



**Input for the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health for its Country Visit to Thailand from 18 to 28 February 2025**

*Since its founding by a group of human rights lawyers two days after the 2014 military coup overthrew the democratically elected government of Thailand, Thai Lawyers for Human Rights (TLHR) has been providing legal assistance to people who are charged and/or prosecuted for exercising their right to freedom of expression or peaceful assembly. TLHR provides legal representation to the politically prosecuted, documents human rights violations in the country, raises public awareness about these issues, as well as engages international human rights mechanisms to supplement our domestic work. The organization's long-term goal is to restore the rule of law in Thailand.*

*Freedom Bridge is an organization established to call for the release of all political prisoners and the restoration of human rights and democracy in Thailand. It provides direct support to political prisoners and their families, engages in documentation of their specific struggles and challenges, and catalyzes dialogue in Thai society about imprisonment and human rights. Freedom Bridge works towards the long-term goal of the release of all political prisoners and an end to political prosecutions and imprisonment in Thailand.*

## 1. Introduction

In July 2020, Thailand was swept by a pro-democracy movement following a prolonged period of deteriorating human rights and political conditions. The movement advocated for, *inter alia*, the resignation of then-PM Prayut Chan-o-cha, reforms of the institution of the monarchy, and the drafting of a new constitution. In response to these protests, Prayut Chan-o-cha declared that “all laws and all articles”<sup>1</sup> will be used against the protestors in a move to silence the public unrest.

Since then, the government has charged no fewer than 1,960 individuals, including 286 children, under various repressive laws for exercising their rights to freedom of expression and peaceful assembly (as of 31 December 2024).<sup>2</sup> These laws include serious criminal offenses, such as Section 112 (*lèse-majesté*) of the Criminal Code — which criminalizes defamatory or insulting remarks against the Thai monarchy — punishable by three to fifteen years of imprisonment.

Once imprisoned, detainees suffer conditions that violate their right to health and lead to debilitating illnesses. Not only do detainees consistently fail to receive timely and appropriate health care when required, but the physical conditions of Thailand’s prisons create and exacerbate health issues for those detained. Those that do receive medical attention at times report mistreatment at the hands of medical professionals.

People in detention remain a vulnerable population in dire need of assistance. The grim state of prison conditions in conjunction with inaccessible health care has led to physical and mental health problems for some detainees, and has even resulted in the death of others.

## 2. Detainees do not receive timely and appropriate health care

### 2.1 Physical Health

#### *2.1.1 Delays in care from proper doctors and nurses*

People currently in detention report prolonged delays in receiving timely health care. Once received, the care is often inadequate and insufficient to ameliorate health concerns and alleviate pain suffered. Some political detainees have died as a result.

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<sup>1</sup> Bangkok Post, “PM: All laws, articles will be used against violent protestors”, 19 November 2020, <https://www.bangkokpost.com/thailand/general/2022275/pm-all-laws-articles-will-be-used-against-violent-protestors>

<sup>2</sup> TLHR, ธันวาคม 2567: อานนท์ถูกพิพากษาคดี ม.112 อีก 2 คดีรวด-ศาลอุทธรณ์แก้คำพิพากษาคดีปาสีพระบรมฉายาลักษณ์-มีคำพิพากษาคดีชุมนุมอีก 5 คดี, 15 January 2025, <https://tlhr2014.com/archives/72152>.

According to Freedom Bridge, a Thai NGO providing support to political detainees, health issues faced by detainees in prisons across Thailand are not screened by certified nurses; rather, such screening is carried out by prisoners themselves after undergoing training for 3-7 days to become “public health volunteers.”<sup>3</sup> These volunteers can arbitrarily and discriminatorily deny other detainees the referrals required to see the doctor; multiple detainees report that this practice is common when the volunteers do not like the detainees seeking care.

