

ENVIRONMENTAL STUDIES

LECTURE-33

Legal Framework for Biological Disasters

1. The Epidemic Diseases Act was enacted in the year 1897. (Read about RSTV's In-Depth Analysis on [Epidemic Diseases Act 1897](#) in the linked article.)
2. This Act does not provide any power to the centre to intervene in biological emergencies.
3. It has to be substituted by an Act that takes care of the prevailing and foreseeable public health needs including emergencies such as BT attacks and the use of biological weapons by an adversary, cross-border issues, and international spread of diseases.
4. It should give enough powers to the central and state governments and local authorities to act with impunity, notify affected areas, restrict movement or quarantine the affected area, enter any premises to take samples of suspected materials, and seal them.
5. The Act should also establish controls over biological sample transfer, biosecurity and biosafety of materials/laboratories.

Institutional Framework

In the Ministry of Health & Family Welfare (MoH&FW), public health needs to be accorded high priority with a separate Additional Directorate General of Health and Sanitation (DGHS) for public health. In some states, there is a separate department of public health. States that do not have such arrangements will also have to take initiatives to establish such a department.

Operational Framework

At the national level, there is no policy on biological disasters. The existing contingency plan of MoH&FW is about 10 years old and needs extensive revision. All components related to public health, namely apex institutions, field epidemiology, surveillance, teaching, training, research, etc., need to be strengthened.

At the operational level, Command and Control (C&C) are identifiable clearly at the district level, where the district collector is vested with certain powers to requisition resources, notify a disease, inspect any premises, seek help from the Army, state or center, enforce quarantine, etc. However, there is no concept of an incident command system wherein the

entire action is brought under the ambit of an incident commander with support from the disciplines of logistics, finance, and technical teams, etc. There is an urgent need for establishing an incident command system in every district.

There is a shortage of medical and paramedical staff at the district and sub-district levels. There is also an acute shortage of public health specialists, epidemiologists, clinical microbiologists, and virologists.

Biosafety laboratories are required for the prompt diagnosis of the agents for the effective management of biological disasters. There is no BSL-4 laboratory in the human health sector. BSL- 3 laboratories are also limited. Major issues remain regarding biosecurity, the indigenous capability of preparing diagnostic reagents, and quality assurance.

Lack of an Integrated Ambulance Network (IAN). There is no ambulance system with advanced life-support facilities that are capable of working in biological disasters.

State-run hospitals have limited medical supplies. Even in normal situations, a patient has to buy medicines. There is a lack of stockpile of drugs, important vaccines like anthrax vaccine, PPE, or diagnostics for surge capacity. In a crisis, there is further incapacitation due to tedious procurement procedures.

National Disaster Response Force (NDRF):- The command and supervision of the NDRF would be under the Director-General of Civil Defence and National Disaster Response Force selected by the Central Government. Currently, the NDRF comprises of eight battalions who will be positioned at different locations as per the requirements.