high number of leprosy patients in responsible area. Including also all special campaigns to make people and community including public health personnel realized in the royal grace and an important of The Royal-initiated Leprosy Control Program. And join in contribution to the Royal Charities in supporting integrated and sustainable leprosy control program and further assist and recapitalize of leprosy affected people. As well as initiated innovative Leprosy Elimination Accreditation (LEA) and other special campaigns such as The PRR.50 Project for the Celebrations on the Auspicious Occasion of 50th Anniversary of His Majesty the King Accession to the Throne (Golden Jubilee) in 1996. This campaign worked in 140 districts of 40 provinces that had the problem of still finding new patients every year and within the past 5 years including child patients in new patients in the past 5 years. That finding of children with leprosy reflected active and recent transmission in the areas. So detection of the remained patients in the areas should be expedited. Leaders of communities and village health volunteers should be stimulated to help in detection remained patients and new patients in the communities. As the contribution to the Royal Charities. Rajpracha Samasai Foundation subsidized this campaign by giving 2,000 Baht to support the detection and treatment of one patient. The other special campaigns (PRR.) in subsequent years resulted in more quickly and thoroughly detection for remaining new patients in the community.

5.4 Strategic Plan to Sustainable Eliminate Leprosy in very low endemic prevalence conditions under the health care system and health insurance system had been revised in the Eleventh National Health Development Plan from 2012 - 2016.
After leprosy elimination was succeeded since 1994, prevalence of leprosy overall the country declining steadily (the prevalence is below 1 per ten thousand population) until only 0.09 per ten thousand population in 2014. In other words, from one million Thai population there was only 9 leprosy patients that registered for treatment. And there were Leprosy Free Areas (LFA) in 3 provinces out of 76 provinces all over the country that was Ang Thong, Sing Buri and Trad which no registered patient and new patient. Besides, in 927 districts all over the country only 32.54 percent of leprosy patients was registered for leprosy treatment.

Therefore, in the future the number of leprosy patients who registered for treatment overall the country will be reduced each year by the hundreds to tens. And there are many provinces and districts where there is no leprosy cases registered for treatment at all. That makes doctors, nurses and public health officers in the hospitals and health centers in the provinces and districts gradually forgotten and lost knowledge including clinical skills and experience in the diagnosis and treatment of leprosy. So if there are new cases of leprosy come for the treatment there might be problem arise from insufficient knowledge and experience. Rajpracha Samasai Institute, therefore has expedited development of standard and quality of leprosy provincial health care system as already mentioned. Besides, has set up the fix referral network of the leprosy patients found from sub-district hospitals, community or district hospitals and general hospital in each province and large districts to appointed regional or provincial hospitals in each region (NODE) where there were specialized dermatologists and well trained and experienced physicians in leprosy. This is to ensure that leprosy patients will receive quality care in diagnosis and treatment of leprosy as well as treatment for complications symptoms, the prevention of disability and physical rehabilitation. All the diagnosis and treatments mentioned in established NODE hospital should be in high standard quality and sustainable rehabilitation according to quality standard of Department of Disease Control, Ministry of Health with minimal risk from incorrect diagnosis and treatment.

Therefore, sustainable leprosy planning strategies in very low endemic area under health care system in the universal health insurance system issued in the Twelfth National Health Plan, 2012 - 2016 was adjusted in order to meet with the situations of health care system in the universal health insurance system. The adjustment included integrated leprosy services as well as to respond to the policy and the idea of His majesty the King offered to Rajpracha Samasai Committee and public health executive officers in 1997. It was meant that every agencies involved in The Royal-initiated Leprosy Control Program should not stop any activities in detection new patients, diagnosis, treatment and rehabilitation of the leprosy patients under requires standards. This meant that after leprosy was successfully eliminated all leprosy control activities should be functioned, monitored and supported continuously and sustainably.
There by, leprosy service activities under the sustainable leprosy control strategy plan, 2012 - 2016 (Eleventh National Health Plan) was revised so that leprosy service activities in diagnosis, treatment and physical rehabilitation were assembled at each regional hospital center which called as Contracting Unit for Tertiary Care (CUT). CUT was act as NODE in the network system of health services and universal health insurance system. And be the specialized centers for leprosy in order to refer the leprosy cases and people affected by leprosy from general hospitals or provincial hospitals and large community hospitals (district hospitals) which were the Contracting Unit for Secondary Care (CUS) around the network in the region. Also some CUS hospitals with qualified dermatologists would act as NODE of the provincial network so that community hospitals of small districts around the network which called the Contracting Unit for Primary Care (CUP). CUP would then refer the leprosy patients and people affected by leprosy forwarded from Primary Care Unit (PCU) such as sub-district health promoting hospitals and health centers around district network. The PCU screened and detected suspected cases of leprosy in the community and refered to CUP. CUP would then screen and further refered to CUS which would again screened the referred cases beyond CUS capacity to forward to CUT. And then Central Leprosy Specialist Team (CLST) would be sent to CUT from the National Rajpracha Samasai leprosy. Institute for technical supports and perform monitoring and evaluating activities in order to maintain and continuous improvement of quality and meet with high standard of leprosy Works.

Leprosy expert group of Rajpracha Samasai Institute and Regional Leprosy Specialist Team (RLST) from every Regional Offices of Disease Prevention and Control, Department of Disease Control would provide technical support in leprosy knowledges, clinical and control competencies, contact tracing, case in vestigation, Rapid Village Survey (RVS) and rehabilitation etc, that meet with the quality standard. In addition, monitoring and evaluation of training, research, supervision, survey of disable casets for physical and community based rehabilitation together with efforts for cooperation with local government authorities and related sectors - would be also included in the moniterion and evaluating program of RLST. Estimated that might set up CUT with dermatologists or leprosy trained doctors at the center of each region. Such as 8 CUTs (NODES) in the northeast and other 3 regions, 4 CUTs in each region as mentioned which made the total of 20 CUTs (NODES). The 20 CUTs would work as NODE of leprosy specialized center in order to received forwarded or refered patients from CUS and PCU, cup around the network as mentioned.
Thus, in long term when there was very low number of the leprosy patients registered for treatment and small number of new patients detected from the very low endemic areas, The suspected cases or new patients that found after detection including screened patients from CUP and PCU would be able to refer to CUS in regional network, provincial network and district network and universal health insurance system.

5.4 Transferring or integrating of existing leprosy settlement or colony into normal community were expedited based on the decentralization Act which came out a long time ago. In order to assist and expedite people affected by leprosy such as disable patients, old aged patients and sustainable leprosy control program to local government. Those authorities to be further responsible for decentralization and transfer or integration of leprosy colonies and leprosy control were Provincial Administrative Organizations, Municipality and Sub district Administrative Organization under coordination and support between Department of Disease Control, Ministry of Health, Treasury Department, Department of Local Government Support, Department of Social Development and Welfare, Ministry of Social Development and Human Security. Including also support from provincial governor and the agencies of regional department, ministry, as already mentioned. Resulting in gracefully succeed in transferring 8 out of total 13 leprosy settlements to become normal villages\(^{(15)}\).

5.5 The success of the (Leprosy Elimination Accreditation Project (LEA)

Leprosy Elimination Accreditation (LEA) worked for Maintainance of Quality of network health service in hospitals and health service center at various regional and provincial levels. In order to link and integrate continuous hospital based health care and home based health care to develop relatives to work as home care including also village health volunteer and Rajpracha Samasai Spirit volunteers to link between hospital based health care family-based care, community-based care and population-based care and application of family medicine and community medicine in home health care and community based health care which would continuously and fully integrated the holistic, integrated and continuous health care sustainably in accordance with the Royal initiatives.

5.6 The vision and mission of the Department of Disease Control and Rajpracha Samasai Institute focused in developing leadership and excellence in sustainable disease and leprosy control especially in ASIAN and Asia - Pacific region. Rajpracha Samasai Institute had cooperated with Office of Regional Disease Prevention and Control (SCR) that had high potential in leprosy control. Such as SCR.5 NakhonRatshasima or SCR.

\(^{(15)}\) As details in chapter 14.
6 KhonKaen or SCR. 9 Phitsanulok or SCR. 11 Nakhon Srithammarat etc. including
government universities in each region. This is to develop Rajpracha Samasai Institute
and Regional Office of Disease Prevention and Control as leader and international leprosy
excellence. The intensive strategy of excellence were in 1) Academic Excellence
2) Service Excellence in taking care of the leprosy patients and people affected by
leprosy 3) Organization Excellence 4) Staff Excellence by developing potential in
knowledge, competency and capacity of staff. All those excellences mentioned would
support in developing of Rajpracha Samasai Institute and Regional Office of Disease
Prevention and Control (SCR) as Leprosy Excellence Center successfully according to the
vision of the institute and to achieve the objectives in accordance with the Royal Initiatives.

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Chapter 13

The Success of the Surveillance and Control of Leprosy in Immigrant Workers Program, under Royal Initiative
The Success of the Surveillance and Control of Leprosy in Alien Labour Immigrants, under Royal Initiative

1. His Majesty King Bhumibol’s initiative and speech

After the Leprosy Control Project under Royal Initiative had fulfilled His Majesty the King’s wish by successfully eliminated leprosy in Thailand in 1994, Rajparcha Samasai committee together with representations organizations 316 were summoned for a private audience with his majesty on 2nd June 1998 at Dusitdalai Royal Pavillion, Chitralada Royal Villa, the Dusit Palace. At the audience, his majesty tasked them with surveillance and control of leprosy in immigrants.

“Leprosy is far from being eliminated from this planet. This is the era of globalization with a free flow of anything. Disease, also, could be easily spread. Leprosy is still active in our neighboring countries and the flow of immigrants at our borders is beyond control. The health condition of these immigrants is beyond our knowledge…”

In Bangkok, we could see illegal immigrants whom we do not know what kind of disease they may carry. Therefore, it’s important to search for and cure them.

Though these people are illegal aliens, we need to overlook their legal status and give them the proper treatment. Otherwise, the leprosy will again spread. This is your future task. We should not be satisfied with this short success, but continue our mission. We must prevail over this disease”.

2. From the Royal Initiative to “The Surveillance and Control of Leprosy in Alien Immigrant Workers Program, under Royal Initiative”

In 1998, Rajpracha Samasai Institute and Rajpracha Samasai Foundation as well as the Ministry of Public Health fulfilled His Majesty’s wish by founding “the


**Surveillance and Control of Leprosy in Immigrant Workers Program**. The preparation and collaborations for this project was between Rajpracha samasai Institute, 12 Regional Offices of Disease Prevention and Control, and Department of Disease Control’s Quarantine Offices at every borders check-points, Immigration Office, Provincial Public Health Offices, Provincial Health care Service Networks, and related departments of the Ministry of Labor, as well as local administrative bodies and private sector along the nation borders. The program was readied to initiate from 1997 onward. The major missions are to seek and provide treatment, and surveillance the leprosy status in alien immigrants, as well as overseeing the epidemic alert system. The program is operated as the Special Action Program for Supporting Sustainable and Integration of Elimination of Leprosy. Together with related allied organizations, the program hosted a discussion on the improvement of the leprosy surveillance system and major obstacles, especially, the problems in illegal immigrants.


3.1 Leprosy Disease Among immigrants identified between 1998 - 2014 has a total number of 483.

Figure 1 Total 483 Leprosy Disease among immigrants identified between 1998 - 2014

- Myanmar : 453
- Cambodia : 12
- Laos : 9
- India : 5
- China : 3
- Mali : 1
Figure 1 shows the following results:

1) Overall, the project was able to identify 483 immigrants carrying Leprosy, classified by nationality as following:
   1) Myanmar: 453 (93.79%)
   2) Cambodia: 12 (2.48%)
   3) Laos: (1.86%)
   4) India: 5 (1.04%)
   5) China: 3 (0.62%)
   6) Mali: 1 (0.21%)

2) Comparing to the total number of leprosy patient found in Thailand between 1994 - 2014, 10,213, Leprosy Among immigrants, at 483, is 4.73% of the total number.

3) If a more rigorous seek & cure operation was implement, more cases should be found; especially in legal and illegal immigrants originated from Myanmar, Cambodia, and India; due to, unlike Thailand, the leprosy situation in most of these countries is still far from being subdued.

3.2 The trend of number of new leprosy case among immigrants found between 1998 - 2014, showed by year is shown in Figure 2.
Figure 2 indicates the following results:-

1) The statistic shows a substantial increase in number of new found leprosy Among immigrants between 1998 - 2014. The number increased from 9 in 1998 to 52 in 2014, the acceleration rate at 479.77% in 16 years, or 29.86% per year.

2) The tendency to Detect leprosy patients steadily increase in the first 5 years (1998 - 2003), the number increased from 9 to 40. The tendency then decrease in later years between 2003 - 2014.

3) If the search were focused more on illegal immigrants from Myanmar, India, and Cambodia, the number should be more.

4) Producing educational media in foreign language and providing training about leprosy to volunteers, immigrant community leaders, physicians and other public health organization related to annual health inspection of immigrant workers should help to increase a chance of identifying Leprosy Among immigrants.

3.3 The number of new found Leprosy Among immigrant classified by nationality between 1998 - 2014 as showing in table 1.

<table>
<thead>
<tr>
<th>Year</th>
<th>Burmese</th>
<th>Cambodian</th>
<th>Laotian</th>
<th>Indian</th>
<th>Chinese</th>
<th>Malian</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997</td>
<td>8</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>9</td>
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<td><strong>2014</strong></td>
<td><strong>453</strong></td>
<td><strong>12</strong></td>
<td><strong>9</strong></td>
<td><strong>5</strong></td>
<td><strong>3</strong></td>
<td><strong>1</strong></td>
<td><strong>483</strong></td>
</tr>
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<td><strong>Total</strong></td>
<td><strong>93.79</strong></td>
<td><strong>2.48</strong></td>
<td><strong>1.86</strong></td>
<td><strong>1.04</strong></td>
<td><strong>0.62</strong></td>
<td><strong>0.21</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
Table 1 indicates the following results:

1) New Burmese patients were identified every year between 1998 — 2014, brought the number to 453 (98.79%). The trend changed from 8 in 1998 to 37 in 2002, 27 in 2007, and 57 in 2014.

2) Total number of Cambodian patients was 12 (2.48%). The first patient was identified in 2003. In the following years, only a handful number (1-4) were occasionally identified. 1 patent was identified in 2014.

3) Total number of Laotian patients was 9 (1.86%). The first 2 patients were identified in 2003. In the following years, only a handful number were occasionally identified. 1 patent was identified in 2014.

4) Only 5 Indian patients were identified around 2003: 2 in 2004. 1 in 2006 and 2014.

5) Only 3 Chinese patients (0.62%) were identified, in 2006, 2013 and 2014.

6) Only 1 Malian patient was identified (0.21%) in 2007.

3.4 Leprosy Among immigrant found between 1998 - 2014, classified by Region and Province

<table>
<thead>
<tr>
<th>Region</th>
<th>Province</th>
<th>Number</th>
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<tr>
<td>North</td>
<td>Mae Hong Son</td>
<td>72</td>
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<td>North</td>
<td>Tak</td>
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<tr>
<td>Central</td>
<td>Patumthani</td>
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The Northern Region’s total number of newly identified leprosy Among immigrant is 330 (68.32%)
<table>
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<td>Chonburi</td>
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<tr>
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<tr>
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</tr>
<tr>
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<td>Phuket</td>
<td>11</td>
</tr>
<tr>
<td>South</td>
<td>Suratthani</td>
<td>8</td>
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<tr>
<td>South</td>
<td>Pattani</td>
<td>5</td>
</tr>
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<td>South</td>
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<tr>
<td>South</td>
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<td>4</td>
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<tr>
<td>South</td>
<td>Yala</td>
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<td>South</td>
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<td>South</td>
<td>Pang-Nga</td>
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<tr>
<td>Myanmar</td>
<td>Myanmar</td>
<td>14</td>
</tr>
<tr>
<td>Laos</td>
<td>Laos</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
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</table>

**The Central Region’s total number of newly identified leprosy Among immigrant is 93 (1.04%)**

**The North Eastern Region’s total number of newly identified leprosy Among immigrant is 5 (1.04%)**

**The Southern Region’s total number of newly identified leprosy Among immigrant is 38 (7.87%)**

14 (2.90%) Burmese patients and 3 (0.62%) Laotian came to seek treatment at Thai hospitals in border provinces.

From Table 2 can be interpreted as following :-

1. In a span of 16 years, the program were able to identify 483 Leprosy Among immigrant workers.

**Northern Region:** Found 330 cases (68.32%) in 10 provinces: Chiang Mai (156), Mae Hong Son (72), Tak (63), Chiang Rai (28), Lampoon (6), Uttaradit (1), Pitsanulok (1), Pichit (1), Nakhonsawan (1), and Langpang (1). Most cases were found in 4 provinces which share border with Myanmar: Chiang Mai, Mae Hong Son, and Chiang Rai.
Central Region: Found 93 cases (19.29%) in 18 provinces. Most cases were found in Bangkok (28), Samutprakan (17), Samutsakon (9), Nakon Pathom (5), Ang Thong (4), Nonthaburi (3). Some cases were found among Burmese workers in border provinces such as Kanchanaburi (10) and Ratchaburi (2).

Cases were also found scattered in Chantaburi (1), Chonburi (1), Nakonnayok (1), Pranakon Sri Ayutthaya (1), Petchaburi (1), Lopburi (1), Samutsongkram (1), and Saraburi (1).

North Eastern Region: Only 5 cases were found (1.04%) in Nakhon Ratchasima (3), Maha Sarakam (1), and Ubon Ratchatani (1). Possible explanation for the low number of case could be lower number of Burmese workers presence in this region and that the region share border with Laos, of which Leprosy situation is less severe.

Southern Region: Found 38 cases (7.87%), mostly in Phuket (11), Surat Thani (8), Pattani (5), Ranong (4), Songkhla (4), Yala (3), and Krabi (1), Naratiwat (1), Pang-Nga (1).

Most cases were found in Burmese workers. The southern region shares border with Malaysia which has no significant leprosy situation.

3.4 Apart from cases found in immigrant workers, 14 Burmese and 3 Laotian patients intentionally came to seek treatment in Thailand (0.02%)

4. Summary

The program was able to identify leprosy patients among immigrants at total number of 483 within the 16 years span between 1998 to 2014. Although the number is 4.73% of new found Thai patients (10,213). However, the statistic also indicates number of Thai patients identified was declining in later year, such as between 2010 to 2014; while the number of foreign patients significantly increased, as shown in Table 3

Table 3 Comparison of number of new Thai and Foreign patients identified between 2010 to 2014

<table>
<thead>
<tr>
<th>Year</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numer of Patient</td>
<td>Number</td>
<td>%</td>
<td>Number</td>
<td>%</td>
<td>Number</td>
<td>%</td>
</tr>
<tr>
<td>Thai</td>
<td>405</td>
<td>92.89</td>
<td>208</td>
<td>83.2</td>
<td>220</td>
<td>88.35</td>
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<tr>
<td>Non-Thai</td>
<td>31</td>
<td>7.11</td>
<td>42</td>
<td>16.8</td>
<td>29</td>
<td>11.65</td>
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<tr>
<td>Total</td>
<td>436</td>
<td>100</td>
<td>250</td>
<td>100</td>
<td>249</td>
<td>100</td>
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</table>
Therefore, it could be assumed that the number has been significantly rise from 7.11% in 2010 to 12.52% in 2014 of the total number of identified Leprosy Among immigrant between 2010 to 2014 at 176. In contrary, the number of newly identified Thai patients has been decreasing in the last 5 years. While the total number was 1,228, the number of newly found Thai patient has dropped 405 in 2010 to 208 in 2013, indicates a decreasing rate of 48.64%. In contrary, newly found non-Thai has risen from 31 in 2010 to 52 in 2014, indicates an increasing rate of 67.74%. Of the total newly identified patients in 2014, 80% were Thai, while non-Thai patients shot up to 20%. This tendency has raised a major concern that the actual number of Leprosy Among immigrant could be higher due to the increasing influx of illegal immigrant workers, who would not yet to receive health inspection. We suspect that there are more undetected Leprosy cases among immigrants. His Majesty the King had correctly predicted the situation and assigned the program to counter Leprosy spreading from immigrant workers since 1997. This greatly reflects his vision, wisdom, and his concern for the well-being of his populations. His Majesty the King is truly the patron of Leprosy Elimination mission in Thailand. There’s no other public health project that receive such enormous support from him.
References


2. Rajpracha Samasai Institute. *Campaign Projects on people participation towards sustainable elimination of Leprasy to commorate H.M. the King Anniversary of His 60th Birthday.* (Copier papers), 2005.


Chapter 14

The Achievement of the Transfer and Reintegration of Leprosy Colonies to Normal Community following the Success of Leprosy Elimination
The Achievement of the Transfer and Reintegration of Leprosy Colonies to Normal Community following the Success of Leprosy Elimination

1. History of Leprosy Colony in Thailand

During 1908 - 1953, when leprosy was considered as a public health and social problems with no known effective treatment available; Thai society was lack of proper understanding of leprosy, causing a high social prejudice and stigmatization. with the Disease. The only control measure existed was to send Leprosy patients to be segregated or isolated in leprosy hospital and leprosy colony. Six leprosy hospitals and 14 leprosy colonies were found throughout Thailand to provide care, welfare and rehabilitation for leprosy patients and their families, most of them were found with disability, living in poverty and without employment, and being casted out by their relatives.

With the advancement of More effective leprosy treatment and better understanding of its epidemiology, a former complete segregation or isolation in leprosy colonies was not Longer necessary, and soon be replaced by Domiciliary Approach. This had led to an introduction of a new Modern Leprosy control program under His Majesty’s initiative since 1956. The program had successfully eliminated Leprosy, to the point that it now post no threat to the public health by 1994, as mentioned in Chapter 7 to 12

2. The rationale and appropriateness of the Transfer and Reintegration of Leprosy Colonies to Normal Community following the success of Leprosy Elimination

1) Before and after the successful Leprosy Elimination in 1994, those who lived within the Leprosy colonies were cured patients, most of whom were old or disabled or had passed away, with only a handful of their household members. Finally, several Leprosy colonies were deserted, such as Huaykli Leprosy Colony in Mae Hong Son and Huatalay in Nakhon Ratchasrima.

2) In general, the current residents of Leprosy colonies were former leprosy patients who were in their advanced age or disabled. They shared houses with non-infected family and relatives who were their care providers. Cured patients, therefore, should be reintegrated back to normal society (Social Integration), which is considered the “Ultimate Goal” of the Leprosy Control program.
3) The Department of Disease Control has a policy to transform Leprosy colonies with Community Based Rehabilitation (CBR) to prepare for a Transfer and reintegration of Leprosy colonies to normal community, which would lead to former patients regaining normal healthy life and enjoying their rights and dignities. The reintegration was made at a precautious speed according to each colonies readiness, problems, and residents’ willingness. The network of neighboring communities were also prepared to increase their understanding and acceptance of former patients and their families before the integration of Leprosy colony into normal community and handing-over of the administration to local subdistrict administrative organizations. The transfer was possible as residents of Leprosy colonies generally made mutual contact and trade with neighboring communities and their residents.

4) The Department of Disease Control of the Ministry of Public Health made a policy to transfer and reintegrate Post-Leprosy Elimination Leprosy Colonies to normal community under local subdistrict administrative organizations, according to the 4th Section of the Decentralization to Subdistrict Administrative Organization Act 1995 that dictates the regulations and procedures. The Department of Disease Control was tasked with the transfer of the administration and revised its role in the matter of financial support that it used to provide to colonies.

3. Policy and Preparation for the transfer and reintegration of Readied Leprosy Colonies

The Department of Disease Control tasked Rajchapracha Samasai Institute with preparation and planning of the transfer of 13 Leprosy colonies to subdistrict administrative organization. The Department of Disease Control planned to start with Leprosy Colonies that were fully readied to make a transfer.

In 2003 to 2004, the road map for community development in preparation of the transfer was drawn. The road map charged partner organizations with roles in the transfer and integration, framework & roles of leading organizations in the process of transfer and integration, and the time frame of the transfer and integration. 4 former Leprosy colonies were selected as pilot cases for their readiness: 1) Prasart, Surin; 2) Baan Hun, Mahasarakam; 3) Mae Lao, Chiang Rai; and 4) Nonesomboon, Khonkaen.
In 2009 to 2011, Rajpracha Samasai Institute and partner organizations coordinated in writing the transfer and Integration of Leprosy Colony Manual and transfer and Integration of Leprosy Colony Plan, and submitted to the Office of Strategy, The Department of Disease Control.

4. The Pilot Transfer and Integration Program at Prasart Leprosy Colony, Surin

4.1 Although by 2008 the transfer and integration of leprosy colony had not yet been included in the Second plan for decentralization with only prescribed the transfer of health care service of the Health Center and Community Hospital to be under Subdistrict Administrative Organization; Prasart Leprosy Colony had most of its functions readied to be reintegrated to the normal community. Prasart had 1) Business of participation and Related Staffs charged with the transfer procedure 2) Business of Related network of alliances 3) a full cooperation of former patients and their families. The preparation had been underway since 2001.

