

Dear Editor:

The article by David Fisher on “Regulating the helping hand: Improving legal preparedness for cross-border disaster medicine”, covers a very relevant and pressing issue when one looks at the field of cross-border [international] disaster medicine. There seems to be a grave need to derive some international standards when it comes to lending a helping hand to countries where disasters have occurred. The author has given both sides of the spectrum, covering issues that have taken place due to strict regulations as well as lack of any regulations. There have been many instances in which, due to lack of regulations, international help proves to be more of a burden than a help.

International help must be sensitive to the local practices and health infrastructure present in the area affected. Furthermore, help, in terms of medical aid, should be in accordance of the needs of those affected. As stated by the author, it takes months to get rid of unwanted help, and this adds to the burden of affected country. Cultural sensitivity also becomes important. In many states, there are local alternatives to deal with diseases that may be better suited for the area rather than modern medicines. Conscious efforts to ensure that the local mechanisms do not get affected while intervening, should be made. An important question is one of liability, and while formulating guidelines such as the International Disaster Response Laws (IDRL), must be given due importance. When external help is offered, it mainly covers the relief and rescue phase of the disaster. But after this short phase is over, everyone goes back to their lives except for the victims—problems of post-surgery health start to creep up, and since

the patients have been treated by those who have left, there is no way to follow-up.

It is important to find some sort of balance between excessive regulatory laws and slack laws, since both may cause considerable damage. Excessive regulatory laws prove to be a hindrance, but I believe lack of laws proves to be a more serious problem. For example, the recent earthquake in Haiti devastated the country and handicapped the population since it affected their basic infrastructure. There was a great need for external help, but with no proper regulatory measures, the situation became that of disaster tourism. Many came, treated, and went away without any follow-up, and hence, caused more problems than help.

The IDRL guidelines assign the primary role to the government of the state that has been affected. But what in the case of fragile states?

The article covers important aspects that must be looked into while formulating guidelines. But, it seems like only the first step. Getting states to accept these guidelines as well as them altering their laws to facilitate the process of cross-border disaster medicine will be long and well-debated, since many states stand by their slack or strict regulations even though they might be criticized for the same.

Sincerely,

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Bibliography

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