Additionally, volunteers lack the necessary experience and expertise to properly screen health concerns. In one instance, at the Bangkok Remand Prison, a client of Freedom Bridge suffered an ischemic stroke and was not admitted to the hospital until 8 days following. According to published guidelines from the government, patients who suffer a stroke should be sent to a hospital within 3 hours.<sup>4</sup> However, the volunteer nurses in this case noticed that the patient “can still walk” and did not grant him the proper referral.

### *2.1.2 Delays in medication*

Even when detainees are able to access proper doctors and medication, they still suffer from the consequences of delayed treatment.

First, lawyers at Freedom Bridge report that the average wait for a detainee to see a doctor or nurse is seven days. This is because doctors are not retained on-call at all times.

Second, when a person first enters detention, their healthcare registration and information are automatically transferred to the prison within fifteen days.<sup>5</sup> However, certain medical prescriptions require taking medicine every day; a fourteen-day delay in administration of the medicine causes severe issues in some instances. For example, one client of Freedom Bridge requires taking daily medication for HIV. When the client first entered the prison, Freedom Bridge sent his medication to the prison alongside informing the prison administration about the detainee’s health and medical needs. However, the detainee still did not get access to his medication until 15 days after entering the prison. Such delays can be life-threatening, particularly when a person already is suffering from a serious illness.

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<sup>3</sup> Ministry of Public Health and Department of Corrections, Ministry of Justice, *Training Curriculum for Prison Public Health Volunteers* (2019), available at: <https://shorturl.at/md1yB>.

<sup>4</sup> Department of Medical Services (Ministry of Public Health), Office of the Higher Education Commission, Neurological Institute of Thailand (Department of Medical Services, Ministry of Public Health), Thai Neurological Nurses Society, *Clinical Nursing Practice Guideline for Stroke* (2007), available at: <http://www.neurothai.org/images/2012/download/stroke-nurse2007.pdf>.

<sup>5</sup> Department of Corrections, *Implementation of Rights Transferal Under Universal Health Coverage for Prisoners*, 1 November 2019, available at: <https://shorturl.at/pu214>.

### 2.1.3 Lack of dental care

In the Central Women’s Correctional Institution, detainees do not have access to adequate dental care. One client of Freedom Bridge reported a case of severe untreated dental pain. To alleviate the pain, she smashed potassium(?) alum and applied it to her gums for pain relief. Before entering the prison, this detainee wore dentures. However, since her time in detention began almost eight years ago, she has lost almost all of her teeth. Though Freedom Bridge requested the detainee be granted dental care and offered to pay for proper dentists, the prison has yet to respond to this request. The only solution that the prison provided for this detainee is offering to remove all of her teeth; however, this “solution” would result in the detainee not being able to eat and chew food.

### 2.1.4 Case report: “Bung” Natiporn

Detainees have died as a result of delay in receiving vital treatment. For example, “Bung” Natiporn was a young human rights defender well known for advocating for fundamental freedoms and reforms of the Thai monarchy. Bung died while in custody of the Department of Corrections on 14 May 2024 after a prolonged period of hunger strike following the revocation of her bail in a lèse-majesté case on 26 January 2024.<sup>6</sup> Her passing has raised questions regarding the quality and nature of her medical treatment, as well as whether political detainees who decide to go on hunger strike are provided with appropriate care.

Back in July 2022, Bung’s lawyer submitted a letter requesting permission for a specialist doctor to examine Bung’s symptoms and plan for treatment after her health deteriorated. Previously, prison doctors had determined that Bung had low potassium, which “if left untreated, could result in heart muscle death.”<sup>7</sup> Yet, after almost a month, the lawyer still did not receive response to the request.<sup>8</sup>

Notably, UN experts have submitted a joint allegation letter to the Thai government, asking it to “provide detailed information on the current status of any ongoing inquiry or investigation” into Bung’s death.<sup>9</sup> The prison claimed that Bung died at Thammasat University Hospital, but the

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<sup>6</sup> TLHR, ศาลสั่งถอนประกัน ‘นุ่ง’ เหตุพ่นสีลงบนธงราชินี-ชุมนุมหน้า วธ. แต่ไม่ถอนประกัน ‘ตะวัน’ ที่ไม่คิดเงื่อนไขประกัน, 26 January 2024, <https://tlhr2014.com/archives/64149>.