4.2 The 5th Regional Office of Disease Control and Prevention of Nakhon Ratchasrima made a proposal to the Director-General of Department of Disease Control (Dr. Momluang Somchais Chakrabandhu) to start the transfer and integration of Prasart Leprosy Colony in the form of cooperation and participation from Net work of various sectors such as the Department of Treasury, Department of Disease Control, Department of Local Administration Promotion etc. The cooperation aimed to be the effective mean to create a smooth transfer of Leprosy colony and further Better Developed into for a Normal and prosperous community.

4.3 Referendum was organized at Prasart Leprosy Colony as resident voted in favor of the program. The MOU was drawn, proposed, and signed between allied organizations. Preparation was made with frequent monitoring. Finally, on 5th November 2012, the Ministry of Social Development and Human security made an announcement to revoke the welfare shelter status of Prasart Leprosy Colony, Surin. The fully transfer and integration of Prasart with neighboring communities took effect and residents agreed to rename their new community “Chumchon Rajchapracha Ruam Jai” (The Community Born of the King and People’s Intention). Prof.Dr. Teera Ramasoota, M.D. Chairman of Rajpracha Samasai Foundation Under the Royal Patronage was invited to preside over the dedication and unveiling of the new community name plaque. This signals a tremendous success of the pilot program at Prasart, Surin, to finally achieve a normal community status.
5. 2013 - 2014: Transfer and Reintegration of 4 former leprosy colonies following the success of the pilot program at Prasart Leprosy Colony:

1) Selapoom, Roi-Et (Under The 7th Regional Office of Disease Control and Prevention of Khonkaen)

2) Baan Hun, Mahasarakam (Under The 7th Regional Office of Disease Control and Prevention of Khonkaen)

3) Dong Tab, Chantaburi (Under The 6th Regional Office of Disease Control and Prevention of Chonburi)

4) Fai Kaew, Naan (Under The 2nd Regional Office of Disease Control and Prevention of Pitsanulok)

5.1 The inclusion of the Transfer and Reintegration into the Policy of the Department of Disease Control

The Action Plan for Transfer and Reintegration of Leprosy Colony by the Department of Disease Control led by 1) Dr. Kritsada Mahotan, Expert of Department of Disease control (DDC) 2) Dr. Ratch Wongtrakapan, Director of Rajpracha Samasai Who suggested That the program should receive a high priority level by the Department of Disease Control. The program should be given as strong policy and DDC’s priority action plan. A discussion with 4 relating participated offices of Disease Control was held on 12-13 July 2012.

5.2 Implementation according to the priority action plan

Procedure format and lesson from Prasart Lerosy Colony, Surin were adapted to the transfer and reintegration of four leprosy colonies. The procedure is as following:

1) Dong Tub Colony, Chantaburi was the first to initiate the program in 2012 with supporting fund from UMEMOTO Foundation, Japan. The Ministry of Social Development and Human security made an announcement to revoke the welfare shelter status of this leprosy colony on 20th January 2014.

2) Selapoom Colony, Roi-Et and Baan Hun Colony, Mahasarakam jointly followed the procedure adapted from Prasart Colony Pilot Program and successfully achieve a normal community status. The MOU signing ceremony was held on 5th March 2014 at Kosa Hotel Konkaen.
3) Baan Krang Colony, Pitsanulok and Fai Kaew Colony, Naan

On 16th May 2013, residents of both colonies made their petition to the 2nd Regional Office of Disease Control and Prevention of Pitsanulok, requesting assistance in making transfer and reintegration of both colonies. The proposal was submitted to be approved by the Department of Disease Control.

The 2nd Regional Office of Disease Control and Prevention of Pitsanulok, therefore, implement the procedure modelled after the pilot program at Prasart. The MOU signing with both colonies were held on 20th June 2014 at Topland Hotel, Pitsanulok.

Finally, after an assessment and satisfactory evaluation of residents of Baan Krang Leprosy Colony, the Ministry of Social Development and Human Security announced the revoke of its status as a welfare shelter on 26th September 2014.

6. Preparation to expand the program to other leprosy colonies in 2014

Between August to September 2014, the preparation to expand the transfer program to other colonies went underway, according to the need and cooperation of residents of these colonies and the readiness of related network. Finally; Nonesomboon Leprosy Colony, Khonkaen and Amnaj Charoen Leprosy Colony, Amnaj Charoen were able to enter MOU in 2014. In 2015, Selapoom Leprosy Colony, Roi-Et, Baan Hun Colony, Mahasarakam, Fai Kaew Colony, Naan, and Amnaj Charoen Colony, Amnaj Charoen had their welfare shelter status revoked. As of 2015, there are 8 leprosy colonies that successfully relieved themselves from welfare status in order to be legally transfer into normal community under care of sub-district administrative organization in stead of under care of former Department of Disease Control.

7. Action Plan for Expanding the program to other leprosy colonies in 2016 to 2017 fiscal year

7.1 Following the example of the Prasat colony pilot program, there are 8 successful reintegrated communities:

1) Prasart Colony, Surin
2) Dong Tub Colony, Chantaburi
3) Baan Krang Colony, Pitsanulok
4) Fai Kaew Colony, Naan
5) Baan Hun Colony, Mahasarakam
6) Amnaj Charoen Colony, Amnaj Charoen
7) Nonesomboon Colony, Khonkaen
8) Selapoom Colony, Roi-Et

7.2 Preparation for future Transfer and integration of the other 5 leprosy colonies into Normal Community.

1) Pood Hung Colony, Nakorn Sithammarat
2) Phrang Ka Yhung Colony, Chantaburi
3) Mae Lao Colony, Chiang Rai
4) Mae Ta Colony, Lampang
5) Rajchapracha Samasai Welfare Center, Phrapradaeng, Samutprakarn (Leprosy Colony inside the former Phrapradaeng Leprosy Hospital before merging with the Leprosy Division in 2002 to be Rajpracha Samasai Institute, as one Bureau of Department of Disease control).

The process is as following:
1) Evaluation team makes a visit to inspect their readiness
2) Studying the need and cooperation of residents
3) Studying the acceptance of neighboring communities
4) Studying the readiness of local subdistrict administrative organization
5) Studying problems with social stigma and discrimination against resident of leprosy colonies among neighboring communities and relating sectors.

Every step will be made possible only with cooperation of residential members of the colony by creating mutual collaboration. The planning will base on qualitative data To successfully develop the 5 leprosy colonies, the Transfer and Reintegration of Leprosy colony to Normal Community Model should be implemented.

8. Lesson Summary: Transfer and Reintegration of Leprosy Colony to Normal Community Model

1) Preparation Phase

1.1 Selection of the appropriate leprosy colony and studying its resident’s readiness, acceptance of neighboring communities, and the readiness of local subdistrict administrative organization. Establishing communication with former leprosy patients, member of families, other residents, in the colony residents of neighboring communities, and communicating about the integration program to every related organization in the area.
1.2 Investigating possible problems and analyze the level of situation to determine the possibility of the Transfering program in selected area. Studying of the need to be integrated of colony members and studying of related problems within the colony. The research is conducted via documents, in-depth interview, and focus group discussion with all stakeholders in order to realize the problem and needs, listening to people whose life affected by leprosy within the colony, and studying of social stigma and discrimination and acceptance level against leprosy patients in neighboring communities.

2) Implementation Phase

2.1 Holding Future Search Conference (F.S.C.) with former leprosy patients and related local organization network.

2.2 Referendum between all stakeholders, consisting of former leprosy patients and member of family living in colony and the alliance of related government organization. Public hearing is held to educate residents of the role of government agencies as assistant partners in the transfer process. Current issues were presented in order to find party leading the resolution. Also, stakeholders join in the discussion on advantage and disadvantage of the Transfering program and possibility to achieve the Win-Win outcome.

2.3 Memorandum of Understanding (MOU) proposal were coordinately drafted by representatives of related agencies and representatives of residents.

2.4 MOU signing between organizations associated with the integration of leprosy colony to normal community in order to develop and improve living quality of former leprosy patients, by honoring the dignity of leprosy survivors, associated agencies, and motivating field staffs at leprosy colonies throughout the country to extend their efforts, and to send out the signal to the public that leprosy colony can reintegrated as part of normal community.

3) Monitoring and Evaluation Phase

Monitor result shows that after the transfer and integration of 8 former leprosy colonies, all communities receives **basic infrastructure support and development** from local administrative organization equal to what enjoyed by other communities. Dirt roads were transformed to durable concrete road and senior citizens finally receive their monthly welfare allowance allocated by government, which they were denied due to their status as resident of welfare shelter. under care of Department of Disease Control. The Ministry of Social Development and Human Security has organized **vocational training** to improve their ability to improve livelihood. The Treasury
Department has **allocated and leased out farming lands** to former leprosy patients and their descendents. The lease entitles them to occupy the land without timeframe limitation, at a low leasing rate limited to former patients and their descendents. For **Universal healthcare service**, subdistrict hospitals take care of residents according to Thailand Health Insurance System. **Senior Citizen Welfare program** is in place to provide healthcare services they are entitled by rights. Former patients are also continue to receive welfare allowance as leprosy patients status from the Department of Disease Control. Regional Office of Disease prevention and Control used to be in charge of the eight former leprosy colonies are now in charge of **educating and attitude adjusting** of community leaders and residents inside and outside former leprosy colonies, as well as **communicating with associated agency network**. The mission aims to eliminate social stigma and discrimination against former leprosy patients and their families. Overall, residents are well-integrated and living in **great harmony**. The leprosy colony sign was torn downed and replaced with a new community name plaque bearing the name residents given. **Satisfactory Evaluation** indicates 88.10% of residents are satisfied with the transfer and reintegration into normal community and are satisfied with their improved **living quality**.

9. **Summary**

1) The Transfer and Reintegration of Leprosy Colony into normal community has an ultimate goal to return human rights and dignity to those affected by leprosy to gain an equal footing to other citizen, and receive usual support they are entitled to receive from local administrative organization. The program proves to be a success and fulfilling the Ultimate goal of a sustainable leprosy control and elimination that aims to bring former patients and family back to normal life through Social Integration, by integrating former Leprosy colonies with non-affected or normal communities under support from local administrative organization. Residents of former leprosy colonies are **warmly accepted and welcomed** by the stakeholder network, who accept in their rights and dignity as equal human to other citizen. Although the transfer and integration process is complex and require carefully planned action, collaboration, communication, and negotiation; the **fruitful result** is to be praised for all the hard work putting in by all involved agencies, who put the **life of people affected with leprosy first** and demonstrate unity caring out the work guided by the Theory of Rajpracha Samasai (The King and People Assist mutually). The united power of people to dedicate their energy to honor the King and country finally leads to the greatest achievement of a lasting Leprosy Elimination. Therefore, the success of the
program and the implementation of the theory of Rajpracha Samasai should be immortalized in the history of Thailand’s fight against Leprosy.

2) Key Players include all participants and organization that form an alliance, as well as community leaders and residents of both former leprosy colonies and neighboring communities.

3) The collaborator role of Mr. Komet Oonarat, Public Health Specialist, tremendously contributes to the success of the program. Mr. Oonarat, who hold master degrees in both Public Health and Laws, has a long experience with leprosy and worked closely with leprosy patients in leprosy colonies. He had gained experiences while working with Rajpracha Samasai Institute and 9th Regional Office of Disease Prevention and Control of Nakon Ratcha Srima, and therefore, has a deep understanding of the nature, lifestyle, and behavior of leprosy patients and resident surrounding communities, as well as a his expertise in related laws and regulations. Mr. Oonarat is unquestionable the Key Player, Collaborator, Facilitator, and valued Negotiator who should receive the greatest praise by the history for his dedication.

4) Resistant to Changes and protectiveness on self-interest, though understandably part of human and organization nature, greatly posted major obstacles to the transferring program’s success. To prevent and avoid these obstacles required great skills and credibility of leading negotiators. Key players and charismatic leaders in this case were Chairman of Rajpracha Samasai Foundation under Royal Patronage and Governors who coordinated and supported the relieving the obstacles.

5) The distribution of land leasing is one problem that obstruct the negotiation and integration of leprosy communities. The Department of Treasury and Provincial Offices of Treasury must be credited for their effort in negotiation and coming up with leasing contract that would make sure residents of former leprosy colonies could afford to lease the land and properly use them.

6) Another major problem is the plan to provide public utility within newly established communities to be equal to neighboring communities. Improving of electricity system and allocating household meter are part of the plan to switch from the state sponsor and welfare service to be integrated into the existed system, and created substantial cost. Chairman of Rajpracha Samasai Foundation under Royal Patronage, Governor, and Provincial Electricity Authority should be credited for their effort to negotiation and come up with a solution, using the framework of the Theory of Rajpracha Samasai to guide their action in Social Integration of those affected by Leprosy.
7) MOU drafting and signing ceremony played part in consolidating commitment from associated organizations to unify their effort to make a preparation for the social integration of former leprosy colonies through the announcement of the Ministry of Social Development and Human Security to revoke the welfare shelter status of former leprosy colonies. Each ceremony was held as great events at hotels as part of a psychological attempt to create psychological contract among stakeholders, encouraging them to work their best to achieve the ultimate victory in the fight against Leprosy. Finally, every sectors could enjoy the Win-Win result.

8) **Valuable Lesson** learned from the development of Transferring model and procedures for social integration of former leprosy colonies has set the world’s first example for Thailand and other country that provide welfare service to leprosy patient and other underprivileged citizen. The program could be adapted to work with volunteers in achieving the goal to counter the public health problems, using the guideline of the Theory of Rajpracha Samasai (The King and People Assist mutually). The reason behind this great achievement is due to all sector’s collaboration and dedication to follow the path of His Majesty the King to create good deeds for the country in his honor. Therefore, the social integration of former leprosy colony into normal community could achieve its ultimate goal of returning human rights and dignity to those affected by leprosy, to have a good and equal living quality and sustainably, according to His Majesty’s vision to see Thailand free of Leprosy. This moment should be immortalized into the history of the Fight against Leprosy.
Pictures of Transition and Integration Activities

Set 1: Referendum by residents of leprosy community on the matter of integration of the leprosy community with normal community, with equal rights and dignities. The referendum is the first step of living quality of people affected by leprosy (pictures from Selapoom Colony, Roi-Et and Fai Kaew Colony, Naan)

Pic 3: MOU drafting with cooperation of local network and representative of colony residents. Mr. Supon Borisut, Director of Legal group, Office of National Development of Quality of Life of Disable, Ministry of Social Development and Human Security served as a moderator for every conference between 2012 to 2014 (picture from Dong Tub Colony, Chantaburi)

Pic 4: MOU signing ceremony between allied organizations to confirm their commitment in the Integration Program at Prasart Leprosy Colony, Surin at Miracle Grand Hotel Bangkok on 15th February 2011
Pic 5: MOU signing ceremony between allied organizations to confirm their commitment in the Integration Program at Dong Tub Leprosy Colony, Chantaburi at Rama Garden Hotel Bangkok on 14th January 2013

Pic 6: MOU signing ceremony between allied organizations to confirm their commitment in the Integration Program at Selapoon Leprosy Colony, Roi-Et at Kosa Hotel Khonkaen on 5th March 2014

Pic 7: MOU signing ceremony between allied organizations to confirm their commitment in the Integration Program at Baan Krang Leprosy Colony, Pitsanulok and Fai Kaew Leprosy Colony, Naan at Topland Hotel Pitsanulok on 20th June 2014

Pic 8: The press conference by Rajpracha Samasai Foundation under Royal Patronage executives and the Department of Disease Control executive promoting the public understanding of the leprosy-free status of former Leprosy colonies at Selapoom, Roi-Et and Baan Hun, colony, Mahasarakam. The press conference was organized by the 6th Regional Office of Disease Prevention and Control, Khonkaen, in collaboration with Rajpracha Samasai Foundation. 5th March 2014 at Kosa Hotel, Khonkaen
**Pic 9:** Prof. Dr. Teera Ramasoota M.D. Chairman of the Rajpracha Samasai Foundation under Royal Patronage and leaders of local network jointly unveiled the new plaque to mark the renaming of Dong Tub Leprosy Colony, Chaneburi to “Chumchon Ruamjai Pattana” (The Community of Harmonious Development), after the cancellation of its status as a welfare shelter by the Ministry of Social Development and Human Security.

**Pic 10:** Prof. Dr. Teera Ramasoota M.D. Chairman of the Rajpracha Samasai Foundation and Miss Jutamas Chantasorn, Provincial Treasurer of Chantaburi at a ceremony to confer the land leasing contract to resident of “Chumchon Ruamjai Pattana”, Chantaburi; after its achieving of normal community status.

**Pic 11:** MOU signing ceremony between allied organizations to confirm their commitment in the Integration Program at Nonesomboon Leprosy Colony, Khonkaen at Charoentanee Hotel, Khonkaen on 8th August 2014.
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Chapter 15

The Achievement of Rajpracha Samasai Institute
The Achievement of Rajpracha Samasai Institute

1. Background

His Majesty the King Kindly accepted and made the Leprosy Control Project one of royal initiative projects in 1956 in order to speed up the national expansion of the project from 12 years to 8 years. His Majesty also granted financial support through “Ananda Mahidol Fund” and donation from the public to the Department of Health, Ministry of Health to establish “Rajpracha Samasai Institute”,(1) “Rajpracha Samasai Foundation under Royal Patronage”(2) and “Rajpracha Samasai School under Royal Patronage”(3) in 1958, 1960, and 1964 respectively.

His Majesty kindly explained that The Name “Rajpracha Samasai” signifies that the King (Raj) and the people (Pracha) Assist Mutually (samasai) and That is an auspicious name

This chapter will recount the work and development of Rajpracha Samasai Institute.

2. Refurbishing of the administrative building and construction of the new research facility

The earliest Rajpracha Samasai Institute’s buildings were constructed with support from ‘Ananda Mahidol Fund’ since 1960. By 1979, these buildings were in a severe deteriorated condition. The complex locates at Phra Pradaeng Leprosy Hospital was close to the bank of Chaopraya River. Prior to the construction of the flood barrier, the hospital ground was prone to regular flood that caused serious damage to the buildings’ structure. The Leprosy Division that once used the institute’s Training and Research Building as their administrative office, even during the period without training of Auxilliary leprosy workers (ALWs), could no longer use the building and had to move its office to Karunanimmit Building in Bangkok. This building was donated by the Leprosy Relief Foundation Under the patronage of the Buddhist Supreme Partriarch for their new administrative office and also for clinical function as “Skin Clinic” and Zonal Leprosy Control Center” for urban leprosy control in Bangkok area. At Makutkasatriyaram Temple in Bangkok.(4)

(1) As Details in Chapter 1, 3, 8
(2) As Details in Chapter 1, 3, 8 and 17
(3) As Details in Chapter 1, 3, 8 and 16
(4) As Details in Chapter 23
2.1 The construction of Rajpracha Samasai Institute’s Inpatient Building for Clinical Research at Phra Pradaeng, Leprosy Hospital, Phra Pradaeng Samutprakan in 1986.

The original Inpatient Building (ward 8) at Phra Pradaeng Leprosy Hospital that provided care to inpatients and served as a clinical research ground for Rajpracha Samasai Institute was in a severe deteriorated condition. Dr. Teera Ramasoota, former Head of Training and Research Section, was appointed Director of Leprosy Division in 1977. Dr. Ramasoota was a close acquaintance of Rev. Tazawa, Chairman of the Japan World Religious Conference and Peace Trust, who was a close friend to Professor Ishidate, Chairman of Sasakawa Memorial Health Foundation, Japan. Dr. Ramasoota, therefore, negotiated for financial support through Rev. Tazawa and finally secured enough fund to construct the new “Inpatient Building for Clinical Research” to replace Building 8.\(^5\)


In 1977, Hartdegen Fund of the Federal Republic of Germany started to provide financial aids to leprosy control program in Thailand. Dr. Hartdegen had a close friendship with Dr. Somboon Vajarothai, the then Deputy Director General of the Department of Health. Dr. Hartdegen requested Dr. Somboon Vajarothai to chair the Thailand Hartdegen Fund committee. When Dr. Teera Ramasoota was appointed Director of the Leprosy Division in 1977, he discussed with Dr. Vajarothai about an urgent need for a new research building to replace the deteriorated building that was built in 1960. Dr. Vajarothai then made a proposal to Dr. Hartdegen to have Hartdegen Fund subsidized the construction of the new research facility. The government had set the construct budget at 2 million baht which was not sufficient. With donation money of 1 million baht secured from Hartdegen Fund, Rajpracha Samasai Institute was able to construct 3-storey building which was finished in 1979.\(^6\)

\(^5\) As Details in Chapter 22
\(^6\) As Details in Chapter 19 and 22
The building received the name “Rajpracha Samasai Leprosy Research Building” from His Majesty the King. His Majesty the King, accompanied by HRH Princess Mahachakri Sirindhorn, presided over the opening ceremony on 6th July 1979. H.M. The King also kindly gave the opening speech as follows.

“…this institute was founded with the main purpose to conduct research on leprosy and to train Auxiliary Leprosy Workers in proper leprosy treatment, who would effectively fight against leprosy, according to the Leprosy Control Plan.…”

“…The initial purpose that led to the founding of this institute in 1960 was to be the main research center for leprosy, as well as providing training to leprosy paramedical workers in proper leprosy treatment, who would effectively fight against leprosy. The treatment of leprosy requires years of dedication and persistent. Even when the program become success nationally, it still requires a rigorous follow-up and surveillance to prevent its return…This institute has shown a promising progress. This Rajpracha Samasai Research Building was successfully built with support from the government and charity organizations; especially, Hartdagen Fund of the Federal Republic of Germany and Sasakawa Memorial Health Foundation of Japan. We rejoice in your merit and hope this institute will continue receiving immense support from similar benevolent people. We would like to express our gratitude to the Rajchapracha Samasai Foundation Committee, staffs, and our kind overseas friends for your hardworking and support to the Rajpracha Samasai Institute. At this auspicious hour, we would like to unveil the new Rajpracha samasai Research Center. May this institute continue to prosper and success in the quest to eliminate leprosy.”
2.3 New Leprosy Division Office Building, Department of Communicable Disease Control, Ministry of Public Health at Nonthaburi in 1986

The Leprosy Division originally operated their administrative section from the upper floor of Karunanimmit Building, which also housed Makutkasatriyaram Temple’s skin clinic and Bangkok Regional Leprosy control Center from other floors. However, the limited space caused difficulty to the division’s operation. When Dr. Teera Ramasoota was promoted from Director of Leprosy Division to Deputy Director General of the Department of Communicable Disease Control in 1983, Dr. Ramasoota proposed the plan for the Leprosy Division’s new office building to the then Director General of the Department of Communicable Disease Control (Dr. Vinit Asawasena) in 1984. The new building would be constructed within the New Planned Ministry of Public Health compound at Nonthaburi, at the space adjacent to National Institute of Medical Science Research Building of Medical Science Department (present location of the Ministry of Public Health). In 1985 The Leprosy Division was able to secure the funding of a 4 stories building that would serve as the division’s office at Nonthaburi. The new Leprosy Division office is a 4 storey building. The building was later renamed “Rajpracha Samasai Institute Building” in 2002, and also houses the Rajpracha Samasai Foundation under Royal Patronage’s office.

2.4 Sasakawa Memorial Research Building at Nonthaburi in 1989

Sasakawa Memorial Health Foundation donated 83 million baht to support the construction of the Leprosy Division’s new research center. The new building, a 3-storey twin building in Japanese-influenced style, was erected on the plot in front of the Leprosy Division’s office and opposite to the National Institute of Medical Science Research Institute Building of the Department of Medical Science, Nonthaburi (present location of the Ministry of Public Health). The new research building was fully equipped with the most advanced research tools and laboratories.

His Majesty the King bestowed the name “Sasakawa Memorial Research Building : (SRB) and had H.R.H. the Crown Prince represented him at the opening ceremony on 31 October 1989.

The full details of the collaboration with Sasakawa Memorial Health Foundation is recounted in Chapter 19.
Diagram 1 The diagram shows the training courses ran by the Research and Training Section of the Leprosy Control Division - Department of Health (1960 - 1973) and by Rajpracha Samasai Institute, Leprosy Division, Department of Communicable Disease Control (1974-2001), to produce qualified key personnel according to the Leprosy Control Program's expansion strategy from 1957 to 1976 which led to the ultimate victory over Leprosy in 1994.
3. Development Rajpracha Samasai Institute’s Training and Technical Development

3.1 Training of Auxilliary Leprosy Workers (ALWs), Key personnel for supporting the operation and expansion of Leprosy control project under H.M. The King Initiative.

The research and training section of the former Leprosy Division and modern day Rajpracha Samasai Institute, are guided by His Majesty’s vision given at the opening ceremony of Rajpracha Samasai Institute on 16th January 1960 and at the opening ceremony of the Rajpracha Samasai Research Building on 6th July 1960 as mentioned in 2.2.

3.2 Training and Seminar by the Rajpracha Samasai Institute

3.2.1 Major training and seminar held by Rajpracha Samasai institute during the early founding days of Leprosy Control Program 1960 - 1976.

