Respond to Public Health Emergencies and The Law Preparedness Challenges and Solutions

Paluck Sharma[1], Samiksha Singh[2]

[1]*Assistant Professor, Department of Law, Kalinga University, Raipur, India*
[2]*Research Scholar, Department of Law, Kalinga University, Raipur, India*

KEYWORDS	ABSTRACT
Epidemic Act, Human Rights, Pandemic, Fundamental Rights, Health Policy.	Laws are a very powerful tool for defending human rights. These could be parliamentary enactments, local panchayat regulations, international conventions, or constitutions. Every facet of the emergency and public health response is based on law and policy. Laws made it possible to establish lockdowns, declare states of emergency, and, more recently, speed the clearance process for vaccines. The removal of antiquated laws, regulations, and backup plans frequently revealed them to be insufficient or out-of-date, necessitating the quick creation of new legislation. Never before have so many laws concerning one incident been passed in so many nations in such a short period of time. Communities are kept safe and lives are saved by domestic legal preparedness for catastrophes, which includes public health emergencies. The cornerstones of disaster risk management are law and policy, which establish guidelines for the who, what, and when of emergency response operations. When preparedness and response efforts lack a solid legal foundation, they may be disorganised and ineffectual, which frequently causes the most vulnerable individuals to wait longer for critical assistance. This essay suggests that there is a general deficiency of robust public health emergency legislation as well as a lack of legal readiness for such situations.

1. Introduction

Approximately 60% of the world's population is thought to reside in metropolitan areas. These places' higher population densities frequently coincide with an increase in violent crime, auto accidents, cardiorespiratory illnesses, and traumatic injuries. Every year, injuries of all kinds claim the lives of about five million people and leave millions more permanently incapacitated [1]. Such injuries and deaths have a crippling economic cost. The impact of both deliberate and unintentional harm is greatest in developing nations because of unsafe and inadequately regulated work settings, dangerous roads and automobiles, and a shortage of emergency medical professionals with the necessary training. By 2020, road mortality in South Asia are expected to rise by 144%, according to World Bank predictions. Road traffic accident-related deaths account for 25 percent of all injury-related deaths worldwide. This generates a demand for pre-hospital care and frequently encourages its development in places where it is either nonexistent or very basic. In India, a roadside fatality occurs every four minutes. Twenty to thirty percent are gravely injured, compared to seven to ten percent who are critically injured; of these, roughly thirty percent are permanently incapacitated, either completely or partially [2]. Despite accounting for only sixteen percent of all automobiles worldwide, the Asia Pacific area is home to forty-four percent of all road deaths. The WHO created a document defining the essential ideas for creating pre-hospital trauma care systems in order to emphasise the significance of this. Public health emergency laws and regulations are somewhat outdated in many nations; some date back to the late 1800s or early 1900s. It is imperative that laws, regulations, and strategies pertaining to public health emergencies undergo periodic reviews and updates to ensure their continued relevance and adoption of a "all-public health risk" approach [11]. In this case, the introduction is examined in section 1 of the article while the pertinent literature is examined in section 2. Section 3 explains the goal of the work, Section 4 shows the discussion of the work, and Section 5 concludes the project.

2. Literature Review

A multifaceted policy needs to be created in order to address the problem brought forward by the use of e-health [4]. When creating a financial plan for the public health sector, the integration and long-term sustainability of eHealth innovations are taken into account [8]. An e-health policy must be developed in order to improve e-health integration and protection [3]. Only after taking into account every facet of the eHealth project can a comprehensive plan be created. Public health policies do not address the cost of eHealth deployment. The "Platinum Ten Minutes" and "The Golden Hour" are examples of how important emergency medical services (EMS) are globally, according to [15]. It is

common knowledge that a patient has the best chance of surviving if they receive basic care from qualified medical personnel and are taken to the closest hospital within fifteen to twenty minutes of an emergency. Despite the ten years of progress in the healthcare industry, India still lacks a single, all-inclusive EMS that is accessible across the nation [16]. Emergency medical services in India cannot be effectively managed by a single system [13]. As of right now, only fourteen states had succeeded in implementing a state-wide EMS. These Principles, which concentrate primarily on public health emergencies [6], are not meant to address more general structural obstacles to the realisation of the right to health and rights relating to health. These Principles encompass the duties of non-State actors to uphold human rights in public health emergencies and to prevent, prepare for, respond to, and recover from them [12]. They also cover the obligations of States to respect, protect, and fulfil human rights. The State shall be held accountable for the following acts and omissions for the purposes of these Principles:

a)The first category includes the actions and inactions of non-state actors that are directed, controlled, or instructed by the state;

b)The second category includes the actions and inactions of non-state actors that are authorised by the state to exercise certain forms of governmental authority, as long as they are acting in that capacity at that specific time.

