SAFE HOSPITALS FOR SAFER CITIES

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There are structures, installations, services and organisations which exist in a city that are fundamental pillars to assure its function before but also after a disaster impact. The same way can not extinguish efficiently a fire without an efficient fire system, it is also not possible to avoid the lose of life or have epidemics if there is no efficient health care system designed to face such situations.

It is usual to think that the simple shipment of medical teams with some supplies will solve the health problems that may appear after a disaster. It was learnt from previous disasters that the loss of the physical structure impedes the health personnel from carrying out their work with a minimum of efficiency. Although they are specialised physicians to work in difficult conditions such as war situations, it is virtually impossible that the average medical personnel - nurses paramedics, doctors etc.- could adapt themselves suddenly to an unknown situation. Unfortunately the arrival of foreign medical team have frequently crated a lot of problems even when they have some technical superiority over the local personnel. Language and cultural difference as well as a lack of knowledge of local procedures are the most common ones.

It is too frequently forgotten that health services in the cities rely heavily on administrative system and physical structures as well as on access roads and vital lines. Most of that is under the supervision of the municipalities. As soon as the city starts loosing that infrastructure, health care is also lost or at least will take several months to return to a pre disaster situation. Not to mention the political and economic loss

The solutions to these issues reside in combining the knowledge of different sectors and frequently of different countries.

In terms of disaster reduction, there are three areas which usually "belong' to three different groups of professionals: The first one looks at the structure (columns, beams, etc.); others take care of the non-structural elements (ceilings, water pipes, medical equipment and other equipment for laundry, sterilisation, restaurants, etc .), and the third group takes care of the management (organising medical personnel and services, office worker and administration, budget and finance, supplies such as medical supply, water, energy, etc...).

Up to this decade, most of the efforts were directed towards better organising the response of the hospital (hospital preparedness) in order to limit the loss of lives. If this was a multisectorial effort the initiatives came from the health sector. With the increasing participation of other sectors and professions it becomes everyday more likely that the entire vulnerability of the health institution could be addressed. It becomes more legitimate today than before to have a more holistic approach and hence that the property (structure and non structure) but also that the social vulnerability could be reduced.

In almost all the countries, and especially with the general decentralisation policy, the cities have everyday an increasing responsibility in working together with the health sector to have that overall vision of hospital vulnerability.

Cities should establish strategies for two different situations. The first one for existing hospitals and the second one for either the new ones or the one which will be significantly expanded or modified.

1. NEW HOSPITALS

Due to the great number of functions implemented by a hospital and of the dependence of other sectors, it is not a single person who will be able to look at all the disaster aspects but rather a committee which will

have to be in charge of assuring that the hospital will function after the disaster. This group will not only have to look at the structural and non-structural aspects, but will also have to consider the service that the hospital has to provide after a disaster. In that sense the autonomy of the institution in terms of energy, communications, water, and other supplies is critical and municipalities have a critical role in promoting analysis of vulnerability of all lifelines (water, energy, road access, communication, etc.) and informing the health facilities of the results.

Even without considering the construction of a simple hospital, cities and countries have a huge responsibility in establishing and revising building codes. Most of the existing ones do not fully consider all hazards which could occur and they do not contemplate that some institutions have to be operational after the disaster impact. In addition there are weaknesses in ensuring that the building code is implemented during all phases of the construction. Also by having a better knowledge of the city vulnerability, hospitals would be in a better position to prepare a contingency plan.

2. Existing hospitals

One of the conclusions of the International Conference on Hospital Disaster Mitigation, held in February this year in Mexico, was to recommend that all hospitals at risk complete a vulnerability study. The conclusions of these studies should propose feasible mitigation measures to be implemented by the owner of the hospital.

However, there are a number of qualitative and quantitative methodologies which exist. Several Latin American and Caribbean countries started to assess which ones are the best for their countries. There is a need hence to facilitate the exchange of information between countries.

A similar approach to the one proposed for the new hospital is proposed for existing hospitals and probably for any type of critical facilities. A committee would also have to be set up and integrated by the three groups of professionals looking at the structure, the non-structure and the management. The participation of the cities is advisable with similar preoccupation than for new hospitals and in order to ensure that the town will not be deprived of key health services after a hazard has occurred.

3. Conclusions

Cities cannot survive without safe hospitals and hospitals cannot operate without the support of the city.

Existing hospitals as well as hospitals to be built will have to have a committee integrated by professionals looking at the three main areas: the structure, the non-structure and the management.

Municipalities have direct responsibilities in providing better information to health institutions in terms of the city's vulnerability to hazards.

Building codes are key instruments which in some cases are proposed by the town. This type of initiative has to be encouraged as there is nobody who has more interest in having safe institutions than the ones who is likely to use them.

The cities have the administrative, political and financial mechanisms to follow in order to assure that their hospitals keep operating after the disaster. The effort to be put in by the head of towns should be directly related to the level of risk which is accepted by their inhabitants.

Cities are encouraged to exchange their experience acquired especially in the area of vulnerability analysis and refurbishing methodology.

Hospitals should given greater priority then other buildings considering the emergency services which they must provide in case of disaster, as well as due to the political and economical cost.

4. Questions

I. The cities have reached different levels of mitigation for essential services Some have not started yet. What would be the first three steps to start with?

II. The Pan American Health Organisation is gathering experience on hospital disaster mitigation but also in water distribution system in disaster mitigation, with the objective of diffusing that information to cities and other entities that would be interested.. We would appreciate receive any information and experience of persons who have started that process any place in the world.