1) Seminar and Discussion of the role of press in supporting leprosy control
2) Seminar Session for lecturers on Leprosy
3) Annual Refreshor Training for Leprosy control staffs
4) National Symposium on Leprosy patient welfare and rehabilitation for Administrators of Related organizations, (twice).
5) Refreshor Training for Village Health Volunteers and community leaders
6) The Panel Discussion on Leprosy presented at the Department of Public Relation Auditorium
7) The Public Presentation on Leprosy and AIDS at the Department of Public Relation Auditorium
8) Rajpracha Samasai Institute hosted the International Federation of Anti-Leprosy Association (ILEP) Conference and Members Assembly in Bangkok on 14th December 1990. It was the first time ILEP held conference and members assembly outside Europe.

3.2.2 Other Major training and seminar events by Rajpracha Samasai Institute, prior to the successful elimination of Leprosy in 1994.

1. 1990 Training on Disability Prevention and Leprosy Patient Rehabilitation, participated by Public Health officers from Chaiyaphum (33 Trainess), Buriram (35 Trainess), Nakhon Ratchasima (50 Trainess), and Surin (30 Trainess).

2. 1990 Seminar on Disability Prevention and Leprosy Patient Rehabilitation at North Eastern Primary Health care Training and Development Center, Khon Kaen. The event had 79 attendees.

3. Disability Prevention and Leprosy Patient Rehabilitation Workshop for district health officers from the 9th Zonal Leprosy Center of Pitsanulok at Tuberculosis Center, Pitsanulok.

4. 1990 Seminar on the new dimension in social welfare and community-based rehabilitation at Aiyara Hotel, Chiang Mai. The event had 55 attendees.

5. 1991 Disability Prevention Training for Public Health officers from Ubon Ratchathani, Saraburi, Pitsanulok, Nakhon Sri Thammarat, and Chantaburi. The total number of attendees was 166.

6. 1992 Workshop on Disability Prevention at the 6th Zonal Leprosy Center, Khon Kaen. The number of participants was 17.
7. Workshop on Leprosy and Disability Prevention to community health volunteers and community leaders between October 1993 - September 1994. The program produced 61 classes of 2,542 successful participants from Supanburi, Saraburi, ChachoengSao, Rayong, Samut Sakorn, Samut Songkram, Surin, Buriram, Srisaket, Mukdahan, Sukhothai, Petchaboon, Uttaradit, Mae Hong Sorn, Krabi, Phuket, Surat Thani, Pang-Nga, and Trang.


9. 1992 Joint Thai-Burmese Communicable Diseases Departmental Discussion on Cross-Borders Disease Prevention at Rangoon (Myanmar) and Ranong (Thailand).

3.2.3 Post-leprosy elimination major training and seminar events by Rajpracha Samasai Institute from 1994 to present (post - Elimination).

1. Training program on Disability Prevention and Leprosy Patient Rehabilitation, participated by 689 Public Health officers (20 classes) from Samutprakan, Lopburi, Sakaew, Lampang, Chumporn and Nakhon Si Thammarat, between October 1994 to September 1996.

2. Workshop on Leprosy control, disability prevention, and rehabilitation to staffs of Leprosy Centers and Colonies. The first class was held on 11th - 15th November 1996 at Charoen Thani Princess Hotel, Khon Kaen, having 15 participants. The second class was held on 16th - 20th December 1996 at Siam City Hotel Songkhla, having 17 participants.

3. Workshop conference on Leprosy patients vocational development framework, held on 28th - 29th May 1998. At the Leprosy Division Conference Hall.


9. Co-hosting the 2nd Initiatives for Diagnostic and Epidemiological Assays in Leprosy (IDEAL) Consortium Meeting on 9th-10th November 2006 in Bangkok. The event was attended by over 40 world leading researchers in Leprosy.

10. 2012 Workshop for “Rajpracha Samasai Spirit Volunteer Network” and 2nd Knowledge Market held on 15th-27th July 2012 at Holiday Inn Regent Beach Cha-Um, Petchaburi.

11. Seminar Program “Campaign Project Thai Unity to Express Utmost Loyalty to Chakli Dynasty on 105 years of Leprosy Control since pioneering work of Me Kean Leprosy Institute in 1908 and H.M. the King Benevolence to Rajpracha Samasai” held on 14th January 2013 at Rama Gardens Hotel, Bangkok.

12. Rajpracha Samasai Institute and WHO hosted WHO’s International Leprosy research Summit 2013. The event, attended by about 50 WHO’s researchers, was the first time International Leprosy research Summit being held outside Switzerland to honor His Majesty the King of Thailand’s dedication to the elimination of Leprosy.

13. The Central Committee Meeting on Screening of persons affected by Leprosy for welfare support on 26 October-1 March 2013 and the Leprosy Colony Staff Workshop on Rehabilitation Process held on 26th February 2013 at Teera Ramasoota conference hall, Rajpracha Samasai Institute.
14. Workshop for Development of Leprosy Affected persons Surveillance and Rehabilitation Volunteer Network held on 17th - 19th December 2014 at The Empress Hotel, Chiang Mai

15. The 1/2014 Central Committee Competencies Development Workshop in Screening for welfare supports of person affected by Leprosy and workshop on Rehabilitation Competency of Leprosy colony staffs on 5th - 6th February 2014 at Teera Ramasoota conference hall, Rajpracha Samasai Institute, Nonthaburi

16. The Special Central Committee Meeting on Screening of person affected by Leprosy for welfare support was held on 1st April 2014 at Pramern Chantavimol Conference Hall, Building 1, Department of Disease Control.

17. The 2/2014 Central Committee Competencies Development Workshop in Screening of person affected by Leprosy for welfare support on 1st July 2014 at Teera Ramasoota conference hall, Rajpracha Samasai Institute, Nonthaburi


19. Workshop on Develop Knowledge and skill for surveying Disabilities of Leprosy Affected person and their social and economic problems together with their needs for rehabilitation event was held on 16th - 17th December 2014 at The Empress Hotel, Chiang Mai.

4. Major Research and publication published by Researchers of Rajpracha Samasai Institute and related institutes

4.1 Prior to the Leprosy Elimination in 1994


2. Ramasoota T, Clinical Feature and Histopathology of Early Childhood Leprosy. Presented at the Fifteen Semo-Tropmed Seminar: Tropical Pediatric Problems in South - East Asia, Faculty of Tropical Medicine, Mahidol University, 24 - 28 November 1973 (Proceeding 4 Pages)

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36. Teera Ramasoota. Leprosy. Presented at the International Short Training Course in Tropical Medicine for Members of American College of Physician, Organized by Faculty of Tropical Medicine, Mahidol University and Royal College of Physicians of Thailand, Bangkok, 6 - 8 February 1992 (Memeograph 40 page).

37. Teera Ramasoota. Expectation for Quality of Life Development of Leprosy patients in Leprosy colony. Lecture given in the workshop on Determination of approach for development of Quality of Life of leprosy patient on social and economic dimension. Civil Commission Training Center, Nonthaburi, December 12, 1993.


4.2 Post-Leprosy Elimination: From 1994 to Present


14. Teera Ramasoota. Roles of His Majesty the King and Royal Families for 105 years of Leprosy works in the past Bangkok: Master Key Co., Ltd., 2002.


18. Molecular Biological Research of the Sasakawa Memorial Research Building by Dr. Benjawarn Petchsuksiri, Senior Scientist.


5) Short Tandem Repeat Genotyping by Florescent Based Fragment Length Analysis use in strain Differentiation and Tracking of Leprosy Transmission. Presented at the 7th Awaji International Forum on Infection and immunity. 2007.

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Chapter 16

The Achievement of the Development of Rajpracha Samasai School under Royal Patronage
The Achievement of the Development of Rajpracha Samasai School under Royal Patronage

1. Background

His Majesty the King’s vision in eliminating leprosy from Thailand led to the founding of the training and research center for leprosy at Phrapradaeng Leprosy Hospital sponsored by ‘Ananda Mahidol Fund’, granted by His Majesty to the Department of Health, Ministry of Public Health. The new facility was named “Rajpracha Samasai Institute” (The King and people assist mutually) by His Majesty the King. He also presided over the groundbreaking ceremony and the opening ceremony on 16th January 1958 and 16th January 1960 respectively. Also in 1960, the leftover money received royal permission to be used by the Ministry of Public Health to found “Rajpracha Samasai Foundation Under Royal Patronage”, an organization to support in the quest to fight leprosy. Moreover, His Majesty the King personally, from his personal treasury, funded the founding of “Rajchapraha Samasai School under Royal Patronage”, the model school as pilot project to provide education to children of leprosy patients and giving them chance to study alongside children from unaffected family. His Majesty the King also presided over the opening ceremony on 16th January 1964.⁽¹⁾

Chapter 16 will recount the history of the development of Rajpracha Samasai School, from its foundation to present day, how it has evolved to become leading Kanchanaphisek primary and secondary school, with students over 3,000. The school in present day receives continuous royal sponsorship from the royal family and Overtime supports from various sectors.

⁽¹⁾ As Details in Chapter 8
2. From His Majesty’s vision: The guideline for the foundation of Rajpracha Samasai School under Royal Patronage

To reduce the chance of children contracting leprosy from their parents, children of leprosy patient at Phrapadaen Leprosy Hospital were separated from their parents at birth and raised as boarding students at “Rajpracha Samasai School”. His Majesty appointed Thanpuying Dusadimala Malakul, a Member of Rajpracha Samasai Foundation, to lead the school founding committee to procure a plot of land owned by State Property and build the school with funding provided by His Majesty’s personal treasury, which were granted twice at 1 Million baht each. In 1963, The school initially started with 40 boarding students who were Leprosy children from Phrapradaeng Leprosy Hospital.

His Majesty the King presided over the school opening ceremony on 16 January 1964. On 8th October 1964, during his visit to inspect the second building, His Majesty instructed the school to also admit day students from non-affected families. His Majesty further explained that the government would eventually wipe out leprosy from Thailand within 10 years then there would be no more children of affected parents attending Rajpracha Samasai School in the future, however, the school should be able to continue to grow and probably expand to offer college level education.

His Majesty further explained that by admitting children from non-affected family to Rajpracha Samasai School would reduce the difficulty of placing students into school caused by school places shortage. Such policy will also reduce the stigma of the school being associated with leprosy, as Rajpracha Samasai School should not be labeled as “School for Leprosy children”

These visions reflect His Majesty wisdom and foresightedness. His Majesty would not simply conceive a short-term plan but would anticipate of what might happen in the future and further lay a course to solve future problems at the same time. Therefore, any royal initiative projects would always be carried out with great efficiency and effectively brought forth the greatest outcome to the nation.

3. Roles of Rajpracha Samasai School under Royal Patronage in Fulfilling His Majesty’s vision

3.1 The development of the primary school
Answering to His Majesty’s wish to open Rajpracha Samasai School to children from non-affected family, residents of Phrapadaeng and neighboring districts overwhelmingly sent their children to Rajpracha Samasai School. Following His Majesty’s example, both private and public sectors continuously pour in their supports to the school, recounted as following:

1965: The building of canteen and assembly hall with top floor served as older male students sleeping quarter, partially funded by the Government Lottery Office.

1966: Administrative office building, funded by Mr. Pongsak Suriyothis to honor His Majesty’s charity. Her Royal Highness Princess Maha Chakri Sirindhorn an H.R.H. Princess Mother presided over the opening ceremony and inspected the school’s operation.

1971: Two vocational training buildings, funded by the Government Lottery Office. His Majesty the King and Her Majesty the Queen presided over the opening ceremony on 14 July 1971.
1973: 10th Anniversary Building, funded by the Department of General Education to commemorate the 10th anniversary of the foundation of Rajpracha Samasai School under Royal Patronage. His Majesty the King and Her Majesty the Queen presided over the dedication ceremony on 26th October 1973. In this auspicious occasion, their majesty planted a pair of tamarine trees on the school ground, and had a conversation with Thanpuying Dusadimala Malakul - Chairwoman of the School Founding Committee.

3.2 The expansion to secondary level: Rajpracha Samasai School Secondary Section Ratchadapisek

By the end of 1970, the first class of Ratpracha Samasai School under Royal Patronage had graduated primary school level. His Majesty expressed his wish for the school to expand to offer secondary level education as well. Therefore, Thanpuying Dusadimala Malakul, Chairwoman of Rajpracha Samasai School, made a request to the Ministry of Education to fund a new building to accommodate secondary class. At that time, the Royal Thai Government was in preparation for a grandeur celebration to mark His Majesty the King’s 25th Anniversary of Accession - Ratchadapisek (Silver Jubilee). The Ministry of Education, hence, authorized the building of Ratpracha Samasai School Secondary Section Ratchadapisek on the state land opposite the original Rajpracha Samasai School under Royal Patronage. The first building was named “Ratchadapisek of Rajpracha Samasai School under Royal Patronage”.

While the construction of the new school facility was underway, Rajpracha Samasai School could not delay in opening Mathayom 1 (Secondary School level 1) for students who completed their Primary School level. The Department of General Education authorized the school to use a comprehensive curriculum. Thanpuying Dusadimala Malakul made a
request to have academic assistance from Samsenwittayalai School in Bangkok and had Khunying Suchada Thirawat, the then-director of Samsenwittayalai School, to join the school committee from 1970.

At that time, Rajpracha Samasai School under Royal Patronage had grown significantly; with 434 students (124 boarding students and 310 day students). There were 42 teachers (33 from Ministry of Education, 1 from Ministry of Internal Affairs, and 4 from Rajpracha Samasai Foundation). The school provided education in Kindergarten, Primary, and Secondary level.

The school provided a strong education standard and rigorous curriculum. The Department of General Education gave permission for students from Rajpracha Samasai School to join the Lower Secondary National Examination with Samsenwittayalai School in 1973. The examination was conducted at the end of Mathayom 3 (secondary school level 3) and all 24 students from the first Mathayom 3 class of Rajpracha Samasai School passed the examination with flying color. Some students showed an exceptionally high academic achievement, such as Mr. Boonliang Suvannapoom, who ranked 1st in an entry exam to a technical school in Chiangmai.

Between academic year 1941 to 1974, secondary-level students had to continue using the original building in Rajpracha Samasai School due to the delay of the construction of the secondary section, caused by several obstacles. Thanpuying Dusadimala Malakul, Chairwoman of the school board made a request to the Department of General Education to appoint Khunying Suchada Thirawat to be Rajpracha Samasai School’s principal from academic year 1974. Thirawat, at that time, also served as the director of Samsenwittayalai School.

With His Majesty’s blessing and her firm persistent, Khunying Suchada Thirawat was finally able to coordinate the solution for an on-going problem that delayed the school construction. The delay was caused by a dispute with former tenants who kept occupying the land designated to be used by Rajpracha Samasai School though their contract had been expired for over 10 years. Khunying Suchada Thirawat led the negotiation and secured a fund from the Department of General Education to pay the occupants as compensation. Though there was no budget set aside, but with the desire to celebrate His Majesty’s Silver Jubilee the Department of General Education was able to provide 869,000 baht to ease
the negotiation. However, some occupants still refused to move out of the state’s property so Khunying Suchada made a suggestion to Thanpuying Dusadimala Malakul to seek the royal permission to use the school’s fund bestowed by His Majesty, and finally obtained 20,000 baht that would eventually satisfied the occupants.

Less than a year later, the construction of Ratchadapisek Building was finally finished. HRH Princess Maha Chakri Sirindhorn, the Princess Royal, represented His Majesty the King at the opening ceremony of the **Ratchadapisek Building** on 14th April 1975.

A selected part from Thanpuying Dusadi Mala’s report to H.R.H the Princess at the opening ceremony:

“….and now, the construction of Ratchadapisek Building is finished. The Ministry of Education would like to present this building to His Majesty to be part of Rajpracha Samasai School under Royal Patronage, the school that His Majesty had founded with his personal treasury. The Ministry of Education would like to have His Majesty’s permission to have the ministry continuing the management and support of the secondary section of the school, in which the Ministry of Education will give a special priority. To assist His Majesty’s charity, the ministry pledges to fund the construction of other school’s facilities to keep up with the requirement of public school. The ministry would like to seek His Majesty’s permission to have the secondary section, like its primary section, remains under the Royal Patronage and will be managed by the same school committee. The secondary section will immediately admit students under His Majesty’s patronage who graduate primary school level, without entry exam or tuition fee, since we consider both schools to be the same school. May His Majesty’s blessing be upon us forever.”

To confirm the Ministry of Education’s commitment to the school, the Department of General Education appointed Khunying Suchada Thirawat, then director of Samesnwittayalai School, to be Rajpracha Samasai School under Royal Patronage’s principal. (The school was initially under royal funding. After His Majesty, following Thanpuying Dusadimala Malakul’s suggestion, granted a permission to establish Rajpracha Samasai School Foundation to manage and execute the school license in 1984. The school, both primary school section and secondary school section, then listed as under Royal Patronage)
3.3 Development of school’s education quality standard.

From academic year 1975, Rajpracha Samasai School Secondary Section Ratchadapisek officially operated from its new facilities. Mathayom 2 to 5 (4 classes) were joined with newly admitted Mathayom 1 students (4 classes) brought the number of class to 8. Therefore, the school was able to provide education from M1 to M5, the highest general education at that time.

His Majesty’s support to the school boosted the spirit of teachers and students alike to keep up their hardworking. This resulted in the high academic performance of Rajpracha Samasai School’s students, with some students earned exceptionally high academic achievement; for example, Miss Pratum Kutket, a boarding student graduated Mathayom 3 in 1976, ranked 1st among 2,455 applicants in the entry exam to Phra Pinklao Nursing College.

Students of primary school section also showed promising academic achievement. P4 and P7 Students from Rajpracha Samasai School claimed the highest score among students from Phra Pradaeng District of Samutprakarn Province for 6 times between 1967-1979:

<table>
<thead>
<tr>
<th>Name</th>
<th>Class</th>
<th>Score</th>
<th>Academic Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miss Sumli</td>
<td>P4</td>
<td>92%</td>
<td>2510</td>
</tr>
<tr>
<td>Mr. Adisak</td>
<td>P7</td>
<td>84%</td>
<td>2514</td>
</tr>
<tr>
<td>Miss Naruemol</td>
<td>P4</td>
<td>95.40%</td>
<td>2515</td>
</tr>
<tr>
<td>Miss Sarunya</td>
<td>P4</td>
<td>95.40%</td>
<td>2517</td>
</tr>
<tr>
<td>Miss Naruemol</td>
<td>P7</td>
<td>89.10%</td>
<td>2518</td>
</tr>
<tr>
<td>Miss Sarunya</td>
<td>P7</td>
<td>89.90%</td>
<td>2520</td>
</tr>
</tbody>
</table>

Although in some year students of Rajpracha Samasai School may not place first in Phra Pradaeng District, but the education quality of the school was far from dropping, as evidence in following students achievement:

- Academic Year 1978 Miss Sirilak Munsup P4 Score 90.10%
- Miss Sumawadee hokaivanich P6 Score 90.60%

In 1978, the new educational reform changed the school system to 6 years in primary school level (Prathomsuksa) and 6 years in secondary school level (Mathayomsuksa).

- Academic Year 1979 Miss Vinyada Kamsopha P4 Score 90.60%
Being recognized as one of high quality schools, Rajpracha Samasai School under Royal Patronage gradually expanded over time, having more buildings to accommodate the increasing number of students. His Majesty the King and members of the royal family continuously bestowed supports to the school, and usually visited to inspect the school operation. This had become the inspiration to students, teachers, and parents to diligently support to school.

3.4 The royal visits of His Majesty the King, Her Majesty the Queen, and the Royal Family

Throughout the history of Rajpracha Samasai School, the proudest moments for residents of Phra Pradaeng District, students, and teacher of Rajpracha Samasai school were no other than the royal visit by the royal family:

1976: H.R.H. the Crown Prince represented His Majesty the King to preside over the opening ceremony of ‘Rajpracha Samasai Bridge’, an pedestrian bridge that allow a safe crossing between primary school campus and secondary school campus, on 22\textsuperscript{nd} December 1976.

1978: His Majesty the King presided over the opening of Ratchadapakek 2 building, school auditorium, and vocational training workshop at Rajpracha Samasai School Secondary Section Ratchadapisek, on 7\textsuperscript{th} July 1978.
1979: HRH Princess Pejaratana Rajasuda, the king’s first cousin, conferred the school diploma on 26th March 1979.

1981: His Majesty the King presided over the opening ceremony of the “Cultural Center Building”, funded by Thanpuying Dusadimala Malakul and dedicated to His Majesty, and ‘Anuban Mai Suan Chit Building’ (built using wood saved from demolished pavilions in Chitlada Royal Residence, donated by His Majesty), on 28th March 1981.

1983: H.R.H. Princess Kalayaniwattana, the king’s elder sister, visited the school to inspect the operation of both primary and secondary schools. The Princess also taught kindergarten students through playing method and gave speech to teachers of the secondary school, on 8th March 1983.

1984: H.R.H. the Crown Prince represented His Majesty to preside over the opening ceremony of the sport stadium at Rajpracha Samasai School Secondary Section Ratchadapisek, and conferred the fund donated by the public to the school committee to be used in school management, on 28th February 1984.

3.5 The founding of Rajpracha Samasai School Foundation under Royal Patronage

In 1984, His Majesty the King gave the royal permission to separate Rajpracha Samasai School from Ministry of Public Health’s Rajpracha Samasai Foundation, allowing the school to set up the founding of Rajpracha Samasai School Foundation to oversee the school’s management and holding the school license. His Majesty also accepted both school into Royal Patronage on 12th September 1984. Thanpuying Dusadimala Malakul continued to chair the new found foundation and the first school license holder who oversaw the transferring of the school’s management from Rajpracha Samasai Foundation to Rajpracha Samasai School Foundation under Royal Patronage. The foundation officially commenced its duty on 14th November 1984. After Thanpuying Dusadimala Malakul passed away, the foundation’s chairperson position and school license were passed on to Mr. Jad Urasyanant, Malakul’s close associate and advisor since the initial foundation of the school. Khunying Suchada Thirawat served as the school foundation’s vice-chairwoman and lead the school’s governance committee, as well as becoming the school’s manager. Mr. Suthep Pomueng was appointed school’s director and secretary to the Rajpracha Samasai School Foundation.

Mr. Jad Urasyanant served as the Rajpracha Samasai School Foundation’s chairman and school license holder until his death on 21st March 2008. Professor Termsak Krisanamara, Thanpuying Dusadimala Malakul’s nephew and chairman of Thanpuying Dusadimala Malakul Memorial Foundation and executive committee had an
audience with His Majesty the King to present donation money on the occasion of His Majesty’s 80th Birthday celebration. Khunying Suchada Thirawat who accompanied him as vice-chairwoman of the foundation made a report on the school progress, and sought His Majesty’s decision about the successor to Mr. Jad Urasayanant. His Majesty then appointed Professor Termsak Kritsanamara as the chairman of the Rajpracha Samasai School Foundation under Royal Patronage, serving as the school license holder from then on until today.

Although the school is no longer under Rajpracha Samasai Foundation, the relationship between two entities is still very tight. When Rajpracha Samasai Foundation initiated Rajpracha Samasai Chalermprakiat Scholarship Scheme which gives 999 scholarships to orphans who lost their parents to AIDS annually, Rajpracha Samasai School donated 54,000 baht to support 9 scholarships (6,000 baht each). The donation carries on until today for over a decade and now increased to 60,000 baht per year.

1986: His Majesty the King presided over the opening ceremony of 25th anniversary building on 10th February 1986.

1989: His Majesty the King visited the school and seated at the Ratchamanklapisek Pavillion, built with His Majesty’s personal treasury. Students of both primary and secondary sections perform a synchronized aerobic dance for him, on 28th January 1989.

### 3.6 The quest to become a high quality school

Following His Majesty’s wish and guideline to provide the best education to the future generations of the country, Rajpracha Samasai School dedicates its resources and effort to nurture children’s intellectual, mind, and body; providing them with practical knowledge which lead to the popularity of the school. Students number kept rising every year. In 1993, the school had over one thousand primary school students and over two thousand in secondary school section. The Director General of the Department of General Education made a suggestion to Thanpuying Dusadimala Malakul about the need to reform the school’s management. A school of this size would be too difficult for a director to single handedly oversee both schools’ quality. This suggestion received an approval from the chairwoman of the school committee and, therefore, from 1993 onward, the system of ‘one school, two directors’ were adopted. Both schools are still considered under the same roof.

On the occasion that His Majesty the King's 72th Birthday, the Ministry of Education funded the construction of “Chalermprakiat Building” in 2003. H.R.H. Princess Maha Chakri Sirindhorn presided over the opening ceremony of this building on 9th June 2005.

Chalermprakiat Building houses several learning centers funded several organizations such as “The Green Classroom”, funded by EGAT; “Multimedia Room”, funded by Ms. Cherdchom Chantranip and the Office of Government Lottery; “Library” which holds individual study room and group study room, reading area and exhibition area, funded by Mrs. Pornsan Kumlung-Aek and friends; “Computer Lab” and “Scientific Lab”, funded by the school trust. The school’s “Language Lab” locates at 25th Anniversary building.
“Morality Study” is at the Ratchamungkalapisel Pavilion. The Cultural Center houses learning centers for music study, art&craft, reference room, and historical learning center: “Silp-Pranet Room” (Art&Craft), “Sungkeet Suksa” (Music), “Nana Aksornsarn” (Reference room), “Nitasakan Bukkol” (Exhibition about life in ancient time). The most important room for a large school is the “Grand Auditorium” which is used for school ceremonies, classes, meetings, and students performance. The auditorium was named “Mahakarunathikun Auditorium Hall” (The Hall built with His Majesty’s kindness). It was constructed from the fund donated by His Majesty in 1993.