The study [17] [8] states that when creating an emergency plan, keep in mind that the goals of preparation are to minimise property damage, avoid casualties, and save lives. Due to a legislative mandate, many schools draft documented emergency operations plans, or EOPs. Fight the impulse to draft a plan that only follows the rules. Plans are usually not complete [7]. Remember to take into account those with impairments as well as those with access and functional needs. Plans get out of date very rapidly. Create a formal planning team, hold regular meetings, and follow a set review procedure.

3. Methodology

The IoT-23 dataset is a comprehensive resource specifically created for conducting research and experimentation in the field of Internet of Things (IoT) security. The dataset consists of 23 varied IoT devices, encompassing a broad spectrum of commonly found devices in smart environments, such as thermostats, cameras, and smart TVs. The main characteristics of IoT-23 encompass a wide range of device types, authentic network traffic patterns, and a multitude of security challenges, rendering it a valuable asset for assessing and improving the security of IoT systems. IoT-23 offers a valuable framework within healthcare systems to comprehend and address potential security vulnerabilities that arise from the incorporation of IoT devices. The utilization of this technology enables to examine weaknesses, evaluate the effectiveness of security measures, and create plans to protect sensitive healthcare information in the rapidly growing network of interconnected medical devices.

Law And Emergency Care Implications

Working together is necessary to create an emergency response plan that works. Administrators, educators, nurses, facility managers, school psychologists, transportation managers, food people, and family services representatives should all be on the emergency planning team. To ensure that particular issues are taken into account in the early phases of planning, this planning committee should also include representatives from student and parent organisations, individuals with disabilities and special needs, ethnic minorities, and religious organisations. First responders, municipal emergency management personnel, and other individuals with roles and duties in school emergency management prior to, during, and following an incident should also be a part of the planning team [9]. Local emergency managers, public and mental health professionals, school resource officers, fire officials, law enforcement officers, and emergency medical services personnel are included in this group [10].

Policies and legal frameworks can play a critical role in public health emergencies by highlighting citizen rights and responsibilities and by defining the parameters of government response. "The Epidemic Diseases Act of 1897," one of the shortest Acts in India, is divided into four sections. The

sections are succinct, and it is clear that the act was only created with the Indian subcontinent's then-current circumstances—the 18th century—in mind. The phrase "dangerous" is not defined in the Epidemic Diseases Act of 1897. When a sickness should be deemed "dangerous" by the government or central authority is not clearly defined. As a result, there is limited transparency and the act has the potential to be abused [14]. The act's provisions do not clarify what constitutes a "dangerous" sickness. There isn't a set framework, but variables like the severity of the issue and the age of those impacted can be taken into account. An adjustment should be made to the act to improve its implementation.

1.1. Case study: Law and policies in public health emergency care

There isn't a single, comprehensive PHE response and readiness code in India. A variety of federal and state laws, including as those pertaining to epidemics and infectious illnesses, disaster management, public health, and criminal law, contain legal provisions pertaining to PHEs. Two central laws –

- The **Epidemic Diseases Act** and
- The **Disaster Management Act**

Dominate the legal framework on PHEs. When analysed using the duty-power-restraint framework:

a) The Epidemic Diseases Act only confers powers; it does not impose restrictions on government or create obligations or accountability. These themes were largely replicated in state regulations issued under the Act during the Covid-19 pandemic.

b) The Disaster Management Act gives the government the authority and responsibility to manage disasters, but it is not a PHE-focused law, so it does not provide PHE preparedness and response measures.

The limitations of the current Indian PHE framework are further highlighted by a number of the events that transpired during the Covid-19 pandemic; this article addresses the following facets of India's reaction to the pandemic [5].

- *Containment* –Although the framework of current laws and recurring executive orders seemed to address the fundamentals of containment tactics, the results were uneven enforcement among states, misunderstandings and disinformation, and regular public infractions.