<sup>7</sup> TLHR, ทนายความยื่นหนังสือขออนุญาตให้แพทย์ผู้เชี่ยวชาญตรวจอาการและวางแผนรักษา “นุ่ง” หลังทรุดหนัก 1 July 2022, <https://tlhr2014.com/archives/45540>.

<sup>8</sup> TLHR, ‘ตุ๊ก’ คือ แดนสนธิยา แดนแห่งการสาธยายเรื่องราวชีวิตที่ถูกล่วงละเมิด กลิ่นแก๊ส ของนุ่ง — ใบปอ, 23 July 2022, <https://tlhr2014.com/archives/46438>.

<sup>9</sup> UN Special Rapporteur on Human Rights Defenders, Thailand: death in detention of young woman human rights defender Netiporn Sanesangkhom (joint communication), 16 October 2024, <https://spcommreports.ohchr.org/TMResultsBase/DownloadPublicCommunicationFile?gId=29244>.

hospital reported that Bung had no pulse when she arrived at the hospital. The investigation is still ongoing.

Additionally, during the autopsy, Thammasat hospital doctors discovered that Bung's intubation tubes had been inserted incorrectly on the day she was transferred from the Corrections Department Hospital. A breathing tube was supposed to be inserted into Bung's trachea to allow passage of air to the lungs. However, a coroner's report noted that Bung arrived at the hospital with no vital signs and had a "faulty intubation"; the tube had been incorrectly inserted into her esophagus instead.<sup>10</sup>

## 2.2 Mental Health

People in detention are not given access to adequate counseling or psychiatrist treatment and care.

Per prison, there is only one doctor in charge of care. Prisons do not disclose whether they have a psychiatrist or psychologist available for the detainees. Clients of Freedom Bridge reported that when there is a psychologist in the prison, the psychologist's job does not involve counseling any prisoners who may be facing mental health issues. Rather, the psychologist's duties entail categorizing the clients and determining where to place them so as to maintain peace among the prison population.

Even when people are showing clear signs of mental degradation, they may not receive the dire attention they require. For example, people in the Central Women's Correctional Institution reported that certain detainees who were elderly (70-80 years old) showed clear signs of dementia or other neurodegenerative diseases and disorders. Rather than being brought to doctors or nurses, the elderly detainees were punished when they were "slow" in their daily activities. They were kept in prison without any resources or information regarding people with dementia.

Additionally, Freedom Bridge has received reports of detainees receiving incorrect doses of prescription medication, leading to severe and adverse side effects. For example, certain medications required being administered in small doses three to four times a day. However, detainees reported receiving the medication in one big dose. Freedom Bridge clients reported that for psychiatric medication, the side effects of this maladministration can be particularly severe, reportedly ranging from numbness to increased suicidal ideation.

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<sup>10</sup> Thai PBS, นายชัช รัตพันธ์ที่ใส่ท่อช่วยหายใจในหลอดอาหารปม "บุง" ตาย, 18 May 2024, <https://www.thaipbs.or.th/news/content/340127>.