Rajpracha Samasai School is one of the most fully-equipped school in Phra Pradaeng district. The primary school section has around 1,600 students, 63 teachers employed by the foundation, 5 teachers from Ministry of Education, 35 employees of the foundation, and 2 full-time employees of the Ministry of Public Health. The secondary school section has around 3,000 students, with 120 teachers and 20 employees.
4. Summary of the school operation since its foundation to present day (2015)

The initial purpose of the school was to provide care and education to children of leprosy patients who were taken away from their parents in Phrapradaeng Leprosy Hospital to save them from contracting the disease. These 40 children became the first students living as full-boarders at Rajpracha Samasai School. The project was personally funded by His Majesty the King. The boarding school status spanned from 1963 to 1985, taking care of 268 students of Leprosy Patients.

The school followed His Majesty’s guideline on enriching students to realize their best potentials. The school provided lower secondary level and upper secondary level at its sister school, Rajpracha Samasai Secondary Section Ratchadapisek. The school also provided “Nom Khlao Scholarship” to encourage students to continue on higher education. The scholarship supported several students in obtaining higher degree from universities and vocational colleges: 3 successfully obtained Master Degree, 8 bachelor degree graduates, and 2 had completed higher vocational education diploma. Those who obtained university degree were offered teaching post at the school. Students who chose to not continue studying may remained to work for the school, or were reclaimed by family members, or left upon reaching the age of maturity.

The follow-up survey to the 268 former boarding students, all of them were children of leprosy patients, 41 could not be reached and 7 were deceased. Of 220 that could be contacted, 21 are now working for Rajpracha Samasai School. Five former boarding students are now serving as teachers and fourteen as nursery’s helpers and school’s workers; two are employed as full-time employees under the Ministry of Public Health attached to Rajpracha Samasai School. Others former boarders are also successfully forge their careers as listed below:
1. Government Officer 14
2. Employees in private company 5
3. General Employee/Self-Employed 150
4. Agricultural 27
5. Working Overseas 1
6. Ordained as Buddhist monk 2

Nowadays, Rajpracha Samasai School is running with separated administration; however, both primary and secondary school sections still maintain a close collaboration for the best interest of the students. With His Majesty’s blessing, the school has received numerous support from both public and private sectors as an act to demonstrate their utmost loyalty to the king. Their supports have led Rajpracha Samasai School to prosperity and gaining the reputation as one of the best school in the country.

Phra Buddha Sihing B.P.R bestowed to the school by His Majesty the King to be the school sacred Buddha statue. Somdet Phra Vanasangyara, the Supreme Patriarch of Thailand Buddhist Sangha presided over the construction of the statute on 22nd September 1985. His Majesty the King presided over the blessing and dedication ceremony on 10th February 1986.
5. Governance Committee of Rajpracha Samasai School under Royal Patronage

(Honorary Prof. Termsak Kritsanamara)
Chairman of the Rajpracha Samasai School Foundation under Royal Patronage
School License Holder

Khunying Suchada Thirawat
Vice Chairwoman of the Rajpracha Samasai School Foundation under Royal Patronage
School Manager

Mr. Suthep Pomueng
Director of Rajpracha Samasai School under Royal Patronage
Committee of Rajpracha Samasai School under Royal Patronage Foundation

1. Honorary Prof. Termsak Kritsanamara Chairman
2. Khunying Suchada Thirawat Vice Chairwoman
3. Khunyin Punja Prachuabmo Committee Member
4. Prof. Sawasd Chaikuna Committee Member
5. Mrs. Ararm Thong-namtako Committee Member
6. Mr. Khan Prachuabmo Committee Member
7. Mr. Pornsawan Kumlang-Aek Committee Member
8. Mr. Umnuay Boonsongprasert Committee Member
9. Mrs. Vilaiwan Sasanon Committee Member
10. Assoc. Prof. Dr. Numyut Songthanapitak Committee Member
11. Mr. Kittirat Na Ranong Committee Member
12. Asst. Prof. Kanit Boon-Yatthiti Committee Member
13. Assoc.Prof. Dusadi Sa-Nguanchart Committee Member
14. Khunying Damorn Chaikuna Committee Member and Treasurer
15. Mr. Suthem Pomeung Committee Member and Secretary
16. Asst. Prof. Sanun Jaidee Committee Member and Secretary's Assistant

Rajpracha Samasai School under Royal Patronage locates at 51 Moo 1 Suksawad Road, Bangchak subdistrict, Phrapradeang District, Samutprakan, Postcode 10130. Tel. 02-4625200. Fax 02-8188897. Email: rpc_school@hotmail.com. Website: http://www.rpcschool.ac.th. The school is now under the Office of Private Education Committee.

The Committee Rajpracha Samasai School Foundation under Royal Patronage, teachers, and students deeply appreciate His Majesty's physically, financially, and emotionally support to the school; for they could only show their gratitude through being his loyal subjects and pray for His Majesty the King and Her Majesty the Queen's long life and reign.

6. List of Directors of Rajpracha Samasai School under Royal Patronage from 1963 to 2015

1. Mrs. Chumchuen Sukontharot 1963 - 1965
2. Mrs. Thong-Im Nairuea 1965 - 1968
5. Mrs. Uthaipan Boonyaprasit 1971 - 1973
6. Mr. Vichian Darayon 1973 - 1974
8. Mr. Kitti Puankasem 1982 - 1993
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Chapter 17

The Success of the Development of Rajpracha Samasai Foundation under The Royal Patronage of the H.M. the King
The Success of the Development of Rajpracha Samasai Foundation under The Royal Patronage of The H.M. The King

1. Background

In 1960, H.M. King Bhumibol Adulyadej graciously gave his private fund to Ministry of Public Health to found Rajpracha Samasai Institute. After the institute was founded, His Majesty gave the remaining sum of money amounting to 271,452.06 to Pra Bamrasnaradura, the Minister of Public Health to establish Rajpracha Samasai Fund on 16 January 1960 when His Majesty and H.R.H. Somdej Phra Sri Nakarindra Boromarajjonnani (H.R.H. Princess Mather) graciously presided over the opening ceremony of Rajpracha Samasai building.

Subsequently, Pra Bamrasnaradura saw that there had been continued contribution from the people to the fund, then he proposed to H.M. the King to change “Rajpracha Samasai Fund” to “Rajpracha Samasai Foundation”. As a result, His Majesty adopted the foundation under his royal patronage to ensure sustainable support for all aspects of leprosy activities by Ministry of Public Health and relevant Government and private sector.

2. Structure Development

Rajpracha Samasai Foundation set up an executive committee and a sub-committee of 6 major divisions consisting of 1) Welfare division 2) Fund raising division 3) Rajpracha Samasai School founding division 4) Technical division 5) Promotion and Public Relations division 6) Finance and Accounting division.

Afterwards, in 1964 H.M. the King graciously gave the sum of money to Thanpuying Dussadeemala Malakul from the school founding division to found Rajpracha Samasai School under the royal patronage of H.M. the King. The school aimed to provide education for children of leprosy patients and let them study together with normal
children. In addition, this sum was used to establish Rajpracha Samasai School Foundation. Both the school and the school foundation were subsequently separated from Rajpracha Samasai Foundation. Since the school had developed into one of leading schools and received a support from Ministry of Education, the school founding division was finally dissolved.

Rajpracha Samasai Foundation has been restructured in 2015. Now it comprises 6 divisions including 1) Welfare division 2) Fund raising division 3) Technical Promotion division 4) Promotion and Public Relations division 5) Rajpracha Samasai Chalerm Prakiat division (providing scholarships for orphans whose parents died from HIV) 6) Finance and Accounting division.

3. The responses to the royal suggestions and initiatives when Rajpracha Samasai Foundation committee occasionally had the royal audience with H.M. the King every 3 - 5 years, during 1960 - 1997.

H.M. the King closely followed the operation of Rajpracha Samasai Institute, Raj Pracha Samasai School and Rajpracha Samasai Foundation, especially, the national leprosy control project following H.M. the King's royal initiative and those operated by private sector. His Majesty graciously gave his suggestions to every project the foundation had supported in various occasions.

4. Overview of projects supported by the foundation and the foundation’s divisions

1) Rajpracha Samasai Institute Development Project helped elevate the institute to be one of the bureau under the Department of Disease Control, Ministry of Public Health.

2) Rajpracha Samasai School Development Project helped promote the school to be one of the leading primary and secondary schools in Samutprakarn province. Now the school has around 3,000 healthy students studying together with former 260 sponsored students who are children of leprosy patients.
3) Leprosy Control Project Following The Royal Initiative in 1956 of H.M. The King succeeded in eliminating the disease as a public health problem in 1994. The project had accomplished its mission even before WHO’s leprosy elimination target which was set to achieve in 2005. In 2013, Thailand has reached the target of sustainable elimination of leprosy before WHO's target which was set to achieve in 2020.

4) Social Welfare and Rehabilitation for Leprosy Patients in Leprosarium, Leprosy colony and Community.

5) Scholarships for Children of Leprosy Patients in Leprosarium, Leprosy colony and Community.

6) Fundraising and Public Relations Project.

7) Rajpracha Samasai Spirit Volunteer Society Founding Project.

5. New Projects Following H.M. the King’s Initiative

After the Leprosy Control Project following H.M. the King's initiative in 1956 succeeded and the project expanded nationwide in 1976, making the disease no longer a national public health problem as it was certified by WHO in 1994. H.M. the King graciously allowed the foundation's committee to invite a group of 314 representatives from local and international organizations to get the royal audience at Sala Dusit Dalai, Suan Chitlada villa at Dusit Palace on 2 June 1997. In this occasion, His Majesty graciously gave suggestions and offered some additional initiatives which became an origin of the foundation’s new projects as follows:

1) Sustainable Elimination of Leprosy Following The Royal Initiative of H.M. The King which, according to WHO standard, sustainably eliminated leprosy in 2013, before WHO's sustainable leprosy elimination target in 2020.
2) Leprosy Surveillance and Treatment Service for Foreign People and Migrant Workers Project (please find more details in Chapter 13)

3) Rajpracha Samasai Chalerm Prakiat Project which has granted 999 scholarships a year since 1998 to orphans in community whose parents died of AIDS (4,000 baht/year for primary school level, 5,000 baht/year for secondary school level and 8,000 baht/year for vocational and university levels - There are more than 3,000 scholarship recipients. Out of these recipients, 700 of them received education and have careers and 200 of them have bachelor’s degrees)

4) Rehabilitation of Disabled Persons Affected by Leprosy Project

5) Rajpracha Samasai Spirit Volunteer Societies Project which aims to urge communities and volunteers to be vigilant against leprosy, carry out case-finding and provide welfare and rehabilitation service to leprosy - affected persons. During 2010 - 2014, there were 41 societies founded in 20 provinces across the country with 2,578 volunteers. This project will be expanded to cover all subdistricts from 2015 - 2020 to increase other 14 targets out of Leprosy surveillance and welfare including moral, health, social, environment and stability strengthening.
6. The responses to the royal suggestions and initiatives when Raj Pracha Samasai Foundation committee had the royal audience with H.R.H. Princess Maha Chakri Sirindhorn, on behalf of H.M. the King, during 2001 - 2013.

After the success of leprosy elimination in 1994, H.M. the King was not well, then graciously appointed H.R.H. Princess Maha Chakri Sirindhorn to attend the progress report presentation by the foundation committee in 2003 and 2013 which led to the new projects as follows:

1) The Founding of Rajpracha Samasai Spirit Volunteer Societies at Subdistrict and in Organizations during 2010 - 2013 following the royal suggestion and initiative of H.R.H. Princess Maha Chakri Sirindhorn - Her Royal Highness suggested that the foundation should not limit its mission to leprosy elimination only but should expand it to include assistance for disadvantaged individuals and resolutions for social and healthcare problem in community as well. In order to respond to the royal suggestion in 1997 encouraging the continued leprosy case-finding despite the successful elimination in 1994, Rajpracha Samasai institute and Rajpracha Samasai foundation jointly launched Rajpracha Samasai Spirit Volunteer Societies at Tambon and in Voluntary Organizations to allow the volunteers to carry out leprosy case - finding at Tambon where the group or society is located and look after patients with disabilities as well as the elderly. And moral, ethics, health, social, environment, harmony and stability strengthening.


In summary, during 2014 - 2015, 161 societies or groups were founded in 24 provinces with 6,259 volunteers working in different regions as follows 1) Northern region (53 groups, 2,903 volunteers in 6 provinces) 2) Northeastern region (88 groups, 2,194 volunteers in 6 provinces) 3) Southern region (11 groups, 602 volunteers in 6 provinces) 4) Central region (9 groups, 560 volunteers in 6 provinces)
This new project aims to help the present government to undertake reforms in moral, ethics, health, social, environment, security and harmony by applying the Rajpracha Samasai Royal Theory (the King and people assist mutually) and the Royal Philosophy of Pid Tong Lang Pra (putting a gold leaf on the back of the Buddha image) ideal. According to the royal theory and the ideal, the volunteers of the King, residents of every Tambon, personnel of government agencies, business sector, private sector, the general public, the rich and the poor citizen are provided an opportunity to make a good deed as a tribute to the King and the country and take part in solving problems in their own community. Additionally, they could support the reforms in 14 areas of targets as follows:

1. Do your duty the best you can while practicing moral, ethics and good governance. Be a good role model
2. Promote national security and harmony among Thais
3. Promote consciousness Towards Loyality to the Nation, the Religion, H.M. The King and promote proper Democracy with H.M.The King as the Head.
4. Be vigilant against leprosy, carry out case-finding, look after disabled patients and the elderly affected by leprosy
5. Look after people with disability
6. Look after the elderly
7. Look after orphans
8. Help tackle health and environmental problems in your local community
9. Be vigilant about migrant workers (diseases and national security) in your local areas
10. Preserve public places, local wisdom and environment
11. Help tackle drug problem in your local community
12. Help manage education in your local community
13. Help manage agriculture and co-operative in your local community
14. Look after other disadvantaged persons in your local community

Rajpracha Samasai Spirit Volunteer Groups or Societies are the power of the land and the power of people of Rajpracha Samasai civic society which successfully eliminated leprosy by following H.M. the King's Rajpracha Samasai royal theory (the King and the people assist mutually), and will continue to help reform the country to achieve better security, prosperity, harmony and sustainable development (please see details in Chapter 25).
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Chapter 18

Roles and Assistance of WHO and UNICEF to Thailand’s Leprosy Control
Roles and Assistance of WHO and UNICEF to Thailand’s Leprosy Control

1. Role of WHO in Thailand’s leprosy control

World Health Organization has its headquarter operation in Geneva, Switzerland and its South East Asia Regional Office in New Delhi, India (WHO - SEARO). WHO-SEARO’s representative office in Bangkok, Thailand had been playing a major role in supporting Thai National leprosy control programme in the pioneer stage, especially in the early and expansion phases. The organization supported the programme with leprosy consultants, overseas filed trip grants for medical officers and public health technical officers. It cooperated with UNICEF which lent support in vehicles, pharmaceuticals, equipment of mobile team and workshops for provincial medical officers and public health technical officers etc.

1.1 Role in assisting the establishment and the expansion of the new leprosy control programme focusing on case - finding and domiciliary approach as per WHO recommendations from 1953 to 1976 (please see details of the programme’s operation in the chapters 7, 8, 9, 10, 11 and 12)

1.1.1 WHO assistance in conducting the sampling survey to estimate the prevalence of leprosy in Thailand in 1953

In 1953, as requested by Thailand’s Department of Health, Ministry of Public Health, WHO - SEARO designated Dr. Dharmendra, senior leprosy expert from India, as WHO - Short Term Consultant on Leprosy, to conduct the sampling survey to estimate the leprosy prevalence in provinces across Thailand. At that time, Dr. Pairoj Prasertsarawut, senior medical officer from Phrapradaeng Leprosy Hospital operated under Leprosy Control Division, Department of Health, was designated as counterpart of Dr. Dharmendra.

Result of the sampling survey suggested that overall, there were 140,000 leprosy patients in Thailand and the prevalence rate was 50 per 10,000 population. Of all Thai leprosy patients, 50 percent lived in the northeastern region.

Thereafter, Prof. Dr. Sawat Daengsawang, Director General of Department of Health, set up the National Leprosy Control Project (LCP) to run the pilot project at KhonKhaen Province during 1955 - 1956 before the expansion of the leprosy control project in 1957. In order to implement LCP, he sought the technical assistance from WHO and a support in equipment, vehicles and pharmaceuticals from UNICEF. The project was under the ownership of Leprosy Control Division, Department of Health.
1.1.2 Setting up Pilot Project of Leprosy Control Project in KhonKhaen Province from 1955 - 1956 (please see the details in Chapter 7)

Department of Health, Ministry of Public Health had sought help in launching the new leprosy control project focusing domiciliary approach of case finding and case holding. In order to realize the idea, the department established the Leprosy Control Center in KhonKhean in Building at Sritan Leprosarium in KhonKhaen Province (Luang Serm Prungsuk was the then Director of the Leprosarium).

In 1955, WHO - SEAO appointed Dr. Ramon Miquel, a Spanish leprosy expert, WHO - Consultant at Leprosy Control Center in KhonKhaen (in 1955, Dr. Pairoj Prasertsarawut from Phrapradaeng Leprosy Hospital was Head of the Center and Dr. Ramon Miquel's counterpart. Afterwards, Dr. Kamjorn Duangkaew, a newly graduate physician, was made Head of the Center to replace Dr. Pairoj Prasertsarawut)

The pilot project in KhonKhaen utilized the Specialized or Vertical Leprosy Control Program by Mobile Teams to find cases and provide treatment in villages. It set up temporary Mobile Treatment Clinics in the villages allowing the patients to receive injections every two weeks until they were discharged from the treatment register. The mobile team also conducted contact examination and examination of school children to completely control the disease.

The Mobile Team comprised a sanitarian or public health technical officer (holding a diploma/bachelor's degree in public health) working as team leader, and four staff including auxiliary leprosy workers (ALWs) responsible for performing screening for leprosy among villagers, household contact tracing, school survey, providing injections and dispensing medicines, one lab technician and one driver. The leprosy control center had designed three-month training program for auxiliary leprosy workers (holding a Matthayom Suksa 3 certificate) and provided the training by itself. After the two - year pilot project, the teams had formed the model and were ready to expand the project in 1957. They gradually organized zonal centers for expansion of leprosy control and sent the Mobile Teams to find cases and treat leprosy patients in 40 highly endemic provinces with the prevalence rate higher than 20 per 10,000 population in the north, northeastern and central regions of Thailand.
1.1.3 WHO assistance to the first expansion of the leprosy control project in the northeastern region in 1957 (please see details in chapter 8)

WHO continued to provide assistance by applying the model of the pilot project launched in KhonKhaen in 1957 to the establishment of “Zonal Leprosy Control Center in MahaSarakham province” which was responsible for the service in MahaSarakham province, Kalasin province and Roi-Et province of north-eastern region. (Dr. Teera Ramasoota was Head of the Center and Dr. Ramon Miquel was WHO consultant)

1.1.4 WHO assistance to the second and other expansions of the leprosy control project in various provinces in the northeastern region from 1957 to 1970 (please see details in chapter 8, 9, 10, 11)

The second project expansion took place in UbonRatchathani in 1960 (Dr. Teera Ramasoota was Head of The Zonal Leprosy Control Center in UbonRatchathani province and Dr. Ramon Miquel was still WHO consultant)

Thereafter, the project had gradually expanded to other provinces in the northeastern region, northern region and central region from 1961 - 1970 until it covered 40 highly - endemic provinces where the prevalence rate was higher than 20 per 10,000 population. It established the zonal Leprosy Control Centers in many province in the north-eastern region such as Surin, SakonNakhon, Nakhon Ratchasrima, Chaiyaphum, Buriram etc. WHO had sent additional WHO - Leprosy Control officers, namely, Mr. Roystan Mason from England and Mr. Michael Oregan from Ireland to assist Dr. Ramon Miquel. After that, WHO - SEARO sent two more medical consultants as follows:

1) Dr. Spensor Reed, an English physician, who was stationed at the zonal Leprosy Control Center in Udonthani where Dr. Kritsanapong Ratsameeprapa was the Head and his counterpart 2) Dr. Josep A.CAP, a Belgian physician, who was stationed at the Leprosy Control Center in Bangkok where Dr. Wilai Dulayadhammadhirom was his counterpart.
1.1.5 WHO assistance to the expansion of the specialized Leprosy Control Project Based on Mobile Teams in highly endemic provinces in the north and the central regions where the prevalence rate was higher than 20 per 10,000 population from 1961 - 1970 (please see details in chapter 10)

In 1961, WHO still assisted in expanding the Specialized Leprosy Control Programme by Mobile Teams in the north region by establishing North Regional Leprosy Control Center in Lampang Province where Dr. Teera Ramasoota was the Head and counterpart of Dr. Josep A. CAP, WHO Leprosy Consultant, who had moved from the Center in Bangkok to a province in the north.

After that, the Mobile Teams had gradually expanded to some Hyperendemic provinces in the central region where the prevalence rate of leprosy was higher than 20 per 10,000 population. The teams could finally cover 40 provinces in 1970 by the lead of the zonal Leprosy Control Center Heads who were public health technical officers and public health nurses instead of medical officers of which very few applied to work with the Leprosy Control Centers.

1.16 WHO - SEARO assistance to the project transfer and integrate leprosy control into hospitals and health centers in 67 hypoendemic provinces with the prevalence rate lower than 20 per 10,000 population from 1971 - 1976 (please see details in chapter 11)

At this stage, WHO - SEARO sent a couple of leprosy consultants to station at Leprosy Control Division situated in Rajpracha Samasai Institute Building which was built in 1960 from the fund graciously granted by H.M. the King. The building was located in the compound of Phrapradaeng Leprosarium. The leprosy consultants sent by WHO - SEARO were 1) Dr. K.S Seal from England and 2) Dr. J. Walter from Brazil. Dr. Chaisiri Khetdanurak was the then Acting Director of Leprosy Control Division and the counterpart of Dr. K.S Seal while Dr. Khien Kraiwichien was the then Director of Leprosy Control Division and the counterpart of Dr. J. Walter.
From 1971 to 1976, following the policy of Ministry of Public Health and WHO advice, the Leprosy Control Division transferred and integrated the leprosy control project to 67 hypoenemic provinces with the prevalence rate lower than 20 per 10,000 population. UNICEF supported the transfer and integration of the project by funding orientation trainings for medical officers and public health personnel who worked in the health service system of integrated provinces where the government supported leprosy control activities as per WHO guideline. The training took three days for one batch of trainee and it took six years, from 1971 to 1976, to complete the training for 8,634 targeted personnel of 216 batches (please see details in chapter 11).

1.1.7 WHO sent leprosy consultants to assist an evaluation of the project by conducting a sampling survey within the endemic areas to measure the impact on an epidemiology of leprosy and the quality of the leprosy control activities operated in some provinces such as Lampang, KhonKhaen etc. The leprosy consultants assigned to work with the assessment team were Dr. Martines Dominggase from Spain and Dr. Hemeriek from Belgium. A counterpart of the WHO consultants, was Dr. Anan Chareonphakdee, a medical officer of Leprosy Control Division, such evaluating survey had gained a great deal of valuable information useful for developing policy and improving the quality of leprosy control activities.

1.1.8 WHO-SEARO granted scholarships for personnel of Leprosy Control Centers and Leprosy Control Division such as medical officers, public health technical officers, medical technologists, public health nurses, physical therapists etc. to study a master’s degree programme in public health in UK and USA, and to take a field studies in India and Africa.

1.1.9 WHO-SEARO provided budget and trainers for an interregional leprosy control training organized for medical officers from Asia and Africa.
The training was a two-week program held at Rajpracha Samasai Institute. There were two batches of the training, 15 persons per batch, held in 1967 and 1969.

1.1.10 WHO - SEARO granted fellowship for medical officers from foreign countries to take a field trip to Thailand to study the expansion and the integration of leprosy control project into provincial health service system during 1958 - 1976.

1.1.11 WHO Geneva and WHO - SEARO held several seminars in Geneva and New Delhi on various aspects of leprosy where Thai leprosy physicians participated. The Thai physician who was appointed WHO Advisory Expert Panels in Leprosy was Dr. Teera Ramasoota.

1.1.12 WHO held a Leprosy Research Consultant Meeting in Bangkok in 2004 to honor H.M. the King whose benevolence was highly critical to the success of leprosy control in Thailand. It was the first time WHO held such meeting outside its headquarter in Geneva.

1.1.13 After the leprosy control project had covered the whole Thailand in 1976, WHO assistance completely decreased especially after a successful elimination in 1994. At present, WHO is still the main organization to host the leprosy programme manager meeting for various countries including Thailand. The meeting aims to inform leprosy workers of member states about policies, development plans for sustainably controlling and eliminating leprosy as well as to update them about the advancement of leprosy knowledge.

