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Disaster Diplomacy: Medicine's role in promoting peace and security

Disaster diplomacy is an evolving concept that broadly considers both the strategies for effective humanitarian intervention as well as the host community political environment that limits or encourages mission success.ⁱ Various definitions of disaster diplomacy exist. Some argue that disaster diplomacy requires the creation of new, formalized state-to-state relations.ⁱⁱ Others support a more grassroots definition that incorporates the important role of local leaders in the diplomatic process. We argue that effective disaster diplomacy should be pursued within the general framework of the *disaster cycle*-mitigation, preparedness, response, and recovery (Figure 1).

The recognition of medicine's power to affect change is not new. In her opening address to the Symposium on Medicine and Diplomacy in the Tropics, The Honorable Angie Brooks, President, The General Assembly of the United Nations stated that, "medicine, like music, is a universal language...[that] permits and promotes international understanding- and international understanding is the way to international peace and security."ⁱⁱⁱ The year was 1970.

Over the subsequent four decades, the international political environment has become exceedingly more complex. Globalization has created a multipolar world defined by regional powers, non-state actors and international corporations. Technological advancement has pulled the world's poor from rural to urban environments and placed new strains on public health systems. And, environmental changes are spurring conflicts over land and water, creating complex humanitarian emergencies that threaten regional and global stability.

Diplomacy- the art and practice of conducting negotiations between representatives of groups- is also evolving. "Diplomacy" has expanded from the antechambers of embassies to dusty fold out chairs in crowded town centers. Increasingly, disaster responders, public health professionals and humanitarian aid workers are becoming de facto diplomats. International examples of disaster diplomacy are myriad (Figure 2). Now more than ever, medicine (disaster medicine in particular) should be viewed as "one of the last, and certainly the finest, untapped resources of international diplomacy."^{iv}

Practitioners of disaster medicine are not strangers to politics or diplomacy. Disaster responders must be negotiators, economists, logisticians, public health experts, and advocates. The increasing frequency of complex disasters also requires that disaster responders understand the implications of their intervention- intended or unintended. Disaster diplomacy offers a framework to examine these consequences.

During the past decade, the concept of disaster diplomacy has gained traction in the medical and political literature. The existing data supporting disaster diplomacy efforts is mixed and suggests that disaster-related efforts may catalyze existing diplomatic efforts but rarely create new diplomatic channels.^v Current research is limited by three main factors. First, the lack of a consensus definition prevents the development of measurable metrics and outcomes based analysis. Second, existing literature primarily focuses on how activities during the *response* and *recovery* phase of the disaster

cycle create new diplomatic channels. Finally, disaster medicine experts have been notably absent in the development of the disaster diplomacy framework.

Disaster medicine specialists are in a unique position to shape the future of disaster diplomacy. Several actions are needed. First, a multidisciplinary working group should be adjourned to draft a tiered, operational definition of disaster diplomacy. This group should include disaster medicine experts, diplomats, security experts, development and aid organizations, and academics. Second, metrics of success and outcomes-based research are critical. These metrics will allow for more effective evidence based planning and response, accelerating the maturation of disaster diplomacy. Finally, disaster medicine experts should consider pursuing formal training in diplomacy and negotiation. Until formal disaster diplomacy training programs exist, efforts such as the Harvard Humanitarian Initiative and schools such as the Tufts Fletcher School of Law and Diplomacy offer opportunities for disaster medicine practitioners to expand their skill set. This training will improve response efforts and facilitate the development of a new ethic of intervention.

Disasters disproportionately affect populations on the margins of society. In these regions, diplomacy is critical to successful disaster response.

Disaster diplomacy offers a unique opportunity to capitalize on the increased engagement of the United States in complex humanitarian emergencies across the globe. The responsible application of disaster diplomacy concepts has the potential to affect change on a broad scale and potentially mitigate future complex humanitarian emergencies.