### **3. Detainees report mistreatment by prison guards and prison hospital doctors**

People who receive treatment in prison hospitals report mistreatment by the nurses and doctors on duty. In one instance, “Bung” Natiporn reported, “Once, a nurse on duty there pretended to stick a needle into my veins ... they pretended to keep inserting the needle incorrectly, until my arm was bruised and blue.”<sup>11</sup> In another case, a prominent human rights defender Baipor shared Bung’s sentiments of receiving healthcare under hostile conditions after she partook in a hunger strike to demand for the right to bail of political detainees. Baipor shared with Thai Lawyers for Human Rights that she encountered insulting and even threatening comments from doctors during her visits to the prison hospital. For instance, a doctor once remarked “if I had a gun,” accompanied by a gesture mimicking a gun against his chin. The doctors also made personal inquiries that were interspersed with criticism, none of which related to her health or well-being.<sup>12</sup>

Even during daily life outside of a healthcare setting, detainees report hostile regulations that adversely impact their health. For example, one detainee told Freedom Bridge that during the day when permitted to leave the cell, prisoners are required to attend activities. However, during these activities the detainees are not allowed bathroom breaks; sometimes they are unable to use the toilet all day until they are back in their cells at nightfall. The detainee reported that these restrictive conditions on use of the toilet have disrupted her gastrointestinal system, and she is now consistently constipated because of her inability to relieve herself when needed.

### **4. Prison conditions result in major issues with the underlying determinants of health**

Thai prisons and detention centers continue to fall short of international standards, particularly the Nelson Mandela Rules. Such conditions affect the underlying determinants of health and affect the well-being and safety of people in detention.

#### ***4.1. Nutrition and Potable Water***

The quality of food provided in prisons is reportedly “terrible” across all Thai prisons, according to a report from FIDH.<sup>13</sup> In an interview, a former political prisoner remarked that the food was often improperly cooked and the water tasted chlorinated and non-distilled.

There is no potable water in some prisons; detainees have to purchase drinking water from the commissary. Thus, if a person in detention does not have money, they do not have access to clean

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<sup>11</sup> TLHR, ‘คุก’ คือแดนสนธยาแดนแห่งการสาขายเรื่องราวชีวิตที่ถูกลวงละเมิด กลิ่นแกล้ง ของนุ่น — *ใบปอ*, 23 July 2022, <https://tlhr2014.com/archives/46438>.

<sup>12</sup> *Ibid.*

<sup>13</sup> FIDH, *Thailand Annual Prison Report 2024*, 31 December 2023, <https://www.fidh.org/IMG/pdf/thailandprison823a.pdf>, p.37.

water. One detainee in the Central Prison in Chiang Mai reported that sometimes, the tap water he must drink is brown. In other prisons, such as the Bangkok Remand Prison, the facility is sectioned off into different “houses”, some of which contain machines with water filters while others do not. Also, between the hours of 3PM and 5AM, prisoners must remain in their cells and must resort to drinking tap water, as there is no filtered water available within the cells.

#### 4.2. Hygiene and Sanitation

Deteriorating physical conditions of prisons increase their susceptibility to poor weather conditions. In an interview published on 14 August 2024, Anchan Preelerd, who was sentenced to 43 years and six months in prison under the *lèse-majesté* law, stated that the rain caused the Central Women’s Correctional Institution to flood and become muddy.<sup>14</sup>

Additionally, Thai prisons and detention centers remain overcrowded. Data from the Department of Corrections reveals that throughout 2023, the number of female inmates (33,057) accounted for 97% of the maximum capacity allocated to them. As a result, many female prisoners reported having to sleep in congested rooms, sleeping shoulder to shoulder with others in uncomfortable sideways positions.

Overcrowding in prisons across Thailand leads to health and hygiene issues amongst prisoners. Many prisoners report having contagious dermatitis skin conditions resulting from shortage of soap, clean water, and medication. One of Freedom Bridge’s clients requested cream to alleviate his dermatitis in early January 2025, and has still not received support two full weeks later.

The restrictions curtailing use of water also lead to hygiene problems. Water is only available for use during certain hours, and within these allocated times detainees are limited in the quantity of water they can use. Therefore, at times detainees are unable to flush toilets and must use the bathroom facilities one after another, without the toilets being clean. This increases infectious disease rates and transmission amongst the prison population.