In addition the brainstorming and exchange of opinion and experience among the member states will help develop the sustainable leprosy control and elimination and towards the same direction by maintaining the quality and standard as per WHO recommendations. Moreover, WHO had coordinated with international nongovernmental organization such as Sasakawa Memorial Health foundation of Japan to provide support in pharmaceuticals and chemotherapy to member states free of charge in order to achieve the leprosy-free world. Nowadays, NOVARTIS, a pharmaceutical company, has been donating pharmaceutical drugs and chemotherapy to support the treatment of leprosy patients around the world. Therefore, WHO is regarded as the major contributor for the development of leprosy education, control, elimination, as well as training for leprosy physicians and related workers etc. for all countries around the world including Thailand.

As a result, almost all countries in the world had achieved WHO’s leprosy elimination goal in 2005 and the sustainable elimination goal in 2020 (Thailand achieved the goals before WHO had set as it was able to eliminate leprosy in 1994 and sustainably eliminate the disease in 2013.
2. Role of UNICEF in Thailand’s Leprosy Control

UNICEF or United Nations International Children’s Emergency Fund had established its representative office in Thailand which was the main organization supporting the operation of leprosy control project in Thailand while WHO contributed to the project’s technical activities. UNICEF supported the project with equipment, pharmaceuticals, vehicles and the fund for provincial public health personnel trainings etc. Mrs. Suchada Saengsingkaew was a coordinator who efficiently coordinated with UNICEF for assistance provided to Thailand’s leprosy control pilot project in KhonKhaen during 1945 - 1946 as well as the expansion and the integration of the project to 67 hypoendemic provinces with the prevalence rate lower than 20 per 10,000 population from 1971 to 1976. When the project had covered the whole country in 1976, UNICEF ceased discontinued its role in assisting Thailand’s leprosy control.

There were remaining six provincial Leprosy Control Centers in the provinces where the prevalence rate was still higher than 20 per 10,000 population that did not receive the integration of the project, namely, the provincial Leprosy Control Centers in MahaSarakham, Kalasin, Roi Et, Surin, NakornSawan and Saraburi. However, UNICEF had still provided assistance to the project until the integration of the project to these Leprosy Control Centers were completed.

Therefore, roles of UNICEF and WHO were considered crucial to the success of the leprosy control pilot project, the expansion and the integration of the project to provincial healthcare system which was a foundation for the success in eliminating leprosy in 1994 and reaching sustainable leprosy elimination in 2013 as H.M. the King’s royal wish. WHO and UNICEF deserve be written in the history of leprosy in Thailand as they were the great contributor behind the success of our leprosy control.
References


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Chapter 19
Roles and Assistance of Sasakawa Memorial Health Foundation, Japan
Roles and Assistance of Sasakawa Memorial Health Foundation, Japan

1. Background: Assistance of Sasakawa Memorial Health Foundation to Thailand’s Leprosy Control

1.1 Origin of Sasakawa Memorial Health Foundation, Japan

Sasakawa Memorial Health Foundation (SMHF) was founded in May, 1974 to celebrate the 75th Birthday Anniversary of Mr. Ryoichi Sasakawa, President of Japan Ship Building Industry Foundation (JSIF) which was later renamed as The Nippon Foundation (TNF). Mr. Ryoichi Sasakawa wished to help solve the world’s leprosy problem so he donated the money from JSIF to found Sasakawa Memorial Health Foundation (SMHF) which comprised the following pioneering executives:

1) Mr. Ryoichi Sasakawa, the first president of SMHF and TNF
2) Mr. Yohei Sasakawa, son of Mr. Ryoichi Sasakawa and current President of SMHF and TNF
3) Prof. Morizo Ishidate (1), the first Chairman of SMHF Executive Committee
4) Prof. Kiikuni, current Chairman of SMHF Executive Committee
5) Dr. Shigeaki Hinohara, current SMHF President
6) Dr. Yo Yuasa, the first Executive and Medical Director
7) Mr. Tsurusaki, the First SMHF Secretary General

1.2 In 1975, Prof. Ishidate began to contact Thailand to provide assistance to leprosy control.

Prof. Ishidate contacted Prof. Komol Pengsritong, the then Permanent Secretary of the Public Health Ministry of Thailand his friend who had worked in the same field which was Pharmaceutical Science, asking about the leprosy problem in Thailand. Prof. Komol Pengsritong then informed Dr. Chaisiri Kettanurak, Acting Director of Leprosy Division about the contact from Prof. Ishidate.

Additionally, he asked Dr. Teera Ramasoota, a leprosy expert to meet Prof. Ishidate at Don Muang International Airport to give him more details about the leprosy project, problems, and assistance needed.

(1) Prof. Morizo Ishidate was Head of Pharmaceutical Science of Tokyo University. He was famous globally for being the first who synthesized “Promin” for the treatment of leprosy in 1943. Therefore, he is known as “Father of Leprosy Chemotherapy”. He was a close friend of Prof. Komol Pengsritong, the then Permanent Secretary of the Public Health Ministry of Thailand who was an expert in the field of pharmaceutical science.
In 1974, SMHF sent the Mission Team to study the leprosy situation in Thailand for one week.

The Sasakawa Memorial Health Foundation sent the mission team comprising a team leader, Prof. Dr. Tonetaro ITO from Research Institute for Microbial Disease, Osaka University and three staff to Thailand. The mission team met the executives of Department of Communicable Disease Control and Leprosy Control Division, and then they traveled with Dr. Teera Ramasoota to observe the leprosy control activities in provinces for one week. The team had to report the foundation administrative committee about Thailand’s leprosy control operation so that they could have information for considering the provision of assistance to Thailand starting in 1974. Along the way of combating leprosy in Thailand, Dr. Yo Yuasa and Prof. T. Ito had been supportive coordinators and great alliance for 35 years, from 1975 to 2009, which was the period when the foundation had been partnering with Thailand to give productive and smooth assistance to our leprosy control activities. It could be said that the foundation came to helped Thailand in the perfect timing.

2. Summary of Assistance to Leprosy Control in Thailand for 35 years (1974 - 2009) in Chronological Order

2.1 Beginning of assistance provided to Leprosy Control in Thailand and Countries in Asia, Sasakawa Memorial Health Foundation hosted the First and Second International Seminar of Leprosy Control Cooperation in Asia in November 1974 and August 1975 in Tokyo, Japan. There were leprosy control programme managers from 12 Asian countries attended the seminars.

The Sasakawa Memorial Health Foundation began to help Thailand’s leprosy control from 1975 to 1987 by supporting vehicles (cars, motorcycles, and bicycles), pharmaceuticals, media production (healthcare educational media, guidebooks, textbooks and teaching materials), project Evaluation survey in Phuket, Uthai Thanee and Maha

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2 The leprosy control project following H.M. The King’s initiative had expanded to cover 40 hyperendemic provinces where the prevalence rate was higher than 20 per 10,000 population from 1957 - 1970 and began to integrate the leprosy control into the provincial public health service system of 67 hypoendemic provinces where the prevalence rate was lower than 20 per 10,000 from 1971 - 1976. Thus, WHO had ceased to provide assistance to Thailand since 1970 while UNICEF still provided support to the orientation training of medical and public health personnel in 67 provinces until 1976. Therefore, when Sasakawa Memorial Health Foundation came to assist Thailand’s leprosy control in 1974, it was considered as the perfect timing for transition.

3 Two Thai participants who attended the seminar were 1) Dr. Chaisiri Khettanurak, Acting Direcotr of Leprosy Control Division and 2) Dr. Teera Ramasoota, leprosy expert from Leprosy Control Division.
Sarakham. It supported the development of the treatment, training, supervision, control, research and evaluation of leprosy control project as well as overseas field trip fellowships for medical officers, public health technical officers, social workers, nurses etc. Another type of fellowships was also granted to medical officers and public health personnel from Japan, India, China, Vietnam, Philippines, Indonesia, Nepal, Korea, Myanmar, Lao PDR and other high burden leprosy countries to learn about Thailand’s leprosy control. The foundation funded the construction of Regional Leprosy Control Center, Region 3 Building in Chonburi as well.

2.2. Development of Medical Personnel and Public Health Personnel Working in The Field of Leprosy

1) International Workshop

The Sasakawa Memorial Health Foundation hosted the First and Second International Workshop in the Training of Leprosy Worker in Bangkok in 1979 and 1982 to accelerate the development of training for public health personnel in Thailand and in other high-burden leprosy Asian countries. It expected the outcome of better quality and higher standard of the training.

2) Overseas Field Trip Fellowships for Medical Personnel and Public Health Personnel Working in The Field of Leprosy

For 20 years, during 1975 - 1995, the foundation had funded master’s degree programme scholarships and overseas field trip fellowships for 98 Thai medical personnel and public health personnel to further their education in universities, institutes and leprosy control organizations in many countries and regions such as USA, UK, Japan, Korea, Philippines, Nepal, India, Europe, Africa etc. Additionally, it sponsored the attendance of Rajpracha Samasai’s academic personnel at every International Leprosy congress.

3) Workshops and Research on Chemotherapy of Leprosy

In January, 1977, Sasakawa Memorial Health Foundation organized International Workshop on Chemotherapy of Leprosy in Asia in Manila, Philippines(4)(5). The workshop was attended by researchers in chemotherapy of leprosy and field workers.

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(4) When Mr. Ryochi Sasakawa was President of TNF and SMHF, he donated chemotherapy drugs for leprosy treatment worth 50 million USD to countries around the world through WHO. Afterward, when his son, Mr. Yohei Sasakawa became President of the foundations, he made the same donation worth 24 million USD.

(5) International Workshop on Chemotherapy of Leprosy in Asia had been held three years before WHO hosted Chemotherapy Study Group Meeting in Geneva in October 1981 (Dr. Teera Ramasoota was sent to attend this meeting as Thai Expert). The meeting aimed to improve leprosy treatment by using WHO Recommended Multidrug Therapy MDT, which has been used worldwide from 1981 to present. In this meeting, the research result of JCT (Joint Chemotherapy Trial project conducted with a cooperation of Thailand, Philippines and South Korea Under SMHF Financial and Technical Support) was cited as the main source of information too.
As a result of the workshop, the Sasakawa Memorial Health Foundation gave further support to launch the **Joint Chemotherapy Trial (JCT) Project** which was a cooperation of Thailand, Philippines and South Korea. Therefore, in January 2009, the foundation hosted the International Symposium on Joint Chemotherapy Trial in Manila, Philippines to set regiment protocol of the joint research in chemotherapy of leprosy by the three countries as described in the following chapter.

4) Other Workshops and Development Programs on Various Aspects of Leprosy in Thailand and other high - burden leprosy countries

4.1) The Sasakawa Memorial Health Foundation had hosted various workshops on leprosy as the following list illustrates:

1. Two International Workshops on Training Leprosy in Bangkok, Thailand
2. International Workshop on Role of Voluntary Agencies in Jakarta, Indonesia
3. International Workshop on Community Participation in Kathmandu, Nepal
4. International Workshop on Urban Leprosy Control in Singapore
5. International Workshop on Evaluation of Leprosy Control in Kuala Lumpur, Malaysia

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6 Heads of Research Team of the three countries were 1) Dr. Chaisiri Kettanurak, Dr. Teera Ramasoota from Thailand 2) Dr. Ricardo S. Guinto, Dr. Jacinto J. Dizon, Dr. Fernando A. Jose Jr. from Philippines 3) Dr. Do IL Kim from South Korea. The meeting was set to be held once a year in Manila and Cebu hosted by Philippines. There were two chemotherapy experts from UK, Dr. Stanley Brown and Dr. J.A. Water participating in the project as project advisors.

7 During the research of JCT conducted from 1979 - 1983 (and it needed to follow up the result until 1988), Sasakawa Memorial Health Foundation held Annual Standardization Workshop in Cebu, Philippines. The workshop was used as a means to train medical officers and medical technologists from the three countries and from other countries including Nepal, Indonesia, Vietnam and Myanmar. This helped strengthened the ties among these countries and improve the cooperation in leprosy control as well.

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These workshops did not only develop competencies of leprosy medical officers and leprosy workers from countries in Asia and other highly endemic regions but also helped strengthen ties among leprosy program managers from four countries who had worked closely with the Sasakawa Memorial Health Foundation. These programme managers were:

1) Dr. Yo Yuasa, Prof. T. ITO and Mr. Tsurusaki from Japan
2) Dr. Chaisiri Kettanurak and Dr. Teera Ramasoota from Thailand
3) Dr. Do IL Kim from South Korea
4) Dr. Anoy Lauhenapessy from Indonesia
5) Prof. Le Kinh Due from Vietnam
6) Dr. Ricardo S Quinto and Dr. Fernando A Jost Jr. from Philippines

and the trainer team included

1) Dr. Stanley G Brown, Dr. J.A. Water and Dr. Colin Mc.Dougall from United Kingdom
2) Dr. Felton Ross from United States
3) Prof. Michel Lechat from Belgium

These workshops, under the coordination by the Sasakawa Memorial Health Foundation, helped promote close colleagueship and gave opportunities for the programme managers to support and coordinate one another which tremendously contributed to the leprosy control in Thailand.

4.2) Leprosy Research in Thailand

1) In 1989, Dr. L. Hartdegen, President of Germany’s Hartdegen Fund, donated money to partially support Thai government’s budget to build the second research building of Rajpracha Samasai Institute. The building was royally named “Arkarn Vijai Raj Pracha Samasai” (Rajpracha Samasai Research Building)\(^{(8)}\) and located in the compound of Phrapradaeng Leprosy Hospital.

This research building accommodated sponsored equipment, laboratories such as nude mouse, animal lab etc. from Financial and Technical supports from the Sasakawa - Memorial Foundation of Japan. The project was advised by Japanese consultants for microbiological research of leprosy, namely Prof. T. ITO and Dr. K.Kosaka from Research Institute for Microbial Disease, Osaka University and Dr. T. Hirata from National Institute for Leprosy Research, Tokyo, Japan. Both consultants assisted the project operation and trained scientists of Rajpracha Samasai Research Institute as well.

2) In 1989, Mr. Ryochi Sasakawa, president of the Sasakawa Memorial Health Foundation, donated 83 million baht to Department of Communicable Disease Control in order to build a modern P.3 Safety Level Laboratory building near Leprosy Control Division building (now Rajpracha Samasai Institute) and Department of Medical Sciences, Ministry of Public Health in Nonthaburi Province. The building was royally named “Sasakawa Memorial Research Building (SRB)”.(9) Thailand celebrated H.M. the King’s fifth cycle birthday anniversary in 1987 which was the same year as Mr. Ryoichi Sasakawa’s 88th birthday anniversary. Therefore, Dr. Teera Ramasoota, the then Deputy Permanent Secretary of Ministry of Public Health, when attending a meeting with Sasakawa foundation in Tokyo, Japan, proposed Prof. M. Ishidate, chairperson of the foundation’s Executive committee, to build a modern leprosy research building as a memento of such auspicious year. As a result, Prof. M. Ishidate and Mr. Ryoichi Sasakawa agreed and donated a sum of money totaling 83 million baht to Department of Communicable Disease Control to construct the new research building and acquire scientific equipment, molecular biology, mice lab and animal Experiment.

The foundation also funded the research and designated Prof. T. ITO from Microbial Disease Research Institute, Osaka University as research advisor who helped, in the early stage, manage the research fund and the building facilities.

When Dr. Teera Ramasoota retired in 1992, Sasakawa Memorial Health Foundation appointed him the Foundation Advisor(10) and Chairperson of the new building’s Steering Committee on Leprosy Research. The committee meeting was attended by Dr. Yo Yuasa, Prof. Louis Levy from Israel, an advisor for animal lab and Prof. Patrick Brennan, an advisor for immunology and molecular Biology from Colorado University, USA. These experts gave advice to Thai researchers working at this research center and constantly attended the meeting.(11)

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(9) H.M. The King appointed H.R.H. The Crown Prince to preside over the opening of the Sasakawa Memorial Rejearch Building on October 31, 1989
(10) After retired from Ministry of Public Health, Dr. Teera Ramasoota was advisor for Sasakawa Memorial Health Foundation when joining the working team which followed up the result of the foundation's assistance. The team visited and provided advice to leprosy control projects in provinces of Indonesia and Vietnam as well.
(11) Please see details in Chapter 15
Furthermore, Sasakawa Memorial Health Foundation supported the cooperation between Japan and Thailand (Department of Medical Sciences) in using the building to research and develop AIDS vaccine.

In conclusion, Sasakawa Memorial Health Foundation had contributed tremendously to the research and development of Thailand’s leprosy control. It was the great contributor behind the success of leprosy Elimination and always helped steer the development of Rajpracha Samasai Institute to achieve excellence in response to H.M. the King’s royal initiative. The foundation deserves to be written in the history of leprosy in Thailand.
References


Chapter 20

Role and Assistance of German Leprosy Relief in Thailand’s Leprosy Control
Role and Assistance of German Leprosy Relief in Thailand’s Leprosy Control

1. Background

Dr. Lutz Hartdegen, a German philanthropist, had founded Hartdegen Fund in November 1961 and supported Thailand’s Leprosy Control Division, Department of Health in controlling leprosy within Bangkok areas by providing trainings for leprosy and Health workers, sponsoring overseas field trips for medical officers and contributing to a royally - initiated charity fund for constructing “Arkarn Vijai Rajpracha Samasai” building (Rajpracha Samasai Research Building), the second building of Rajpracha Samasai Institute(1)

Thereafter, Dr. Hartdegen expanded the assistance to Thailand’s leprosy control by coordinating with Dr. Horse, President of German Leprosy Relief Association (GLRA) which provided assistance to Leprosy control, welfare and rehabilitation for leprosy patients in Thailand from 1961 to 2009. The association has main objective in supporting the fight against leprosy, especially the control of the disease, development of the Health personnel, health education, prevention of disabilities and rehabilitation of the patients. Mr. Wolf Kamf was responsible for the assistance provided to Thailand’s leprosy control and he had performed well all along.

2. Summary of GLRA assistance during 1961 - 2009

2.1 Leprosy Control

1) Provided assistance to the development of the urban leprosy control pilot project implemented in Bangkok. The project used the mobile teams of public health nurses to visit leprosy patients registering for treatment at the special skin disease center, Watmakutkasattiyaaram, under the responsibility of Leprosy Control Division, Department

(1) Please see details in Chapter 22
of Health and at Bangkok public health service centers in their pilot study areas. The mobile teams followed up with the patients who received chemotherapy treatment, provided the patients self-care advice for prevention of disabilities caused by leprosy and examined household contacts living in the same home as the patients once a year. They also provided training for public health service center's medical officers and nurses who were responsible for urban leprosy control work.

2) Funded leprosy trainings for provincial medical officers and public health personnel of the Public Health Ministry.

3) Donated cars, pharmaceutical drugs, leprosy lab materials and equipment, leprosy health education and Audio-Vision materials for public relation and education.

4) Donated money to build the office buildings of Regional Leprosy Control Center, Region 9 Nakhon Ratchasima, Regional Leprosy Control Center, Region 3 Nakhon Sawan and Regional Leprosy Control Center, Region 12 Songkla.

5) Provided overseas field trip fellowship for leprosy personnel.

6) Provided an annual grant amounting to around 600,000 baht to support the operation of the leprosy control project operated by the then Leprosy Control Division (now Rajpracha Samasai Institute)

2.2. Welfare and Rehabilitation for Leprosy Patients

1) Funded the activities to help poor leprosy patients to get a job to support themselves and their families.

2) Funded the occupational skill training for leprosy-affected individuals and provided land for housing, agriculture or other occupational purposes to them through agricultural co-operative.

2.3. Funds for Supporting Non-governmental Organizations Working for Leprosy Elimination

1) Supported the operation of McKean Rehabilitation Center in Chiang Mai\(^{(2)}\)

2) Supported the operation of Dauchter of the Charity in KhonKhaen\(^{(3)}\)

\(^{(2)}\) Please see details in Chapter 6

\(^{(3)}\) Please see details in Chapter 23
References


Chapter 21

Netherlands Leprosy Relief’s Role and Efforts
Netherlands Leprosy Relief’s Role and Efforts

1. Background

1.1 Netherlands Leprosy Relief (NLR), located in Amsterdam, Netherlands, was established on 30 March 1967. Its objective is to promote and support the elimination of leprosy. NLR is involved in programs in approximately 20 countries worldwide. The organization’s fundraising efforts are done in Netherlands to ensure transparent fund management(1).

1.2 NLR’s mission and its partnership representatives summarizes the organization’s initiatives as such:

1) NLR helped supporting the integration of leprosy control into health service system of each country, particularly that people with leprosy would have equal access to health support services to normal citizens.

2) NLR comprehensively develops leprosy control programs by improving capabilities in leprosy case finding as well as treatment and rehabilitation. The organization especially focuses on preventing disability, decreasing social stigma, and increasing the social economic strength of patients and those affected by the disease.

3) NLR cooperates with its partners in countries where the disease is endemic, using long-term agreements. The organization views leprosy as a normal infectious disease, even in situations where there are lower numbers of infected people.

4) NLR recognizes the importance of having primary health care staff with sufficient knowledge and skills to execute their duties within leprosy control programs. The organization also puts an emphasis on training and research for these people.

2. NLR’s Efforts in Thailand

2.1 Liaisons with Dutch Private Organizations in Thailand

In 1979, the Director General of the Department of Communicable Disease Control from the Ministry of Public Health requested for help from the Peter Donders Foundation (PDF), a private Dutch organization that had been working in Thailand for many years. PDF helped leprosy patients and rehabilitation programs at the Nonsomboon Leprosy Hospital in Khon Kaen. PDF also coordinated with NLR to establish a fact finding mission team with Dr. Kenneth Seal as the team leader, who at that time was the Director of Leprosy Division from 1978-1983, He has been invited from the NLR to Amsterdam to present the problems and leprosy control activities in Thailand through television program, in order to help supporting fund raising program of the NLR.

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(1) When Dr. Teera Ramasoota was the Director of Leprosy Division from 1978-1983, He has been invited from the NLR to Amsterdam to present the problems and leprosy control activities in Thailand through television program, in order to help supporting fund raising program of the NLR.
interim leprosy disease consultant of the World Health Organization (WHO) of the leprosy division at the Department of Communicable Disease Control. This team’s mission was to study the available information on leprosy in February 1981 and to set up leprosy support programs from March 1981 onwards.

2.2 NLR’s Initial Efforts in Khon Kaen and Nearby Provinces

Since Khon Kaen had a high prevalence of leprosy, NLR started Their Assistance to a leprosy control program in the province and nearby areas in the northeastern region running from 1985 to 1990. Centralized at the 6th Zonal Leprosy Center in Khon Kaen, the program trained medical students of Khon Kaen University in leprosy diagnosis and sent the Dutch Dr. P. AM Schreuder(2) to be an advisor at the center. In 1987, NLR made a short-term agreement with the Thai government to build a special skin clinic in the Zonal Leprosy Center Area 6, Khon Kaen. The objective of this clinic was to support a more effective integration of leprosy control to general health services. Public health staff working with the disease was trained at the clinic. This program ran from 1989 to 1993. In 1990, a new agreement was mad between NLR and the Thai government that increased the importance of case holding and disability prevention among leprosy patients. In 1993, NLR established the special skin clinic at Khon Kaen because previously, the skin clinic had been met with very positive results. The new agreement between the NLR and Thailand’s Ministry of Public Health also set up the Ubon Ratchathani Skin Clinic in Zonal Leprosy Center Area 7, Ubon Ratchathani with Dr. Peter Schreuder, NLR’s leprosy consultant, overseeing the establishment. From 1985 to 1995, Dr. Peter Schreuder worked at zonal leprosy control centers 6 and 7, elevating the quality of leprosy control and treatment

(2) Dr. Peter Schreuder had a charming personality so that he received very effective relationship with Thai staff in both zonal leprosy center, area 6 and 7 and also the leprosy division. He married with a Thai teacher at Khon Kaen and now having two child who became medical doctors. His family, therefore received very proud and warm welcome by Khon Kaen citizen.
services. The development of the staff can also be attributed to Schreuder’s work. In 1991, NLR sent a second leprosy consultant, Ms. Ineke Petteck to help support the program at Khon Kaen. The physical therapist worked from 1991 to 1995 and helped develop the program’s disability prevention effectiveness as well as supported leprosy control cooperation between Thailand, Laos, and Vietnam.

2.3 Changes in NLR’s Efforts

After the agreement on cooperation on the leprosy control program in 1985, the program ran for another 4 to 5 years before it lost its feasibility. This was due to the NLR not having a base or an expert to advise on the program in Thailand. From then on, NLR’s efforts were based on annual activity plans, with no binding long-term budget. In 1998, a meeting was held to discuss the strategy used to plan these programs; the logical framework methodology was applied. Later, in November 2008, a second meeting convened in order to bring about long-term cooperation between the Thai government and NLR. The meeting also helped develop cooperative relations with the Department of Communicable Disease Control (former name) or the Department of Disease Control (present name) or the Rajpracha Samasia Institute (present name).

