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INTERNATIONAL CONFERENCE ON MITIGATION OF DESASTERS IN HEALTH CARE FACILITIES ..

Mr. Secretary of Health, Mr. Chairman, distinguished invited guests, ladies and gentlemen. First, I wish to thank the Government of Mexico for hosting this International Conference on Mitigation of Disasters in Health Care Facilities. It is not only an indication of the traditional Mexican hospitality, but also typical of the advanced thinking in Mexico with respect to the whole topic of disasters. Indeed Mexico has turned some of the tragedies that have occurred as a result of natural disasters into positive advances. I certainly cannot forget the earthquake of September 1985 — it occurred during the meeting of our Directing Council — the losses it produced in spite of the excellent program of disaster preparedness that the Mexican authorities had established. I cannot forget also the firm impression I gained that the effect of that disaster was felt in almost every sector of Mexican life, in places physically removed from the disaster itself and long after the actual disaster had passed. This Conference does not only build on some of the lessons learned in places like Mexico, but it will seek to extend our thinking and widen the debate to include sectors and practitioners that are not usually thought of as being involved in health or disaster management. If you permit me, because there are so many agencies and sectors represented, to reflect first on the development of our thinking in this field and relate it to the interest of the Pan American Health Organization in these matters.

There will be no dissenting voices when I affirm that mankind has always accommodated or adapted to the natural hazards of this planet. It is also true that our history and our religions are full of examples of the measures man took to appease those beings responsible for natural phenomena and to try by many means to predict the occurrence of catastrophic natural events. And since it became a part of our consciousness that we could do less and less to prevent or even predict those events we have accommodated our settlements and many of our practices to adapt to nature.

We are also aware that in modern times mankind has increasingly acquired the technology and the hubris to change the environment. There is intense debate and even political activism with regard to the effect of mankind's activities on macro and micro level changes in the environment. There is no shortage of opinions on the potential mega effects of the changes in climate that can occur as a result of man's actions on an incredibly forgiving planet. But in this Conference we are stepping back and admitting that nature is as it is and we must adapt and can adapt. We are admitting that some of the results of these natural phenomena, unpleasant though they may be, are

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of our own making and can be prevented or the effects softened — hence the mitigation. We are acknowledging that there have always been and will always be natural hazards and these hazards will have different impacts on mankind, depending on the organization of our societies. Our vulnerability is a reflection of our type of societal organizations.

We know that we can calculate the risk to mankind and our habitat once we can predict the hazard and know the vulnerability of our various systems to that hazard. It has taken a long time for many persons to realize and accept that the disaster is really not the hazard itself, but the effect that the hazard has on our various systems. In this Conference we start with the premise that the hazards that concern us most can in some sense be predicted but not altered and ours is the task to reduce the risk by changing the degree of vulnerability.

Coming as I do from the islands of the Caribbean, I am alive to the inevitability of hurricanes. The question in our minds has never been if they will come, it is when will they come and with what intensity. You will excuse me if I recount one of the experiences of my very early childhood which I suppose can be interpreted as primitive mitigation. I recall asking my grandmother why the roof of her house sloped on all four sides. She told me that it was done to lessen the possibility of the roof coming off when there was a hurricane. She told me stories her mother had told her of the great hurricane of 1898 when those roofs that had not sloped were torn off by the gushing winds. I do not know if our islands ever offered technical cooperation in house building!

I do know however that for the past 20 years the Pan American Health Organization has been cooperating technically with the countries of the Americas in the area of disaster management. The starting point of our systematic efforts was probably the earthquake in Guatemala in February 1976 in which 23,000 souls perished and almost 90% of the buildings in the country's mountain district were destroyed or very badly damaged. Thus, it was in 1977 that the Member States, conscious of what could be done that went beyond humanitarian aid, requested the Director to establish a program to help the countries prepare for disasters. The program PAHO established is known as the Emergency Preparedness and Disaster Relief, but since those early days the concept of disaster management has widened considerably and now we believe that we must address the whole continuum of mitigation, prevention, preparedness relief and development.

Mitigation is the theme of this Conference and our interest in this as a proper focus of technical cooperation reaches back beyond the efforts of our program over the past year to mobilize interest and support. It may not be too much to say that it was the collapse of the "torre del Hospital Juárez" in September 1985 that really brought into focus the need for an effort in the area of mitigation. That hospital was well prepared to attend to casualties, it had an excellent staff of well trained professionals, there was a plan and there had been no shortage of the simulation exercises that kept staff ready to deal with emergencies. But, unfortunately, it was vulnerable to the natural hazard. The same lessons were painfully reinforced when an earthquake in El Salvador in 1986 wreaked havoc on two of San Salvador's most prestigious tertiary institutions.