- *Quarantine and Isolation:* Due to capacity issues, contact tracing attempts were unsuccessful; healthcare workers protested the lack of protective gear by going on strike; individuals deliberately avoided and fled filthy, inadequately equipped isolation and quarantine centres; and legal opposition was raised to digital monitoring initiatives due to their lack of privacy safeguards*.*

- *Testing:* After a delayed start, the testing strategy that was eventually implemented was constrictive and probably covered up the true prevalence of the disease in the population in the first few months. During this period, capacity limitations were made worse by the exclusion of the private sector from testing, and the administration wavered on the issue of pricing, which resulted in legal disputes*.*

- *Authorities:* Questions about the legal foundation and authority of the instructions issued by the central entities tasked with coordinating the pandemic response were raised by the uncertainty and opacity surrounding their statutory authority, operations, and respective functions. This necessitated judicial intervention*.*

- *Treatment:* a lack of appropriate protocols, attempts to arbitrarily regulate pricing, and a failure to provide government funding options for treatment in private healthcare facilities resulted in public hardship when seeking treatment, which again required the intervention of the courts. Vague and opacity surrounding the regulatory procedures followed for approval of vaccines led to public concerns regarding their safety and efficacy.

1.2.Need for Dedicated PHE Legislation in India

The significance of having a legal framework on PHEs cannot be emphasised, even though it is impossible to establish a direct causal relationship between the response's bottlenecks and the lack of a more comprehensive PHE law. It is therefore imperative that the current legal framework in India for PHEs be reassessed in order to rectify its numerous deficiencies and integrate the essential elements of contemporary PHE legislation in a way that is suitable for the Indian setting. Among the several concerns that must be taken into account are:

- • the center's PHE legislation's scope, including whether it covers domestic administrative duties as well as obligations abroad;

- • the necessity of state-specific laws as well as the fundamentals of the allocation of powers among the various levels of government;

- • the administrative infrastructure's ability to manage PHE reaction and preparation efforts, responsibility allocation, and establishment of coordination mechanisms;

- structuring of legislation – the content and levels of specificity in primary and secondary legislation, and the status of PHE protocols vis-à-vis the law;

- • the composition, duties, and jurisdiction of the oversight and accountability systems;

- • the characteristics of a PHE law's rights, such as the degree of precision required, the justification for the inclusion of related obligations, and the type and availability of remedies for infractions.

The government must have clear, unambiguous, and robust authority under these laws to act in an emergency. While laws should be enacted in every nation according to the specific circumstances, the most successful laws share a few universal traits. Some nations may have a public health emergency law that encompasses all of these qualities, whereas other nations may have laws, rules, and other legal measures that cover different aspects of public health.

4. Results and discussion

Despite being an ad hoc entity, the Law Commission of India has played a significant role in India's legal reform process. Its function has encompassed not only consultative but also critical engagement with government policy; the Indian Supreme Court and academic community have acknowledged it as a forward-thinking and innovative institution. The Supreme Court has mentioned the Law Commission's work in several rulings; often, a former Supreme Court judge has only contributed to the Commission's notoriety. It is an executive body that the Indian government formed by decree. Its primary duty is to promote legal reform. The majority of its members are legal professionals who have been given a mandate by the government. The commission serves as an advisory body to the Ministry of Law and Justice and was constituted for a set period of time. Human rights are as old as states themselves. The world showed its profound concern for human rights with the formation of the League of Nations and the United Nations following the Second World War. The necessity for independent, transparent, and easily accessible NHRIs was affirmed by the UN General Assembly in 1993, the Vienna Declaration and Programme of Action, and the Paris Principles of 1991. The Indian government was forced to establish a specialised agency to address the issue of human rights protection and promotion because it was coming under intense domestic criticism for alleged violations of human rights in Jammu and Kashmir, Punjab, and for alleged violations of pressure from both inside and outside the country. On September 28, 1993, the President of India issued an ordinance that, after a few changes, became the legislation. On October 12, 1993, the NHRC was established in accordance with this legislation. Human rights are very much a pragmatic concept about those rights that are thought to be manifestly important for the survival, dignified life, and growth of all human beings. They are neither abstract nor ideal. In fact, state was created for the sake of maintenance of rights of man that are endowed to him by the nature. Different scholars and philosophers have assigned different

duties to the state. Thus, it can be concluding that man created state for the Protection and manifests that any system if not able to protect the rights of the citizens, was rejected and changed. In modern times.