3. Summary of NLR’s Efforts to Help Leprosy Patients

3.1 Staff Development

NLR helps train and provides knowledge on leprosy control, disability prevention, and rehabilitation to doctors, nurses and public health staff. It also supports health system research, funding such people to travel abroad to study and attend academic meetings. This is because NLR recognizes the importance of developing such staff in the northeast region in Thailand, where there is high risk of leprosy. The staff included is in the area, province, and district of Zonal Leprosy Center Area 5, Nakhon Ratchasiam, area 6 of Khon Kaen, and area 7 of Ubon Ratchathani.

3.2 Vehicles and Buildings

NLR gave 5 million baht to invest in building the Special Skin Treatment Clinic at the Khon Kaen Zonal Leprosy Center in 1987 as well as 3,100,000 baht to build an office of Zonal Leprosy Center in area 7, Ubon Ratchathani in 1996.

3.3 Leprosy Disability Prevention

Since NLR recognizes the importance of leprosy disability prevention, it also gave funds to support staff training in both the area and province level at well-recognized institutes located in cities abroad such as Karigiri, India and Pokhara, Nepal. In addition, NLR
funded leprosy support staff from Vietnam and Laos to come for training in leprosy disability prevention and physical rehabilitation at Rajpracha Samasia Institute, Phrapradaeng.

3.4 Research

In 1990, NLR funded a research program between the Ministry of Public Health and Khon Kaen University under the name Multidisciplinary Research for the Improvement of Tuberculosis and Leprosy Control, or MURLEP. The study applied the Rapid Village Survey (RVS) method, one that is especially fitting for studying situations where the prevalence of leprosy is low. This study helped to find a prompt way in identifying persons in the area either affected with or at risk at contracting leprosy. The study’s results can also be used for further epidemiology, to estimate leprosy, etc.

In 2005, NLR funded health system research (HSR) on 3 leprosy-related issues. The organization also sent research advisors from the MURLEP research from Netherlands to support the HSR research. As a result, the project was able to develop the research skills of doctors, nurses, and other people involved in the program. The results from the research could also be used for other purposes and support further research on other topics.

4. Amplifying the Leprosy Control Program from the Zonal Area and the Northeast Region to the Whole Nation

From 1998 onwards, NLR amplified their efforts on leprosy control from just certain zonal areas and a whole north eastern region to the entire country of Thailand. However, their main objective lies in helping remaining leprosy control activities in the northeast region, especially in supporting the development of health services for leprosy people in the lower levels to meet with quality standard. In conclusion, NLR’s contribution in supporting leprosy control and research in Thailand for many years is worthy of recognition and remembrance in the history of leprosy in Thailand.
References


Chapter 22

The Role and Contributions of Other Private Organizations Abroad to Leprosy Works in Thailand
The Role and Contributions of Other Private Organizations Abroad to Leprosy Works in Thailand

Introduction:
From the past to the present, many private organizations from abroad both minor and major ones contributed to leprosy support initiatives started by the King and members of the royal family in Thailand, as detailed in chapters 19, 20, 21, and 22. These organizations helped in many aspects, including health education, leprosy case detection, treatment, welfare, rehabilitation, training, research and prevention of disabilities, control and elimination. All of their efforts are worthy of being recognized in the history of leprosy in Thailand.

1. Hartdegen Fund (HF) from Germany

Hartdegen Fund was established in 1959 by Dr. Lutz Hardegen, a wealthy German citizen who formerly worked in public relations for the German airline Lufthansa. Hartdegen wanted to help those affected with leprosy in Thailand, so he donated his money along with the money from other elites in Germany, charitable organizations, and the German media to anti-leprosy initiatives in Thailand, as listed below:

1) Urban Leprosy Control Program in Bangkok, Leprosy Control Division, Health Department

2) Funds for medical doctors and public health officers from the leprosy control division to travel abroad to meetings and study
3) Funds for training staff at the Ministry of Public Health on leprosy

4) HF contributed to the king’s charity fund; the donation totaled 1 million baht out of the 2 million baht of government budget dedicated to this issue. The money was used to build Rajpracha Samasia Institute’s second research building, to which His Majesty the King named Rajpracha Samasia Research Building. The King attended the opening ceremony of the building with Princess Mahachakri Sirindhorn on 6 July 1979. In addition, the Sasakawa Memorial Health Foundation from Japan contributed funds for research equipment and an animal experiment and Research. Later, HF developed into a bigger organization called the German Leprosy Relief Association (GLRA), helping to progress work on leprosy in various countries, including Thailand. Details on these initiatives are in chapter 20.

2. UMEMOTO Memorial Service Group for Lepra (UMSGGL) from Japan

From 1960, UMSGL from Japan sent a team of volunteer Japanese dentists to come for help giving treatments for orthodontic diseases to leprosy patients and their families in various leprosy colonies. At that time, there was still high social stigma and prejudice attached to persons affected with leprosy. Other than Rajpracha Samasia Institute, these people were not able to attain orthodontic services from other general hospitals.

Recently, UMSGL also donated vehicles fully supplied with orthodontic equipment for public use as well as provided payment for Thai dentists who participated in the program. In addition, UMSGL donated money to build an orthodontic clinic with modern equipment at the Northeast Regional Communicable Disease Hospital in KhonKaen. Presently, the hospital is now called Sirindhorn Hospital and is a general hospital under Khon Kaen provincial public health office. UMSGL subsequently sent expert volunteer Japanese dentists to help support the clinic.
3. World Religious Conference and Peace Fund from Japan

Rev. Tazawa, a wealthy religious teacher who owns a large apple farm in Japan, resides as president of this fund. He is close to professor Ichidatae, another world famous pharmaceutical leader as well as CEO of Sasakawa Memorial Health Foundation, who previously contributed to various leprosy control efforts in Thailand (as detailed in chapter 19). Thus, Tazawa was invited to visit Thailand many times to observe leprosy programs in Thailand. Since he was also close to Dr. Teera Ramasoota, the then director of the leprosy division, Tazawa helped support works on leprosy in Thailand in various ways through the leprosy division. Such works include:

1) Donated money for building a clinical research ward for the leprosy patients of Rajpracha Samasia Institute, in Phrapradang Leprosy Hospital.
2) Donated money to build the leprosy rehabilitation building at Nonsomboon Leprosy Hospital, KhonKaen
3) Donated money to build 10 patient houses at Mae Lao colony, Chiang Rai
4) Funded 10 scholarships annually for 10 years for nursing students with financial difficulties from the Faculty of Nursing, KhonKaen University

4. Peter Concord Charity from Netherlands

This charity started from Mr. Ahdree Skwama, a social worker from Netherlands, and his team, who traveled to Thailand to shoot a documentary about leprosy in the country. The documentary spread to people in Netherlands, helping to support works on the disease in Thailand. Thus, the Peter Concord Charity was born. Its efforts are mostly concentrated at Nonsomboon Leprosy Hospital in KhonKaen, as detailed below:

1) Established a children’s center for the children of leprosy patients
2) Established a vocational training center for leprosy patients and provided funds for occupational development
3) Built houses for leprosy patients

Later, Peter Concord Charity used their networking, guiding the Netherlands Leprosy Relief Association (NSL) to come and support works on leprosy in Thailand onwards (as detailed in chapter 21).
References


Chapter 23

The role and assistance of the private sector agencies in Thailand in the control and elimination of leprosy
The role and assistance of the private sector agencies in Thailand in the control and elimination of leprosy

From the past up to the present, the merchants, public and communities all joined together with His Majesty the King and the Royal family to support the control and eliminate leprosy, which has been discussed previously in the previous chapters.

Private sector, or non-government, organizations in Thailand had the role of supporting and carrying out different activities, especially during the first era, when leprosy was a major public health and social problem and the Ministry of Public Health had no yet initiated the project to control the disease through the domiciliary approach. Thus, these NGO joined together to help in the care, welfare and rehabilitation as well as provide education to the children of leprosy sufferers while they still faced loathing in society to a high degree and hospital and health center still did not provide medical assistance.

Leprosy patients receiving medicine only in the areas around schools or Buddhist temples. Normal schools would not accept leprosy sufferers’ children. Therefore, private organizations took on the responsibility to provide assistance which is explained in details as follows:

1. Religious Organizations

1.1 McKean Rehabilitation Institute, Chiang Mai, The Church of Christ in Thailand. This was the first NGO established to provide medical care, welfare assistance and rehabilitation for leprosy patients as well as public health work to control the disease during the reign of King Chulalongkorn, Rama V, with outstanding results, which has already been discussed in Chapter 6.

1.2 Manorom Christian Hospital that belonged to the religious organization Oversee Mission Foundation (OMF), or Christian Organization for Leprosy
In 1921, the physician Christopher Maddoy along with six other doctors and nurses established the Manorom Christian Hospital in Chainat province in the Lower Northern Region to provide general medical care to the local populace as well as leprosy sufferers. The facility opened with two one-story wooden structures and included outpatient and inpatient departments, a pharmacy and small surgery. One of the buildings also had a ward with 18 beds.

In 1923, after the hospital began to serve an ever growing number of patients, the hospital expanded by building one 2-story wooden building, which included an obstetrics department for birth deliveries, a medical department, an expanded surgery and an ICU.

In 1960, the hospital grew once more with the construction of a 4-story concrete building to expand the outpatient services and laboratory department. Another 3-story building was built to replace the older wooden buildings that had fallen into disrepair.

Two years later, in 1962, through donations, the hospital was able to build two 90-bed new buildings specifically for the medical care of leprosy sufferers which included a vocational training department and physical rehabilitation department, which also provided prosthetic legs and footwear. It also provided pre and post operative services where they could teach patients how to put on and take off their artificial limbs and care for themselves.

After this, other important services were added, particularly to control leprosy. Mr. Alan Davis, a health officer from England, led the leprosy control project and formed the OMF Mobile Treatment Team which would travel to different leprosy clinics it opened in neighboring provinces, including Nakhon Sawan, Chainat, Singburi, Lopburi and Saraburi. These clinics employed a system and activities to control leprosy that included case finding, treatment, case holding and home care to ensure they continued their treatment by providing regular treatment and clinical follow up and prevention of deformities. They could also educate the local communities on leprosy. In these efforts, Manorom Christian Hospital worked together with Mc Kean leprosy Hospital to send those leprosy cases who showed complications and disabilities and appeared to need physical rehabilitative by surgical reconstruction. The surgeon Grace Warren of Australia came to assist in the surgery and Medical care of the leprosy victims.

This work to control leprosy was then able to work closely with the Leprosy Control Division of the Department of Health, which they later re-registered and transferred the leprosy sufferers to the care of the Government Leprosy Center, Nakhon Sawan province of the Leprosy Control Division would be responsibility for further medical and social care for them together with the hospital and Health Center under the Ministry of Public Health.
After this, the Manorom hospital was able to expand its ophthalmology and dentistry departments as well as provide scholarships for the children of leprosy sufferers in need.

The Manorom Christian Hospital under Christian OMF, thus played a very important role in the medical and social care of leprosy patients and their families in the lower northern and upper central regions. Thus, together with the McKean Rehabilitation Institute, which first began to provide care to leprosy sufferers in the upper northern region, before the Ministry of Public Health was able to implement its Leprosy Control Project, which led to the further milestones in the history of the elimination of leprosy in Thailand as follows.

1.3 Founding of Nong Bua Christian Hospital, Nakhon Sawan in 1963
1.4 Founding of Bang Khla Christian Hospital, Chachoengsao in 1963

These two hospitals served as branches of Manorom Christian Hospital and the Christian Leprosy Foundation to provide general medical care as well as care for leprosy sufferers.

1.5 Camillian Leprosy Colony, Khokwat, Prachinburi (Today known as Camillian Social Welfare Center, Prachinburi: Khokwat Leprosy Relief Center)

Brief History

In 1952, the Camillian monastic order of Italy opened the Camillian Hospital on the grounds of the Assumption Sriracha School Cholburi. Province of the central Region. They then set up a mobile service team to travel around to provide care and moral support to leprosy patients who were facing problems in the communities where they lived in the provinces of Rayong and Chonburi. As they were scattered for apart and often in remote areas, it was difficult for them to travel to the hospital to receive treatment and assistance.

The Camillian Order therefore decided to expand and built their first leprosy clinic in the village of Hua Phai, Tambol Khokkhinom, Phanthong, District Chonburi. At the same time, they began to prepare the plot to build a comprehensive hospital for the care of leprosy sufferers.

Then, in 1965, Cardinal Francis Xavier, the former Bishop of Chantaburi at that time, understand the plan to provide care to leprosy patients by the missionaries and, thus, donated land in the area of Khokwat village in Khokpeep, Subdistrict, Srimahosot, District, Prachinburi province to the Camillian order in April 1965 after which the Leprosarium. At the same time, they purchased additional property so they had a total of 187 rai and 74 square wa (approximately 75 acres). Then with the assistance of the 819th Engineering Unit of the US military stationed at Utapao Airfield during the Vietnam War who were assigned to build a road between Chachoengsao and Kabinburi (Route 331-304) the leprosarium was built.
They provided heavy equipment to first flatten the ground and then joined the missionary monks and local villagers in the construction of the center, including medical services room, administrative offices and housing for the patients and staff. They also drilled an artesian well to provide water for consumption. The entire project was completed in just four months and they were able to hold an opening ceremony for the leprosarium on the 18th of July 1965 when they then welcomed 60 leprosy sufferers as their first resident patients.

In 1966, the Camillian Order expanded their activities at the Camillian center in Khokpeep, Prachinburi with donations from Italy, including funds and equipment that could help the patients. With these, they were able to replace the first facilities built to assist the Leprosy Patient that were made of bamboo and thatch and construct 60 permanent residential structures of concrete and wood as well as a community hall and small church, Wat Noi, where residents could go for quiet solitude.

The leprosarium also received the assistance of the German Catholic Foundation, Miserior (Mirror), which donated funds for the construction of a small, independent leprosy hospital with a ward where the patients could stay, a treatment room, pharmacy and recovery room. They also donated x-ray equipment and paid for the installation of water and electrical systems. Following the completion of the new hospital, the Camillian closed their hospital located at Assumption Sriracha School and moved all the equipment to the new facility in December 1969.

In 1979, a large kitchen and cafeteria was build for the leprosarium residents as well as residents that could accommodate 2-3 persons. The residences were separated for men and women who were suffering from wounds or other complications. A separate building was also built to provide outpatient services where the monks would provide services.

In addition, they were able to allocate space for vocational training and agriculture large enough for the patients to handle themselves. There was also enough room to construct an equipment shed as well as plant a vegetable garden, tapioca and corn as well as raise pigs, chickens and cows and even an orchard with oranges, mangoes and rambuttans. The earnings from these ventures could then benefit the residents themselves. They were also able to have teachers come each day so residents could learn to read and write.

To summarize, the Camillian missionaries made tremendous contributions to the care of leprosy sufferers living in the area around Tambol Khokpeep, Prachinburi province through the establishment of the Khokwat Leprosarium, a support and treatment center as well as resident community for Leprosy patients in financial need who have been ostracized by society.
Based on their abilities

In addition, the Camillian Order opened a vocational training for those who have been cured of leprosy but still suffer from disfigured hands and feet, teaching them such skills as sewing, weaving, woodcarving, handicrafts, shoemaking, brickmaking, animal breeding and farming.

The vocational training at first was performed as a family, or cottage industry, based on their abilities and the missionaries together with the patients were given specific responsibilities the same as if they were a family.

Then, day after day and year after year, the leprosarium was transformed into a farm, or agricultural enterprise, where they could plant fruit trees, bamboo and vegetables, and every Saturday afternoon, the head of the community would pay weekly wages to all those who worked. They could then use their earnings to purchase the items for their daily needs as well as save for the future to purchase something they wanted. This helped to build their self-respect and pride as well as bring joy to their personal lives as it raised the standards of their lives in a sustainable manner.

Furthermore, the leprosarium engaged teachers to teach the residents basic literacy skills, reading and writing as well as built a childcare center as a residence for the children of the leprosy sufferers to protect them from contracting the disease.

The Camillian monks worked to provide the very best care to the Leprosy Patients residing in the community by sending the monks for special training. One of these was Brother Victor Arnold Alba who was sent to the McKean Institute for training in Chiang Mai in 1968 and Brother Rosetto Nassareno and Brother Almingare Rebellado who were sent to the Phra Pradaeng Leprosy Hospital for training in 1977 and 1979, respectively.

In 1973, the Camillian Order began to expand their activities to other parts of Thailand after registering as a juristic entity under the name the St. Camillus Foundation of Thailand, or Camillian Thailand, to provide public health and relief services.

After the success of elimination of leprosy in Thailand in 1942 (1992), changed its name to the Camillian Social Center, Prachinburi (Support Center) to assist the poor and disabled.

The Camillian Social Center today is a charitable organization and just one of the activities the Camillian Foundation provides free assistance and care for the disabled elderly suffering from both physical and emotional, social and spiritual conditions. In addition to serving residents of the center, it also provides outpatient care to the elderly still living with their families in communities spread throughout Prachinburi in accordance to the spiritual guidelines established by the order’s founder St. Camillus, which are to help those in need, including the infirm and needy no matter the race or religion.
The community’s charitable activities have continued to grow over time until today when the Camillian Social Center provides care and assistance to leprosy sufferers and those suffering and disabled by other diseases. It is most certainly an NGO with an impressive history in the fight to control and eliminate leprosy, which also includes the following.

1.5 Niramon Clinic

In 1965, the Niramon Clinic was established in the village of Ban Noi Samliem, Muang, District, Khonkaen province by the Redemptorist Priests of the Catholic Church to provide medical care to Leprosy patients and the general population.

Even before this, beginning in 1958, the missionaries of this order began visiting the homes of leprosy and their families to provide care and assistance according to the advice of Dr. Ramon Miquel, a consultant of the World Health Organization assigned to the Khonkaen Leprosy Control Center, who was also a devout Catholic.

In 1969, the Catholic nuns belonging to the Daughters of Mercy mostly from The Philippines as well as Thailand came to the clinic to help in providing care to the leprosy sufferers after training at the McKean Institute in Chiang Mai and Phra Pradaeng Leprosy Hospital. In their work, which was coordinated with the Leprosy Control Division of the Department of Health, they established a mobile team that would travel to the communities to search for persons infected with leprosy and then provide the necessary care and assistance.

In addition, the established the Niramon Rehabilitation Center as well as a laboratory to conduct hematology (blood chemistry) tests and biopsy of skin samples for histopathological diagnosis. Here they also produced special shoes for those patients who had lost toes or had disfigured feet.

The Daughters of Mercy also went to work at the Nonsombun Leprosy Hospital and Khonkaen Hospital to treat wounds, particularly to the feet, (Plantar Ulcers) as well as make home visits to teach leprosy sufferers how to care for themselves and provide vocational training and education to them and their families.

Niramon Center

In addition to the clinic that provided care for those suffering from leprosy and other illnesses, they constructed a school building for the children of the leprosy patients as well as a home for the elderly for leprosy sufferers and the disabled, a child care center, and vocational training center for both young men and women. They also build a hostel for those leprosy patients who had to come to the center for care of ulcers to the feet.
After this, following the success of Leprosy Control of the Ministry of Public health and the Niramon Clinic in reducing the number of leprosy sufferers, they turned their attention to also establishing the Niamon Social Development Center to provide assistance to the disabled and their families.

The Niramon Clinic thus contributed greatly to the elimination of leprosy in Thailand.

1.6 Christian Gospel Church of Thailand, Ubon Ratchathani also provided care and assistance, including rehabilitation services to Leprosy Patients and their families.

1.7 Maranatha Clinic, Khonkaen also provided care and assistance, including rehabilitation services to leprosy patients and their families.

1.8 United Pentecostal Church of Church of Thailand, Kamphaengphet also provided care and assistance, including rehabilitation services to leprosy patients and their families.

1.9 New Tribe Mission Christian Foundation, Kanchanaburi provided the same care, assistance and services as the previous three (1.6-1.8) mentioned above.

1.10 The Baptist Clinic in Chonburi provided the same services as the New Tribe Mission serving as a branch clinic of the Bang Khla Christian Hospital which then received the support of the Chonburi Leprosy Foundation.

1.11 Santinum Church Leprosy Rehabilitation Agency, Nakhon Sri Thammarat provided vocational training and rehabilitation services to patients and their families residing in the Phut Hong Colony in Nakhon Sri Thammarat province.

1.12 Saiburi Christian Hospital, Pattani
In addition to providing care to leprosy sufferers, they also established a Leprosy Treatment Unit, which was a mobile team that traveled around four southern border provinces, Yala, Pattani, Narathivat and Satun, to provide care and assistance to leprosy sufferers.

1.13 The Peter Donders Foundation of Khonkaen along with the Dutch social worker Akri Sokrana filmed a documentary for The Netherlands Television Network telling about the leprosy victims of Thailand. This was then broadcast to help raise funds in The
Netherlands to help improve the conditions for these sufferers, particularly at the Non Somboon Leprosy Hospital in Khonkaen, which was previously talked about in Chapter 22. With these funds they were able to establish a child development center, vocational training center and residence for patients. Later, they became associated with The Netherlands Leprosy Relief: NSL organization to provide assistance as was also discussed in Chapter 22.

1.14 Chanthamit Organization, Bangkok, an Evangelical Christian Fellowship of Thailand, had a physician, Dr. Kanchana Khonsubchat, who has served as its president since 1980. During her first years, the organization received financial support from the Kosensa Foundation of Japan. (Pastor Isagu Fujiwara served as the organizations first president. He was then followed by Pastor Isamu Muniesa.) The organization also received support from the Karunaporn Supanimit Foundation and Japanese Association of Thailand. Today, The Christian Church Council of Thailand supports the organization’s activities to assist leprosy sufferers through rehabilitative services offered at the Phra Pradaeng Leprosy Hospital, Non Somboon Leprosy Hospital, Khonkaen, and other Leprosy Colonies and care centers. These include:

1) Providing nutritionist and healthcare volunteers from various countries, including Japan, Germany, New Zealand and The Netherlands, who have come to Thailand to provide care and assistance that can improve the quality of life for patients and their families
2) Providing scholarships for the children of leprosy patients so they can complete their undergraduate studies
3) Establishing a child development center
4) Building a church
5) The Love Project
6) Vocational Training
7) Providing care for leprosy patients and the elderly
8) Establishing the Chanthamit Camp
9) Building dikes and dams

The Chanthamit Organization has assisted in the care of leprosy patients and their families at a number of Leprosy hospitals and Colonies as well as propagated Christian values to help raise the quality of life and self respect as well as offer moral support through loving service, which has been recognized for its invaluable contribution to the elimination of leprosy.
2. Non religious non government organizations

2.1 Rajprachra Samasai Foundation under Royal patronage (details discussed in Chapter 17)

2.2 New Life Foundation under the Royal Patronage of HRH the Princess Mother

This foundation was established by Robert M. Wulf and was registered on 10 September 1964. H.R.H. the Princess Mother accepted to be the organization’s patron the following year in 1965. Khunying Buphaphan Nimamhammin served as the group’s first president, while Dr. Somboon Sukprasert is the current president. The foundation’s principal objectives rehabilitative assistance for former leprosy and mental health patients so they can once more live a normal life and contribute once more to society. They, therefore, established three New Life communities:

1) Traisuphavakham New Life Village, Chiang Dao, Chiang Mai
2) New Life Village, Subdistrict Paphai, Ampheur Li, Lamphun
3) New Life Village, District Hot, Lamphun

As these communities developed and were accepted by the surrounding villagers as they became self-reliant, the foundation would halt providing assistance so they could complete their transformation into a normal village. The history of the foundation in more detail are as follows.

1) For over 50 years, Robert M. Wulf, an American volunteer, traveled to Thailand to study the different problems faced by the disabled in Thailand. He started this study as a volunteer at McKean Institute in Chiang Mai and stayed for about one year. From here he got the idea that there must be a medicine to treat the leprosy patients and could also control the spread of the disease. In the past, leprosy victims were removed from their communities and isolated at Leprosy hospitals, or Colonies, If this was true, then the leprosy patients no longer had to be separated from their communities. He then told the disabled cured
patients at McKean Institute that they should leave and start their own communities, following a rehabilitation regime so that they could learn to become self-reliant. Here they could live together with their families and earn a livelihood. They would then be able to assist each other and ultimately become contributing members of the society.

2) Based on Wulf’s thinking, the first New Life Community, Trisaphavakham village in District Chiang Dao, Chiang Mai was established so that leprosy patients could have a home served by public utilities and with access to tools, food, medication and all they would need to live a normal life.

3) After this, Wulf had the opportunity to meet Hubert Humphrey, vice president of the United States, at which time he asked for assistance from the United States Overseas Mission (USOM) to build a second and third New Life Community in Hot District and Li, District, Lamphun in 1965. After this, Robert M. Wulf completed his contract and returned to the United States.

4) The foundation continued to grow, expanding its care to include cured mental health patients who had been treated at the Suanprung Psychiatric Hospital in Chiang Mai to help them prepare for reintegration into society. They, therefore, established the Half Way of Life Village, Kungvithi Village, for former mental health patients in Hangdong, District, Lamphun. To complete this project, financial support was provided by HRH the Princess Mother to build the Somdej Ya Building for disabled, elderly former leprosy patients and former mental health patients where they could be cared for. They also set up a module medical unit and provided vocational training, basic education and health care.