Figure 1: Disaster Diplomacy and the Disaster Cycle

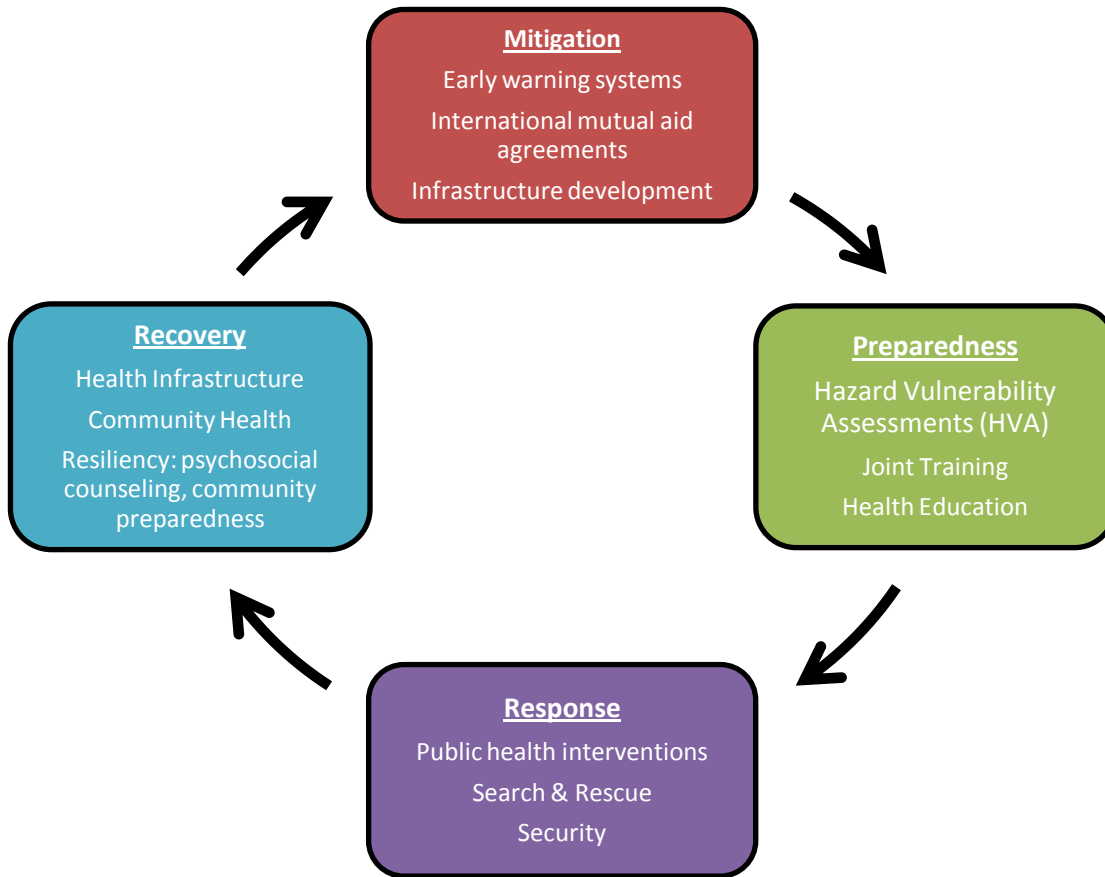


Figure 2: Examples of disaster diplomacy

Country	Year	Action
Cuba	1998	→ Venezuela: Medical exchange for oil
	2005	→ China: Deployment of Henry Reeve Brigade to Sichuan province
Israel	1998	→ Afghanistan earthquake relief
	1999	→ Turkey earthquake relief
Greece/Turkey	1999	→ Joint earthquake response efforts
USA	2004	→ Response to Tsunami in Aceh province, Indonesia

ⁱ Yim ES, Callaway DW, Fares S, Ciottone GR. Disaster diplomacy: current controversies and future prospects. *Prehosp Disaster Med.* 2009 Jul-Aug;24(4):291-3.

ⁱⁱ Kelman I. Disaster diplomacy in Aceh. *Humanitarian Exchange.* 2007; 37:37-39.

ⁱⁱⁱ Brooks A. Symposium on Medicine and Diplomacy in the Tropics. Opening statement. *Bull N Y Acad Med.* 1970 May;46(5):299.

^{iv} Cahill KM. Symposium on Medicine and Diplomacy in the Tropics. Introduction. *Bull N Y Acad Med.* 1970 May;46(5):300-2.

^v Kelman I. Hurricane Katrina disaster diplomacy. *Disasters.* 2007 Sep;31(3):288-309