It has not only been earthquakes that have taught us these lessons. In 1989, Hurricane Gilbert struck Jamaica and we estimate that 23 of the country's 25 hospitals were seriously damaged and more than half of the health centers were affected to such an extent that their functioning was impaired for varying lengths of time. Even more recently, Hurricanes Luis and Marilyn produced

similar damage to health installations in other Caribbean islands. As occurred in the case of Mexico the tragedy was not that there was not an appreciation of the risk or that there was not a state of preparedness. It was just that we had not gone far enough back in the chain to which I referred earlier and focussed on mitigation.

These examples I gave could possibly be replicated in the large number of hospitals in Latin America and the Caribbean. We estimate that 40% of the approximately 15,000 hospitals in Latin America and the Caribbean are located in areas with a high risk of being damaged by earthquakes or hurricanes.

The health sector and the countries as a whole cannot allow this to continue. There is sound economic reasoning for a focus on mitigation. It cannot be cost effective to have installations destroyed needlessly before they have completed their useful life — if ever hospitals do complete their useful life. In the construction of new facilities it is appropriate to ensure that measures are taken to so reinforce them that they can withstand hurricanes and earthquakes. The efforts to construct cheaply and rapidly may in the long run be more costly.

There is also a good logistic reason for ensuring that mitigation is taken seriously. It is in the moments of the disaster and post disaster that there is acute need to have the country's health facilities functioning effectively. Indeed, non-functioning of health facilities will itself contribute to the magnitude of the disaster, as spelled out in terms of damage to property and loss of human life. Loss or perceived loss of hospital facilities often prompts Greek gifts of various kinds that, if not actually useless may be at best of marginal benefit.

It is not enough to preach that there must be mitigation efforts. We must be able to show that there is sound scientific basis for these efforts. I am sure that during this Conference you will examine data to show that hospitals that have been retrofitted have suffered less damage than others. We know the appropriate techniques for construction so that buildings are less vulnerable. We have advanced significantly in the past few years in our methods for analyzing the vulnerability of existing buildings. Several of the agencies represented here have dedicated much efforts and many resources in training and development of material as well as in establishing pilot programs in some countries.

This Conference takes place within the International Decade for Natural Disaster Reduction, which as a United Nations initiative has as its main goal that by the year 2000, all countries should include three items in their development plans:

- National evaluations of vulnerability and risks posed by natural hazards.
- Medium and long-term mitigation and prevention plans.

Access to global, regional, national and local warning systems.

If this goal were to be achieved, there would be significant reduction in loss of life, property damage and social and economic disruption caused by natural disasters. The Conference held in Yokohama gave the opportunity for the countries of the world to show what they were doing. It was with some pride that we noted the progress that our Region had made in achieving the goals of

the decade. But this pride should be tempered with the reality of appreciating how much more remains to be done to stimulate public and political awareness of the need to plan for dealing with disasters as an important part of the national plans for enhancing human development.

It is when we view these activities as part of the efforts of the health sector to address the real dimensions of human development that I can safely and surely locate the role of PAHO as a development agency that cooperates technically with its Member States and facilitates the cooperation among themselves.

Some of you may not know that the Pan American Health Organization is the oldest international health organization in the world. It has grown and developed from being an agency that collected and disseminated statistical data on health to one that sees health in its widest dimension and cooperates with Member States in a multiplicity of ways. We believe that health is an integral component of human development and a sensitive indicator of that development. Our technical cooperation seeks to stimulate the health sector to be the indicator of the kind of intersectoral approaches that are necessary for the benefit of all sectors and not only health.

Thus, we seek to show the relationship between health and the economic situation of our countries, that health and education must go together for the improvement of our people's life chances. Health is linked with the micro and macro environmental changes we see occurring and it can also be an instrument for facilitating the respect for human rights.

Many of these linkages among sectors, are essential for work in disaster management as I would define the broad continuum I have mentioned before of mitigation, prevention, preparedness relief and development. The lead taken by the health sector in this is perhaps a reflection of the fact that it is the effect of disasters on human life and health that has caught and will always catch the imagination. But we must involve the education sector so that information of disaster becomes a part of the corpus of knowledge that all citizens should have.

I am pleased and very grateful to note that this Conference has the participation and sponsorship of many agencies. This field is so wide that no single agency can cover it all. Interagency collaboration is especially welcome in these days that are increasingly troublesome for the international organizations. I hope that PAHO can continue in this and in other areas to provide a theme and a focus for such collaboration. It is also good to see representatives from other countries and bilateral agencies and I must thank you also for your participation.

Mr. Chairman, with such a talented group of participants, I have no doubt that the Conference will achieve its major purpose of recommending *medidas de mitigación para terremotos y huracanes en el diseño, construcción, reforzamiento y mantenimiento de las instalaciones de salud*. The fact that the Conference is actually taking place is evidence of the realization of a secondary but equally important purpose of demonstrating that there are many people prepared to work together in this important field. And I know that for many of them this goes beyond institutional responsibility or technical work and is a demonstration that they care and perhaps in some oblique way accept that indeed we are our brother's keeper.

I thank you for your attention.

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