5) The first New Life villages helped to promote the opening of new New Life communities along with the development and transition to become normal villages that would be accepted by the surrounding villages and populace at large. At the same time, the New Life network of communities grew in strength with new members that could assist each other while they also received support from relevant government agencies.

6) H.R.H. the Princess Mother than granted to the foundation board and Robert M. Wulf, the organization’s founder, and his wife an audience on 11 October 1967 at the Sarapathum Palace in Bangkok. Her Royal Highness also made three visits to the Trisaphavakham Village on 25 November 1967, 2 February 1969 and 12 March 1975.

7) On the 30th of November 1967, the foundation’s board was granted an audience at the Phu Phing Palace in Chiang Mai at which time there were presented with 104,875 baht to construct a private foundation school at Trisaphavakham Village for the children of the leprosy patients to attend. The school offered classes from preschool through the seventh grade (Por 7). The community then transferred responsibility of the school to the
Division of Special Education, Department of General Education, Ministry of Education under the name, Suksasongkroh Chiang Dao School.

In 1985, Khunying Buphaphan Nimamanmern, president of the New Life Foundation, was granted an audience at the Phu Phing Palace in Chiang Mai on the occasion of the jubilee anniversary of the United Nations to present an award that was awarded to HRH the Princess Mother for assisting the elderly in need on 1 March 1983.

To honor this award, the New Life Foundation implemented a project to build a residence for the elderly and disabled at the Trisaphavakham Village in Chiang Dao, Chiang Mai and New Life Village in Paphai, Subdistrict, Lee District Lamphun on the Golden Jubilee Anniversary of H.M. King Bumiphol Adulyadej’s 60th Birthday on 5 December 1987.

H.R.H. the Princess Mother then granted a donation of 200,000 baht from the Somdej Ya Charity Fund to support the foundation’s project and granted the use of her name for the building constructed in Lee, District, naming it “Somdej Ya Building” (HRH the Princess Mother Building) and the building built at Trisaphavakham, Chiang Dao, Chiang Mai, naming it “Somdej Ying Building” (H.R.H. the Princess Building). She then presented photographs of herself along with her daughter, H.R.H. Princess Kalayani Wattana, the Elder sister of His Majesty the King, to be displayed in both buildings.

8) On the ninth of April 1985, HRH Princess Kalayani Wattana presided over the opening of the Somdej Ying Building at Trisaphavakham, Chiang Dao, Chiang Mai. Before this, on the seventh of February 1982, Her Royal Highness together with her daughter Than Phuying Thasanavalai Sornsonkhram presided over the the Somdej Ya Building at the New Life Community in Lee, District, Lamphun.

9) On the second of February 1994, H.R.H. Princess Maha Chakri Sirindhorn visited the residence for the elderly and disabled who had suffered from leprosy at the Somdej Ying Building as well as the Suksasongkroh Chiang Dao School located at the Trisaphavakham Village on 8 February 1994.

Today, the New Life Foundation under the Royal Patronage of HRH the Princess Mother continues to provide assistance to the elderly who have suffered from leprosy and the mentally disabled in order to reintegrate into society and the normal populace. They are taught a trade and are able to once more be contributing members of society while residing at Trisaphavakham Village and New Life Community in Lee District, Lamphun.

10) Ban Kung New Life Community, Ban Tintam Rehabilitation Center, Hangdong District, Chiang Mai is another community which has developed over time and won acceptance by the surrounding villages in the area.
The Foundation has always held their Extraordinary General Meeting and Annual General Meeting. The organization has followed the vision of both His Majesty the King and H.R.H. the Princess Mother so that their projects have expanded as it has received assistance from both domestic and international organizations, which have all contributed to the history of the elimination of leprosy in Thailand.

2.3 Lampang Foundation to Assist Leprosy Sufferers under the Royal patronage of H.R.H. the Princess Mother

This foundation was established on 2 February 1954 by Fransil M. Tril, a pastor belonging to the American Presbyterian Church who was able to organize a committee to help raise funds through a campaign to build a building within the grounds of the Vincent Wood Christian Hospital in Lampang province of northern region in 1953, which included General Luang Kampanart Saenyakorn, a privy counselor, Suwan Ruengyot, the Lampang provincial governor, and wealthy business persons of the province with General Luang Kampanart serving as the foundations first president followed by the banker Jaemjit Lao HA wat.

Today, the foundation has offices at the Office of Social Development and Human Security, Lampang. The foundation was able to open a Prasopsuk Private Leprosy Colony to provide assistance to leprosy sufferers in the northern region so that they would not have to resort to begging. Instead, they were given vocational training and assistance at the Prasopsuk and Mae Tha Government Leprosy Colonies in Lampang under the supervision of the Ministry of Public Health.

2.4 Chitari Suksasongkroh School under the Royal patronage of HRH the Princess Mother, Lampang

In addition to the foundation established to assist leprosy sufferers, Lampang founded Ban Chitari in 1956 to welcome the children of leprosy patients from different northern provinces beginning on 5 December 1957.

After this, the foundation through the benevolence of Khunying Ariphan Suganinvivat and Thai and foreign patrons, the Chitari School in Chitari village was opened to the children of leprosy sufferers as well as those of needy families accepting both boarding and day students. At first the school only offered classes from kindergarten to primary grade 4. Then, in 1962, H.R.H. the Princess Mother became patron of the foundation and school and established a fund with which the interest could cover the school’s costs. In addition, government agencies provided funding, including the Ministry of Education, Ministry of Public Health and the Ministry of Social Development and Human Security, as well as private organizations such as the CCF Foundation, Committee of the Youth Association of Thailand and Christian Youth Association of Thailand.
The school’s first enrollment includes 27 students. One of the school’s main objectives was to separate the children of leprosy patients from their patents so they could not contract the disease. This was ensured by the Northern Leprosy Control Center of Lampang of the Leprosy Division, which included physicians to give examinations and provide care to prevent the spread of the disease.

In 1971, the school curriculum was extended to primary grade 7 (Por 7). A total of 102 students were the children of leprosy sufferers. At that time, the foundation also received scholarship funding so the students could complete their education and have a trade and the ability to earn a living in order to care for themselves and help their families.

Chitari Home or School provided a warm and loving atmosphere for the children of the leprosy patients, but it still struggled to make ends meet as they never seemed to have enough funds so that at times they had to limit its activities. Still, through the perseverance of General Luang Kampanart Saenyakorn, a member of the privy council and foundation’s advisory board in 1962, the foundation was able to secure a donation from His Majesty King Bumiphol Adulyadej in the amount of 100,000 baht as well as equipment the school needed.

In 1981, the Ministry of Education took over responsibility of the school and renamed it Chitari Songkroh School under the Royal Patronage of H.R.H. the Princess Mother. It then received funding from the H.R.H. the Princess Mother Charity Fund as well as the Department of Basic Education, Ministry of Education so that it could offer a wide range of courses that the students could choose from, which included the following.

1) Establishment of the Chitari Project, Khao Khor, Petchabun to support students who had completed the 9th grade of secondary school education (Mor 3). The project, following the vision of His Majesty provided job training and support to begin a new life outside of the community.

2) Vocational Training Fund Project The H.R.H. the Princess Mother Charity Fund allocated funds for vocational training in form of grants that were to be returned once the training project was completed, for example the Benjarong Ceramic Glaze Painting Project.

3) Leprosy Prevention Project which received support from the German Leprosy Relief: GLR organization through the construction of a nursing center at a cost of 294,000 baht to provide primary care to students and their guardians by a nursing instructor.
4) Meals provided outside the community project for students who were the children of leprosy patients to alleviate their apprehension and fear of being ostracized by society. This project was designed to build their confidence. A nutrition or home economics teacher taught the students how to prepare and serve food outside normal classroom hours. The types of meals they were taught included the traditional northern Lanna Khantok, buffets, and Chinese reception. A public relations committee was then organized to promote further development for the students that included vocational and career training, lessons on how to adapt to live in the external society and find work and then acceptance by society at large.

5) In addition to the required courses that were taught, the school offered vocational training under the vision “Study develops students into virtual, ethical knowledgeable persons who can experience joy living as part of society.” The students learned Saa (mulberry bark) paper making and production of saa products, Lanna traditional food preparation, scented candle making, producing products from recycled materials.

In addition, the school worked to provide students with the opportunity to enjoy sports, art and music, while promoting implementing the royal sufficiency economy philosophy into their daily lives.

6) Effects of the School on the Community and Relevant Agencies

1) The children of leprosy sufferers were able to study according to their abilities safe from contracting leprosy from their parents or grandparents.

2) The students gained knowledge and experience as well as support from the community, society and the populace in general, which they could use to develop themselves reaching achievements they could be proud of, including:

- Royal Award as an Outstanding School 1995
- Model School for Comprehensive Education Award
- Passed requirements to be a Dream School (School Close to Home) From the Office of the Basic Education Commission (OBEC)
- Appointed as a Buddhist School and Place of Learning offering benefits for government agencies, guardians and communities
- Success of the continuing education (Extended Education) accepted by citizens and agencies
- Success in sports-The students were selected as members of the national team for women's international boxing
- Music - Students who joined competitions in singing Thai verse received numerous awards from various agencies
In conclusion, the Chittari School under Royal patronage of HRH the Princess Mother developed into a model school for the children of leprosy sufferers. From a small private school, it developed into a respected place of learning and rehabilitation for the children and their families. The children then grew to become contributing members of society and could assist their families. Ultimately, the school was recognized as an outstanding school by the Monarchy, contributing enormously to the elimination of leprosy in Thailand.

2.5 Leprosy Relief Foundation under the Patronage of the Supreme Patriarch

Brief History

In 1957, the Thai Sangha (Buddhist Council) became interested in joining the efforts to assist leprosy patients inspired by volunteers and leaders from abroad as well as Thais, particularly members of the Thai Rotary Association, including Adam W. Atkin, Pol Gen. Luang Chartrakarn Koson and Luang Yuk Sereivivat. After this, they linked with the Department of Health, Ministry of Public Health to assist leprosy victims.

Adam W. Atkin, regional vice president of American International Assurance Co., Ltd. And member of the Wilbur Bilton Youth Club of America was granted an audience by His Majesty the King on 29 June 1962 at which time he made a donation of approximately 3 million baht to assist in the care of leprosy sufferers.

Following Atkin’s return to America, the Buddhist monk Phra Ariwongsakkotaman (Juan Usatayi) was elevated to the position of Supreme Patriarch of the Buddhist sects of Thailand as which time he decided to join in the efforts to assist leprosy patients.

In 1960, when Mr. Atkin returned to Thailand, he established a Leprosy Relief Organization with the Supreme Patriarch as the first chairman with a board that included Maj Gen Prince Wan Waithyakon Kromamun Naradhip Bongsprabandh, HRH Prince Kromamun Thipyalaphappruiyakorn and Adam W. Atkin with Dr. Chian Siriyanon as the secretary general.

The Leprosy Relief Agency at first, in addition to assisting leprosy sufferers by providing food and daily essentials also provided equipment and instruments for the care and prevention of the spread of leprosy. As part of these efforts they constructed a 3-story building to care for skin disease in answer to the request of the Department of Health on the grounds of Wat Makut Kasattiyaram located on Prachathpathai Road. The Supreme Patriarch after preaching on the Thai New Year, Songkran, received donations from the general populace as well as members of the Royal family totaling 500,000 baht to assist in the construction.
The building was then granted the name Karaunanimmit Building. In addition to serving as a clinic for skin diseases, it also housed the offices of the Nokhorn Luang Metropolitan Leprosy Control Center when the Leprosy Division initiated the metropolitan Leprosy Control Project in Bangkok. It also held the Bangkok Leprosy Control Office and served as the Wat Makut Special Skin Clinic. Furthermore, the building served as the former office of the Leprosy Division while today it operates as a central skin clinic that supports the search and detection of leprosy to provide medical assistance and urban leprosy control with the cooperation of Bureau of Health, Bangkok Metropolitan Administration (BMA) as well as the Association of Dermatologists, together with conducting research studies and providing training. It also today serves as an agency under the supervision of the Rajpracha Samasai Institute, Department of Disease Control.

In 1962, the Leprosy Relief Foundation was registered with Dr. Chian Siriyanon as Secretary General. It has provided needed budget to the former Division of Leprosy and current Rajpracha Samasai Institute, Department of Disease Control in addition to that provided by the government to cover costs for medicine, operation materials, training, maintenance of patient residences and grounds and utilities as well as provide scholarships to the children of leprosy patients and vocational training to raise the patients' and their families' quality of life. Today, the Leprosy Relief Foundation is the major supporter of Rajpracha Samasai Institute as similar to the Rajpracha Samasai Foundation, which has made great contributions to the control and elimination of leprosy.

2.6 Phut Hong Foundation under the Royal patronage of H.M. Queen Lam Phaiphanee, Royal consort of King Rama VII

In 1964, the foundation was established by the Bangkok Post newspaper after placing an article about the leprosy patients of the Phut Hong Leprosy Colony in Nakhorn Sri Thammarat in which it described the difficulties it was facing with its facilities and low expenditure from the Leprosy Division of the Department of Health. The article created such sympathy that readers made donations of funds and articles through the newspaper. Prasit Lulitanon, the honorary chairman of the Bangkok Post, therefore decided to establish a fund for the Phut Hong Leprosy Colony and became the fund’s first president after which he established a fund board of directors to administer the fund.

H.M. Queen Lam Phaiphanee, Royal consort of King Rama VII then granted becoming the fund's Royal patron, making it a Royal charity. This then attracted more and more donations until they had sufficient funds to establish the Phut Hong Foundation.
under the Royal Patronage of HM Queen Lam Phiphanee, Royal consort of King Rama VII with Prasit Lulitanon the fund's founder, as the foundation's first president.

In 1983, the foundation president, Prasit Lulitanon was able to find support to improve the colony, which included the installation of electricity and water systems as well as build a road that encompassed the settlement and renovate patients’ residences and different community buildings, including the hospital and clinic for the leprosy patients and their families. They were also able to introduce a hygienic drinking (tap) water system for the community as well as build a youth club, vocational training center, kindergarten, ward for the care of patients with wounds and complications with all the equipment it would need. After this, they built a multifunction hall as well as another school for the children of patients.

Over time, the foundation continued to receive both funds and assistance. For example, the Department of Irrigation helped them construct a water reservoir. The Catholic Foundation of Suratthani then came and built a vocational training center. The Leprosy Relief Foundation under H.R.H. the Princes Mother, Rajpracha Samasai Foundation and Rotary-Lions Club, Thai-Japanese Foundation and English Board for Charity in Thailand all made financial contributions to the community.

The Phut Hong Foundation and Prasit Lulitanon provided much relief assistance and contributed greatly to the control and elimination of leprosy in Thailand, helping to increase opportunities and raise the standard of living for the leprosy sufferers and their families living at the Phut Hong Leprosy Colony, the only government facility of its kind in the southern region, which it continues to serve.

2.7 Rajpracha Samasai School and Rajpracha Samasai School Foundation under Royal patronage, which has already been discussed in Chapter 16.

2.8 Chiang Rai Leprosy Aid Foundation, which has focused assisting leprosy sufferers and the disabled residing at the Mae Lao Leprosy Colony in the province of Chiang Rai of northern region.

2.9 Nakhon Ratchasima Leprosy Aid Foundation which has focused assisting leprosy sufferers and the disabled residing at the Leprosy colony located at the zonal Leprosy Center, zone 5, in the province of Nakhon Ratchasima, north eastern region.

2.10 Nakhon Sri Thammarat Leprosy Aid Foundation which has focused assisting leprosy sufferers and the disabled residing at Phut Hong Leprosy Colony, Nakhon Sri Thammarat province.

2.11 C.C.F. Fund, which provided scholarships for approximately 1000 children of leprosy patients in the north for a period of 10 years.
2.12 Chulalongkorn University Cholburi Alumni Association Fund, which provided leprosy assistance in the province of Chonburi, central region.

Summary: This chapter on the role and assistance of the private sector agencies in Thailand in supporting the elimination of leprosy through the former system, or segregation and isolation approach, i.e., by helping to establish leprosariums, hospitals and leprosy colonies in many of the provinces across the country. Their actions also played a major role in the implementation of the new domiciliary approach, as part of the Leprosy Control Project initiated in 1956 that achieved its eliminating goals un 1994. These private non-government organization continued to provide assistance after this success as the project focused on a new goal, the sustainable elimination of leprosy in Thailand, which was achieved in 2013, which is was virtually free from leprosy in 7 provinces and 76% of all districts. These organizations have thus been able to curtail their efforts and turn their attention to other needy causes.
References


Chapter 24

Establishing Rajpracha Samasai
Spirit Volunteer Societies
According to Royal Ideas
Establishing Rajpracha Samasai Spirit Volunteer Societies According to Royal Ideas

1. Background

1.1 His Majesty the King has always emphasized the importance of Rajpracha Samasai’s principles to the elimination of leprosy. He gave a royal decree to find the rest of the people affected with leprosy as well as those newly affected, both among foreigners and Thais. After the successful elimination of leprosy as a public health problem in 1994, Rajpracha Samasai Committee Under Royal Patronage held an audience with the king along with 314 representatives from relevant local and international organizations to present their mutual efforts towards the success of leprosy elimination at Dusidalai Hall, Chitralada Villa, Dusit Palace on 2 June 1997. The king gave a one-hour speech on the importance of Rajpracha Samasai’s principles (the king and people assist mutually) to leprosy elimination. He also implored the audience to find the remaining people affected with leprosy as well as those newly affected among both Thais and foreigners. Some parts of his speech are as quoted below:

“First of all, I must thank the committee members and all responsible for the progress of the Rajpracha Samsai who have come here today to rejoice at our success results from the efforts made by the foundation. The fact is reality astounding.”

Because of this, the institute’s objectives have been achieved. “After the institute was established, it was named Rajpracha Samasai Institute, demonstrating that the king and his peoples assist mutually. ‘Samasai’ is an auspicious name, and people identify Rajpracha Samasai Institute as synonymous with leprosy eradication.”

“This point might not be widely considered, but many call leprosy the ‘Rajpracha disease,’ meaning that this disease is one which lives between the king and his people. In contrast, Rajpracha Samasai works effectively according to objectives.”

“I say this so that you may recognize that the work you are doing reaps good benefits. Your work eliminates leprosy in both the spirits of the staff, patients, and their families. This work should be continued, as there are still 0.5 people out of 10,000 that still need treatment. Another important point to be noted for our future is that leprosy has not yet been completely eradicated from the world. In this age of globalization, everything is easily exchanged, and disease is no exception. We still have leprosy, and other diseases can still be exchanged; control is difficult. According to statistics, there are still about 100,000 people from abroad...”

“In Bangkok, there are many people that come from abroad, sometimes through illegitimate means. We do not know if these people have any diseases. So, we need to find those with...
these diseases and treat them, no matter how they came into the country. These diseases came in illegally, and we need to fight them to keep them from spreading. We need to continue doing this and not just call it “victory” when we see some good results. Diseases need to be completely eradicated.”

1.2 The king’s appeal in 1995 led Rajpracha Samsai Institute and Foundation to establish many programs to combat leprosy after the disease’s successful Elimination in 1994.

1) Finding and treating leprosy among individuals and foreign laborers according to royal ideas (details in chapter 13)
2) Disability study and rehabilitation of leprosy patients in communities
3) Sustainable development of leprosy elimination according to royal wishes (details in chapter 12)
4) Transfer and integration of leprosy colony into a normal village after leprosy elimination (details in chapter 14)
5) Establishment of sub-district and organizational Rajpracha Samsai Spirit Volunteer Societies (2010 to 2013) according to royal ideas
6) Expansion of sub-district and organizational Rajpracha Samsai Spirit Volunteer Societies (2014 to 2020) according to royal idea

2. Establishment of District and Organizational Rajpracha Samsai Spirit Volunteer Societies from 2010 to 2013 According to Royal Ideas

2.1 Responding to Royal Ideas

After the successful elimination of leprosy in 1994, His Majesty the King held an audience with Rajpracha Samsai Foundation’s committee members, who brought with them a team of representatives from relevant organizations totaling 314 people in 1997, as explained in point 1.1. Rajpracha Samsai Foundation continuously reported on their work progress in 2003 and 2013, each of these times with Princess Sirindhorn acting as the king’s representative. On 16 July 2003, the princess was invited to give a speech. “According to a report to His Majesty the King in 1997, leprosy has already been technically eliminated. However, there still remains homeless people and beggars who are affected with the disease. Our society still does not understand this fact. Therefore, Rajpracha Samsai Foundation must coordinate with both relevant public and private units to oversee that ex-patients, the disabled, and the elderly are able to live on their own in society.”
2.2 Establishment of Sub-District and Organizational Rajpracha Samasai Spirit Volunteer Societies (2010 to 2013)

According to Princess Sirindhorn’s Royal Ideas (decreed on 16 July 2003) Rajpracha Samasai Institute and Foundation Under Royal Patronage took His Majesty the King’s appeal in 1997 For continuous Surveillance of Leprosy Among Thai and immigrant workers and Princess Sirindhorn’s appeal in 2003 as guidelines for establishing the sub-district and organizational volunteer Rajpracha Samasai Spirit Volunteer Societies (2010 to 2013). Thus, volunteers would travel to sub-districts that still have problems with leprosy to help find remaining persons affected with the disease as well as those newly affected. Volunteers also help care for leprosy patients, especially those who were elderly or disabled.

2.2.1 Principles and Rationale

1) Thailand was in low endemic condition after successful the elimination of leprosy in 1994.\(^{(1)}\) In 2009, there were only 621 people who registered for leprosy treatment nationwide, with a prevalent rate of leprosy of 0.11 cases per 10,000 population. There were 358 individuals identified as new patients, with the Detection rate at 0.5 per 100,000 population. A total of 9 provinces did not have anyone register for leprosy treatment at all (10.53 percent); new patients were not found in 21 provinces (28.63 percent). In addition, 582 districts (61.18 percent) had no patients register for treatment and 805 districts (26.05%) had no new patients.

2) In 2009, there were no people who had to register for treatment (10.53 percent) and no new patients (28.63 percent) in provinces. In the district level in the same year, this number is at 61.41 percent and 26.05 percent, respectively. This means that there were less people infected with leprosy in both the district and province level. This significantly affects the knowledge and skills of doctors and public health service staff on leprosy, whether in finding, diagnosing, or treating persons affected with leprosy.

3) Rajpracha Samasai Institute and Foundation endeavored to remedy this problem with leprosy-related training for doctors and public health service staff members in both the district and province level. The institute established centers or general hospitals equipped with experienced doctors and skin experts as nodes in the referral system for patient transfers from district and community hospitals\(^{(1)}\). Nevertheless, the problem of lack of knowledge and skills on leprosy due to fewer people being affected with the disease over many years remained a long-term problem. Health services struggled to filter remaining individuals affected with leprosy as well as those newly affected in districts and urban areas, even if the number is not a lot.

\(^{(1)}\) As Details in Chapter 12.
4) Rajpracha Samasai Institute and Foundation applied the Rajpracha Samasai theory to support leprosy control programs according to royal ideas (the king and people assist mutually). Many citizens, communities, and organizations from different sectors contributed to the fund. At last, leprosy was successfully eliminated. All the contributors did this for the sake of their homeland and the father of their nation, the king, taking care to be on the watch for new leprosy patients and servicing elderly and disabled patients, according to the king’s royal idea in 1997 and Princess Sirindhorn’s royal idea in 2003 onwards. Following royal ideas, In 2010, the pilot project of sub-district and organizational Rajpracha Samasai Spirit Volunteer Societies was embarked at Phitsanulok province in northern region, which became a case study for many. The project then expanded to other sub-districts in Phitsanulok as well as to provinces in other regions.

2.2.2 Royal Theory and Philosophy Used for the Establishment of sub-district and Organizational Rajpracha Samasai Spirit Volunteer Societies (2010 to 2014)

1) Adapting the Rajpracha Samasai theory (the king and people assist mutually) means gathering citizens, district communities, and organizations from different sectors together to find leprosy patients and take care of the elderly and disabled from the disease. All this is done for the king and the whole nation.

2) Adapting the Pidtong Langphra theory means selfless giving

2.2.3 Objectives of the Establishment of Sub-District and Organizational Spirit Volunteer Societies (2010 to 2013)

Having both sub-district and organizational spirit volunteers apply the Rajpracha Samasai theory (the king and people assist mutually), which is selfless giving, for the father of the nation and their country in order to find new leprosy patients as well as take care of old leprosy patients, especially the disabled and the elderly will lead to the successful sustainable elimination of leprosy, according to royal wishes.

2.2.4 Summary of Rajpracha Samasai Spirit Volunteer Societies Management and Work Progress (2010 to 2013)

1) Rajpracha Samasai Foundation and Institute established sub-district and organizational Rajpracha Samasai spirit volunteer societies in response to royal ideas and speeches for sub-districts and organizations in various sectors. This is for the successful sustainable elimination of leprosy, according to royal wishes.