#### 4.3. Access to Health-Related Information

Though detainees face a quarantine period before mixing with the general prison population, after the quarantine period they are completely cut off from information on the happenings outside prison walls. This restriction on news includes information on infectious diseases and viruses, including influenza and COVID-19. Detainees also do not receive information on how to take care of themselves and their health. For example, one person reported he did not receive any information on how to continue his HIV treatment while detained.

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<sup>14</sup> TLHR, *บันทึกเยี่ยม คดี ‘112’ แม็กกี้-อัญชัญ: “ยังรอความหวังต่อไป ทั้งที่ไม่มีข่าวเรื่องอภัยโทษ”*, 14 August 2024, <https://tlhr2014.com/archives/69112>.

## **5. Women, girls, and LGBTQ+ detainees are especially vulnerable to poor health conditions and mistreatment related to their healthcare**

### 5.1. Health challenges unique to women, girls, and LGBTQ+ persons

Women, girls, and LGBTQ+ persons in detention face unique challenges stemming from their identities that result in disparate treatment. For instance, female prisons do not provide their prisoners with Ponstan, a commonly used menstrual pain-relief pill, instead opting to distribute small quantities of paracetamol. A former political prisoner reported that the distribution of paracetamol was so scarce that she had to cut the pill into pieces and share it with other prisoners. Moreover, although sanitary napkins are available to prisoners for free, the amount distributed is very limited and their absorbency is poor.

Trans women in male prisons have reported difficulties accessing hormone medication because they lack medical certificates from their doctors, resulting in them losing their post-transition characteristics. For instance, one detainee Nara was not able to take their hormone medication for seven months before they were allowed to see a doctor for medical certification. In another case, Maggy, who had been undergoing hormone treatment before her detention, feared that the doctor would not provide her with medical certification because they noticed that other detainees who had received it already had feminine characteristics, while they did not.

### 5.2. Inconsistent prison regulations between prisons result in discriminatory health conditions.

Additionally, inconsistent prison regulations result in gender-based discrimination. According to Freedom Bridge, Thai prisons and detention centers lack clear and standardized regulations. For instance, Bangkok Remand Prison, a male prison, and Central Women’s Correctional Institution have different regulations regarding the frequency of showers, with the latter reportedly having a limit on how many “dippers” of water one can have per shower.<sup>15</sup> Meanwhile, such regulation does not exist for the former. Male prisons are also equipped with gyms for exercise, while female prisons do not have such facilities.

Lastly, food options in female prisons are notably limited compared to those in male prisons. In an interview, Freedom Bridge noted that the options available on the Women’s Correctional Institution website primarily consist of pastries rather than nutritious, protein-rich foods, making up approximately 55% (110/197) of the available food choices listed.<sup>16</sup> Meanwhile, the same cannot be said for the food options available at Bangkok Remand Prison, a male prison.

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<sup>15</sup> TLHR, *บันทึกเยี่ยม 6 ผู้ต้องขังคดี ม.112: ‘ตรงนี้’ ต่างยังต่อสู้ ทั้งเพื่อตัวเองและผู้ต้องขังอื่น ๆ*, 10 October 2024, <https://tlhr2014.com/archives/70505>.

<sup>16</sup> Women’s Correctional Institution, [https://app-cwci.com/categorie/?id=2&pcd\\_id=14](https://app-cwci.com/categorie/?id=2&pcd_id=14).



## **6. Recommendations**

- Urge the Thai government to establish centralized standards for prison operations to ensure that all facilities operate under uniform conditions. Standards should prioritize the safeguarding of human rights and access to health services.
- Urge all branches of the Thai government to guarantee that all prisoners have access to adequate and nutritious food and medical care.
- Call on the Thai government to expand access to timely healthcare and medical professionals for detainees, including licensed psychologists, doctors, nurses, and social workers.
- Urge the Thai government to mandate prisons to transparently declare their capacities by disclosing the quantity and qualifications of medical professionals present in prisons.