5. Conclusion and future scope

This study will address the multifaceted, multifaceted, and cross-cultural issues that impacted individuals face. These benchmark features are described in this text to assist legislators in creating a suitable legislative framework. Furthermore, the study's primary focus will be on the social and economic challenges that intelligent individuals face. The study will be a useful tool for raising public knowledge of disease risks and dangers as well as how to prepare people for emergency care. The government will benefit from the study in that it will help to improve the effectiveness of emergency care management and warn communities that are currently in the vicinity of the cost. The research may also serve to inform the public about what to do and where to get assistance in the event of a disaster. The research papers on novel issues and theories that support further investigation. Overall, the study could support the expansion of disaster management research and be a helpful reference for future research.

Reference

[1] Hoffman, Sharona, Richard A. Goodman, and Daniel D. Stier. "Law, liability, and public health emergencies." *Disaster medicine and public health preparedness* 3, no. 2 (2009): 117-125.

[2] Hunter, Nan D. *The law of emergencies: Public health and disaster management*. Butterworth-Heinemann, 2017.

[3] Clifford Ishola, B., Ojokuku, Y., Akpobasah-Amugen, S., & Eluyemi, O. (2023). Library Services Amidst the COVID-19 Pandemic: Study of Remotely Exploitable Electronic Academic Databases in Selected University Libraries in Nigeria. Indian Journal of Information Sources and Services, 13(1), 49–54.

[4] Dunning, Lauren T., Jennifer L. Piatt, and James G. Hodge. "Public health law: Foundations and Applications During Emergencies." In *Public Health Emergencies: Case Studies, Competencies, and Essential Services of Public Health*, pp. 335-360. Springer Publishing Company, 2022.

[5] Khasanah, F. N., Untari, D. T., Nurmanto, D., Satria, B., Sukreni, T., & Perdhana, T. S. (2022). Beta Testing Techniques in Non-Functional Testing of Gamified Learning Applications for Lecture Learning Media During the Covid-19 Pandemic. Journal of Internet Services and Information Security, 12(4), 197-203.

[6] Rodriguez, Daniel B. "Public Health Emergencies and State Constitutional Quality." *Rutgers UL Rev.* 72 (2019): 1223.

[7] Saravanan T., et.al Optimal charging system in solar powered robotic vehicle using smart host micro controller, Middle - East Journal of Scientific Research, V-20, I-12, PP:2600-2603, 2014.

[8] Sofiene, M., Souhir, C., Yousef, A., & Abdulrahman, A. (2023). Blockchain Technology in Enhancing Health Care Ecosystem for Sustainable Development. Journal of Wireless Mobile Networks, Ubiquitous Computing, and Dependable Applications, 14(3), 240-252.

[9] Song, Lei. "Legal regulation and reflection of public health emergencies in China on the Example of Coronavirus Pandemic." *Problemy Ekorozwoju* 16, no. 2 (2021): 34-40.

[10] Arora, G. (2024). Desing of VLSI Architecture for a flexible testbed of Artificial Neural Network for training and testing on FPGA. Journal of VLSI Circuits and Systems, 6(1), 30-35.

[11] Hodge Jr, James G. "National legal paradigms for public health emergency responses." *Am. UL Rev.* 71 (2021): 65.

[12] Akbulut, G., & Yalniz, Ş. Ç. (2022). Impact of Covid-19 Pandemic on Public Aquariums in Turkey. Natural and Engineering Sciences, 7(3), 260-270.

[13] Villarreal, Pedro A. "Public health emergencies and constitutionalism before covid-19: Between the national and the international." *Constitutionalism under Extreme Conditions: Law, Emergency, Exception* (2020): 217-238.

[14] Gerwin, Leslie E. "Planning for pandemic: a new model for governing public health emergencies." *American Journal of Law & Medicine* 37, no. 1 (2011): 128-171.

[15] Gostin, Lawrence O., and James G. Hodge. "US emergency legal responses to novel coronavirus: balancing public health and civil liberties." *Jama* 323, no. 12 (2020): 1131-1132.

[16] Tanja, M., & Milica, V. (2023). The Impact of Public Events on the Use of Space: Analysis of the Manifestations in Liberty Square in Novi Sad. Archives for Technical Sciences, 2(29), 75-82.

[17] Günther, Christian M. "Legal vs. extra-legal responses to public health emergencies." *European Journal of Health Law* 29, no. 1 (2022): 131-149.