2) The establishment of sub-district and organizational Rajpracha Samasai Spirit Volunteer Societies was possible due to the cooperation of interested volunteers, communities, and organizations for the sake of the father of the nation and their country. All of these parties adhered to and had faith in the Rajpracha Samasai theory (the king
3) When there are communities or organizations (according to details in number 2) that are interested in establishing spirit volunteer societies, the Regional Office of Disease Control (DDC), the Regional Office of National Universal Health security and the provincial public health office will be focal point to coordinate with them and further contacts Rajpracha Samasai Foundation and Institute. The Foundation and institute then sends Inspiring and Advisory teams to interested parties to hold an orientation on its philosophy and guidelines in spirit volunteer societies establishment for leaders of such parties. In addition, the Foundation and institute then sets up another more practical training session and orientation hosted by the Boromarajonani College of Nursing (BCNC) with Mutual Collaboration from the Regional office of Disease prevention and Center, Together with the Regional office of Universal Health Security and Provincial Public Health office, in each zone for spirit volunteers in each society over one to two days. After the training, volunteers receives certificates for completing the orientation and personal identification volunteer cards. With these documents, volunteers are able to take care of patients and all target groups in need. Work is assigned according to readiness and willingness of volunteers. The sub-district administrative organization and municipal district is responsible for overseeing local volunteer organizations together with technical support from community hospitals and sub-district health promotion hospitals.

4) Rajpracha Samasai Institute and Foundation joined hands with the Regional Public Health Inspector General of MOPH together with the Regional officer of disease prevention and control to oversee and follow up on the work progress of spirit volunteer societies. They encouraged societies by their visits, giving royal initiative money to start off society funds (5,000 baht per society), in addition, they will also attending training sessions and fundraising events (e.g. making offerings to monks, sermons, etc.), opening ceremonies of society offices and houses built for leprosy patients (Terd Tai Ong Rachun House), and ceremonies for presenting the Rajpracha Samasai award pin to contributors and those with notable works, etc.
5) Every two years, Rajpracha Samasai Institute and Foundation with the Financial Support from the office of National Universal Health Stcurity and Their Regional offices sets up a seminar, inviting two people from each society, either the president, secretary, or representative, to attend. The seminar serves as a stage for volunteers to report on their work progress and exchange ideas in order to develop work effectiveness and increase volunteers’ readiness to support other target groups in addition to leprosy patients.

2.2.5 Summary of the Establishment of Sub-District and Organizational Rajpracha Samasai Spirit Volunteer Societies (2010 to 2013)

Table 1: Summary of the establishment of sub-district and organizational Rajpracha Samasai Spirit Volunteer Societies that were supported by Rajpracha Samasai Institute and Foundation (2010 to 2014)

<table>
<thead>
<tr>
<th>Health Services Zone (1-13)</th>
<th>Province as the Headquarter of Each Zone</th>
<th>Establishment of volunteer society from 2010-2014</th>
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<tbody>
<tr>
<td></td>
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<td>Number of volunteer</td>
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<tr>
<td>1.</td>
<td>Chiangmai</td>
<td>6</td>
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<td>2.</td>
<td>Phitsanulok</td>
<td>10</td>
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<td>3.</td>
<td>Nakhonsawan</td>
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<td>Saraburi</td>
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<td>Khonkaen</td>
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<td>Udornthanie</td>
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<tr>
<td>9.</td>
<td>Nakornrachsrima</td>
<td>2</td>
</tr>
<tr>
<td>10.</td>
<td>Ubolrachthanee</td>
<td>2</td>
</tr>
<tr>
<td>11.</td>
<td>Nakornsritamachi</td>
<td>4</td>
</tr>
<tr>
<td>12.</td>
<td>Songkla</td>
<td>1</td>
</tr>
<tr>
<td>13.</td>
<td>Bangkok</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>13</strong></td>
<td><strong>41</strong></td>
</tr>
</tbody>
</table>

Source: Rajpracha Samasai Institute and Foundation.
Table 2: Summary of the Campaign on the Initial Expansion of Sub-District and Organizational Rajpracha Samasai Spirit Volunteer Societies That were Supported by the Office of National Universal Health Security and RPS Foundation in 2014 - 2015 Before the Second Phase of Expansion (2016 - 2020)

<table>
<thead>
<tr>
<th>Health Services Regional</th>
<th>Provinces as the Head Quarters of Each Regional</th>
<th>Number of Volunteer Society</th>
<th>Number of Spirit Volunteer</th>
<th>Focal Point of Network of Established Voluntary Societies (New Model)</th>
</tr>
</thead>
</table>
| 1                        | Chiangmai and Chiangrai                         | 29                          | 1,338                     | 1. Newlife Foundation Under Patronabe of H.R.H. Princess Mother, Chiangmai  
2. Sairung Christien Foundation, Chiangmai,  
3. North University, Chiangmai,  
4. Federation of Buddigm, Christien, Islam Sixs Religion, Chiangmai  
5. Masai District Organizational society, chiangrai province run by Joint Business Group and Local Goverment Organization  
7. Maphuka Subdistrict Society, Chiangmai (7 are model That Already Achieved 14 Target Groups) |
3. Expanding the Establishment of Sub-District and Organizational Rajpracha Samasai Spirit Volunteer Societies (2014 to 2015)

3.1 Background

3.1.1 The program was built on H.R.H. Princess Sirindhorn's royal ideas, the representative of H.M. the King. In 2013, when Rajpracha Samasai Foundation reported on their work progress to her, after success of sustainable elimination of Leprosy in 2013, she gave the following royal speech: “Every time that the foundation committee comes to report on work progress, the king is very pleased. This is because whatever has been commanded has always been completed. Since we have now sustainable eliminated leprosy, we do not need to work only specifically on leprosy. We can help other underprivileged people and local problems in the community, according to our strength, such as orphaned children from AIDS, the elderly, the disabled, or those with health or social problems.
3.1.2 From Royal Wishes to initial Increasing and Expanding of the Establishment of sub-district and organizational Rajpracha Samasai’s spirit volunteer societies (2014 - 2015)

1) Rajpracha Samasai Institute and Foundation utilize the knowledge they gain from bi-annual seminars held for representative spirit volunteers. From Established societies in 2010 - 2013. At this seminar, the representatives exchange ideas and experiences and the majority of attendants come from various sectors, such as health, social, environmental services, and public services. Thus, the societies are easily able to increase their target support groups from originally only leprosy patients to the disabled, the elderly, orphans from AIDs, and foreign laborers etc., according to local needs.

2) In 2014, the Thai government was faced with a political crisis. There were government protests and disunity in thought, leading to the establishment of the National Council for Peace and Order (NCPO). Thought and sectoral leaders who passionately love their nation, religion, and king contacted the president of Rajpracha Samasai Foundation with an appeal for the foundation to hold talks in order to spread the Rajpracha Samasai theory of (the king and people assist mutually) and the royal Pidtong Langphra (doing selfless work) to leaders with community power as well as organizations interested in establishing Rajpracha Samasai volunteer spirit societies. These people wanted to help solving local common problems and revolutionize the country by uniting under the power of Rajpracha Samasai Theory and its Good Example of Effective application Towards Magnificent Accomplishment of successful Elimination of Leprasy and expand already Effective running sub-district and organizational Rajpracha Samasai spirit volunteer societies (established in 2010 to 2013) to cover more areas nationwide from 2014 to 2020. Rajpracha Samasai’s target support group was therefore, expanding, according to Princess Sirindhorn’s royal wishes in 2013 Following By the Strongly Supporting Commitment and Determination of such Thought and sectoral Leaders and patriots to help solving local common problems and revolutionize Thailand’s moral principles, health, society, environment, stability, etc.

3) The Rajpracha Samasai Foundation Under Royal Patronage, the National Health Security Office (NHSO), the Ministry of Public Health, and the Thailand Nursing and Midwifery Association and Council cooperated in pushing nursing power nationwide to be leaders and prime Movers to Expand and establish more sub-district and organizational Rajpracha Samasai spirit volunteer societies in 2014 to 2020.
3.1.3 In 2014 and 2015, there was an active movement and an important meeting organized to increase the establishment of sub-district and organizational Rajpracha Samasai spirit volunteer societies nationwide according to royal wishes from 2015 to 2020. These volunteer societies will comprise of many activities, as follows:

1) In 2014 and 2015, Rajpracha Samasai’s president gave inspiring lectures in various places to spread its principles in establishing Rajpracha Samasai spirit volunteer societies according to Rajpracha Samasai theory. The king and people assist mutually and the royal Pidtong Langphra philosophy (selfless giving) and benefits of contributing to H.M. The King, the father of the nation and the country. These lectures inspired and increased the acceptance and participation of thought and sectoral leaders who cared for the country and loved the nation, religion, and king. Among these people included the state party, thought and sectoral leaders, doctors, nurses, university professors, business people, lawyers, engineers, accountants, public servants, citizens, soldiers, policemen etc., in civil services or retired civil servants, influential in the hospital industry, government units universities, and local governments.

2) Following the advice of The President of Rajpracha Samasai Foundation, Vice-secretary of the National Health Security Office (NHSO), Dr. Prathip Tanakijcharoen, arranged a meeting with 40 Key thought and sectoral leaders who loved the nation, religion and king to discuss the establishment and Expansion of sub-district and organizational Rajpracha Samasai spirit volunteer societies. The meeting was hosted by Prof. Dr. Teera Ramasoota, president of Rajpracha Samasai foundation as The Chair at NHSO in Nonthaburi on 25 June 2014.

3) Rajpracha Samasai Foundation and the Ministry of Public Health (MOPH) under financial support of NHSO held a meeting under the topic “Rajpracha Samasai Spirit Volunteers, the Alternative Way of the People,” at Richmond Hotel, Nonthaburi, on Friday, 25 July 2014. Attendants included 400 nursing leaders together with health executives and influencers from various sectors from all over the country. Admiral Chatchai Phucharoenyot, Deputy Commander of the Navy and advisor to the National Council for Peace and Order (NCPO), presided over the opening ceremony of the meeting as president along with Dr. Watchira Pengjan, Deputy Permanent Secretary of the Ministry of Public Health. Dr. Teera Ramasoota, president of Rajpracha Samasai Foundation, gave a presentation at the event.

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(2) Program and agenda of the meeting was proposed by the president of Rajpracha Samasai Foundation to Dr. Narong Sahamethapat, the permanent secretary of MOPH for their approval and permission.
4) Below is an excerpt of a speech given at the opening ceremony by Admiral Chatthai Phucharoenyot, Deputy Commander of the Navy and advisor to the National Council for Peace and Order (NCPO): “The heart of Rajpracha Samasai is holding fast to Rajpracha Samasai theory (The King and People Assist Mutually) and the royal philosophy of Pid Tong Langphra which is being determined to do good without wanting anything in return for the father of the nation and the country. Doing this helps support societal health, the environment, and underprivileged people as well as drive the whole nation’s recovery. People will hold fast to the principles of loving the nation, religion, and king and being governed by a democracy with the king as the head of state. Thus, various aspects of society such as morality, healthcare, society, ethics, and unity can be revolutionized, resulting in a more stable state.”

5) NHSO hosted a meeting, gathering NHSO zonal directors from 12 areas nationwide to discuss the expansion of the establishment of Rajpracha Samasai spirit volunteer societies with Rajpracha Samasai Foundation and Institute and other NHSO executives. The meeting was held at the NHSO office in Nonthaburi on 20 May 2015. It was jointly organized between the NHSO, Rajpracha Samasai Foundation and Institute, the Department of Disease Control, and influential hospital nurses together with nurse leaders from the Boromarajonani College of Nursing, Ministry of Public Health.

6) On 4 September 2015, NHSO held a meeting between its executives and directors and Rajpracha Samasai Foundation and Institute to present its progress on spirit volunteer society establishments and explain its pilot work efforts in zonal 12, Songkhla (Songkhla model) at NHSO, Bangkok.

3.1.4 Summary of Notable Meeting Agreements (from meetings numbers 1 to 4 above)

1) All parties agreed to push for the prompt establishment of all six types of Raj Pracha Samasai spirit volunteer societies throughout every sub-district and related organization from 2014 to 2020 nationwide. It was agreed that NHSO would be responsible for Financial Support to volunteer society establishments and society working processes.

2) All parties agreed to categorize Rajpracha Samasai spirit volunteers societies into six types:
   1. Organizational societies in the Ministry of Public Health
   2. Governmental unit societies outside the Ministry of Public Health and state enterprises
   3. Local government organizational societies
   4. Business and private societies
5. Population sector and community societies

6. Sub-District societies

3) All parties agreed to establish clear and tangible steps for setting up volunteer societies. The zonal NHSO(13) would be responsible for all volunteer society establishments, with support from the regional office of the prevention and Control of Disease (13) and the provincial public health office of the Ministry of Public Health.

4) All parties agreed that Boromarajonani Nursing College of MOPH would be mainly responsible for orientations for Rajpracha Samasai spirit volunteer societies, along with the regional office of disease prevention and control, the provincial public health office of the Ministry of Public Health, hospitals under the Ministry of Public Health, and other relevant units. The NHSO would be mainly responsible for evaluating the budget needed for training and society working processes, supported by the national NHSO and Ministry of Public Health.

5) All parties agreed to have the president of Rajpracha Samasai Foundation continue its work in inspiring and spreading word on how to establish voluntary societies in line with Rajpracha Samasai theory and communicating royal ideas and wishes to encourage volunteers as they have done from 2010 to 2013. The foundation will also continue to coordinate with Rajpracha Samasai Institute along with the support of NSHO and regional office of disease prevention and control and Regional inspector General of the Ministry of Public Health staff.

6) All parties agreed that sub-district and organizational Rajpracha Samasai spirit volunteer societies should be established according to each organization/club/volunteer’s willingness and according to their good faith in the Rajpracha Samasai theory (the king and people assist mutually) and the royal philosophy of Pidtong Langphra (doing a thankless job) as a so that they will be spirit volunteer for the king and the people who love the king. Their efforts should be done selflessly, without expecting anything in return for the father of the nation and their country and should not have anything to do with politics.

7) All parties agreed that Regional secretary general of moph who is the supervisor and commander of each health service region and the regional office of disease prevention and Control as well as other relevant units such as the army, Internal Security Operations Command (ISOC), National Defense Institute, etc. would cooperate in overseeing, evaluating, and encouraging Rajpracha Samasai spirit volunteer societies with the coordination of the Rajpracha Samasai Foundation and Institute.

8) All parties agreed to that Rajpracha Samasai Institute and the Regional office of disease prevention and control together with Boromarajonani College of Nursing, and other relevant units such as the army, ISOC, the National Defense Institute, etc. would be responsible for contributing to the monitoring and evaluation under financial support from
NHSO and Regional NHSO. Every two years, all of the above parties also has to hold a meeting to exchange experiences and report on work progress.

9) All parties agreed that the National Council for Peace and Order (NCPO), the Ministry of Public Health, and the NHSO would support the establishment of sub-district and organizational Rajpracha Samasai spirit volunteer societies. These societies, to be set up from 2014 to 2020, should be truly voluntarily established for the father of the nation and the home land without expecting anything in return.

10) All parties agreed to expand their target in which spirit volunteers needed to work on to a total of 14 target groups. The readiness of each volunteer society or the problem or need in the area determines which target group is worked on first.

**Target #1:** For the first target, spirit volunteers should work on their original assigned target and in accordance to their roles and responsibilities to the best of their ability. This includes working with upright morals and ethics and having good governance, so that they can become role models for individuals and organizations to do good for the father of the nation and the country without expecting anything in return.

**Target #2:** Spirit Volunteers should help coordinate, support, and strive for stability, safety, and unity in their area of responsibility. **Target #3:** Volunteers should help spread upright morals and ingrain the love of the nation, religion, and king in all. They should also help everyone understand that a democratic government with the king as the head of state is ideal. **Target #4:** Volunteers should help find new leprosy patients and visit various houses to help disabled and elderly leprosy patients. **Target #5:** Volunteers should help the disabled. **Target #6:** Volunteers should help elderly people with problems in the area. **Target #7:** Volunteers should help orphaned children in the area. **Target #8:** Volunteers should help fight against drug problems in the area. **Target #9:** Volunteers should help fight against disease, health hazards and environmental dangers in the area. **Target #10:** Volunteers should help surveillance of foreign laborers in terms of health and social stability issues. **Target #11:** Volunteers should help oversee public facilities and preserve local wisdom and culture. **Target #12:** Volunteers should help develop education with good quality of basic in the area. **Target #13:** Volunteers should help fix agriculture and cooperative problems in the area. **Target #14:** Volunteers should help take care of remaining underprivileged people in the area.
3.2 Summary of the campaign on Expansion of the establishment of sub-district and organizational Rajpracha Samasai spirit volunteer societies in 2014-2015 before the second phase of expansion (2016 to 2020)

The Rajpracha Samasai Theory (the king and people assist Mutually) and the Royal Philosophy of Pidtong Langphra (Doing a Thankless job)

Moral power of the Land with spirit Volunteer to do Good for the Father of the Nation and Home Land.

Rajpracha Samasai Civic Societal power to Help Revolutionizing Morality, Health, Society, Environment, Stability and unity.

Six Types of Rajpracha Samasai organizational Spirit Volunteer Societies

- Moral Role Model
- Facilitator
- Prime Mover
- Coordinator / Supportor
- Change Agent
- Watch Dog

Rajpracha Samasai Subdistrict Spirit Volunteer Society

Target Group 1
- Work on His/Her original Assigned Target in Accordance with His/Her Roles and Responsibilities to the Best of His/Her Ability with Morals, Ethics and Good Governance.
- To be Role Model to do Good Voluntary Thankless job for the Father of the Nation and Home Land.

Target Group 2
- Help Coordinate, Support and Strive for Stability, Safety and Unity in Responsible Area

Target Group 3
- Help Spread upright Morals and Ingrain the love of the Nation, Religion and King in all.
- Help Everyone Understand That a Democratic Government with the King as the Head of State is ideal

Help Facilitation and Supporting Remaining Target Group 4 - 14

4. Help Find New Leprosy Patients and Make Home Visit to Help Disabled and Elderly Patients
5. Help the Disabled
6. Help Elderly People with
7. Help Orphaned Children in the Area
8. Help Fight Against Drug Problems in the Area
9. Help Fight Against Disease, Health Hazards and Environmental Dangers in the Area
11. Help Oversee public Facilities and Preserve Local wisdom and culture
12. Help Develop Good Quality of Basic Education in the Area
13. Help Fix Agriculture and Cooperative problems in the Area
14. Help Take Care of Remaining underprivileged people in the Area.
4. Summary

Leprosy elimination programs in Thailand were successful due to many factors, among them being the adaptation of the royal theory of Rajpracha Samasai (the king and people assist mutually). Although a long and hard road for the country, Thailand was finally eliminate leprosy within 37 years (1994), before its set goal of elimination by 2005 set by the World Health Organization (WHO). The complete and sustainable Elimination of leprosy in Thailand followed suit in 2013, before WHO’s set goal of 2020. In addition to the good graces of Thai royalty in contributing funds to establish Rajpracha Samasai Foundation/ Institute/School Under Royal Patronage to fight against leprosy, there are many other parties worth mentioning who also contributed to this fight. Countless businessmen, citizens, communities, and local and international organizations from various sectors all had a hand in the elimination of leprosy. Notably, Rajpracha Samasai Foundation and Institute consistently translated royal wishes and ideas into practical applications. Princess Sirindhorn continues to support these good works to this day, calling for Rajpracha Samasai Foundation to extend its efforts to other underprivileged people and other issues after leprosy was sustainably eliminated. This brought about the establishment of many sub-district and organizational Rajpracha Samasai spirit volunteer societies, and the royal theory of Rajpracha Samasai (the king and people assist mutually) as well as the royal philosophy of Pidtong Langphra or “doing a thankless job” (doing good without expecting anything in return) became practical applications among all 13 target groups extra from original leprosy target. These volunteer society establishments align with the vision of NCPO and the present government in solving local common problems and supporting road map on the revolution of Thailand. Rajpracha Samasai spirit volunteer societies are gatherings of volunteers, whether rural or urban, rich or poor, from all classes and regions to support the country with the power of doing good for the Father of the Nation and the Home Land. These volunteer societies are the solution for Thailand, a country with people who love the nation, religion, and the king. These societies will help supporting the government revolutionize the country’s moral uprightness, health, society, and environment as well as stabilize the country. Thus, the Thailand can step forward in unity, stability and prosperity with self sufficiency according to royal wishes. Do good for the father of the nation and our home land.
References


3. Princess Sirindhorn, the king’s representative, gave a speech to the Rajpracha Samasai community. In. Teera Ramasoota. 50 Years Rajpracha Samasai in Response to Royal Wishes. Bangkok: Master Key Co., Ltd., 2010; 83 - 86

4. Report on a meeting between hospital nursing executives, the Ministry of Public Health on “Rajpracha Samasai Spirit Volunteers, the Alternative Way of Thailand” organized by Rajpracha Samsai Foundation, the Ministry of Public Health, and the National Health Security Office at Richmond Hotel, Nonthaburi on Friday, 25 July 2014.


6. Report on a meeting between directors and Regions executives of the National Health Security Office and the Rajpracha Samasai Foundation and Institute on the work progress of establishing Rajpracha Samasai spirit volunteer societies and the presentation of pilot project of 12th Regions National Health Security Office zone 12, Songkhla (Songkhla model) on 4 September 2015.
The History of Leprosy in Thailand by Prof. Teera Ramasoota, M.D.
History of the author of “The History of Leprosy in Thailand”

Brief History of Prof. Teera Ramasoota, M.D.

Date of Birth

- 25 October 1931

Status

- Retired as a civil servant in 1992 after holding the position of Deputy Permanent Secretary, Ministry of Public Health and Professor of Infectious Diseases, Mahidol University

Education

- Doctor of Medicine (Chulalongkorn University)
- Master of Public Health (Mahidol University)
- Master of Public Administration (National Institute of Development Administration - NIDA)
- M.P.H. in Epidemiology (Johns Hopkins University, USA)
- Fellow with Distinction in Dermal Pathology, Temple University, USA
- MMBA (Thai Chamber of Commerce University)
- Certified Board in Preventative Medicine and in Marine Science (Thai Medical Council)
- Diploma, National Defense College, Class 28
Current Positions
- President, Rajpracha Samasai Foundation under Royal patronage
- President of Executive Board, Navamint 9 Hospital and Navamint Hospital Group
- Advisor, Department of Disease Control and Institute of Preventative Medicine, Health Department and the National Emergency Medicine Foundation
- Chairman for Training and Examination in the Specialty of Preventative Medicine in Public Health, Preventive Medicine Association of Thailand and Thai Medical Council
- Advisor and Adjunct Lecturer, ASEAN Health Development Institute, Mahidol University
- Executive Board Member, Than Tao Mahaprom Foundation, Erawan Hotel
- Ethics Chairman, Department of Disease Control
- Executive Board Member, European Food Plc.

Former Government (Civil Service) Positions
- Director General, Department of Communicable Disease Control and Deputy Permanent Secretary, Ministry of Public Health
- Director, Division of Leprosy, Department of Communicable Disease Control
- Adjunct Lecturer, Faculty of Medicine, Chulalongkorn University/Sirirat Hospital/Ramathibodi Hospital and Faculty of Public Health, Faculty of Tropical Medicine, Mahidol University

Former International Organization Positions
- Advisor on Leprosy, Leprosy Elimination and Medical Research, World Health Organization
- Advisor, Sasakawa Memorial Health Foundation of Japan
- Executive Board Member, First Global Program on Aids, World Health Organization
- Adjunct Lecturer on Pathobiology 6. (Leprology), Faculty of Hygiene and Public Health, Johns Hopkins, USA
Former Charity Organizations Positions

- President, Preventive Medicine Association of Thailand
- President, Chulalongkorn University Faculty of Medicine Alumni Association
- President Dr. Professor Somboon Vacharotai Foundation
- Vice-President, Medical Association of Thailand
- Vice-President, Kromphaya Chainat Narenthorn Foundation
- Director (elected), Council of Social Welfare of Thailand under Royal patronage
- Director (elected), Medical Council of Thailand

Awards

- Asian Achievement Award in Medicine
- Outstanding Physician, Medical Association of Thailand.
- Outstanding “Sang Ngoen” Public Relation Award
- Honorary Doctorate of Medicine, Chulalongkorn University
- Outstanding Role Model in Medical Science and Medical Administration
- Royal Renaissance Needle and Coin “Dusdimala” (Medicine)
- Award for Honorable Man of the Land
- Outstanding Alumni Award on the 50th Anniversary of the Faculty of Medicine, Chulalongkorn University
- Outstanding Alumni Award, “Mahidol Thayakorn” Mahidol University
- Outstanding Alumni Award on the 12th Aniversary of the National Institute of Developmental Administration (NIDA)
- National Outstanding Preventive Medicine Physician
- National Outstanding Hospital Administrator
- Award for Outstanding Service to the Department of Disease Control, Ministry of Health
- Award for Outstanding Epidemiologist, for Communicable Disease Control, Ministry of Public Health
- Award for Outstanding Administrator for Rabies Control Program, Ministry of Public Health and Ministry of Agriculture and Cooperatives
- Award for Success in Universal Child Immunization in Thailand awarded by UNICEF Thailand.
The History of Leprosy in Thailand

Rajpracha Samasai Foundation
Under Royal patronage

Rajpracha Samasai : Mutual support between the King and People
Logo : Lotus in water
Lotus : H.M. the King
Yellow : Monday, the day of birth of H.M. the King
Water : The People

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