

Medical Aspects of the Civil Protection In Mexico City

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Mexico City is settled in an area of 1,600 km². It has a population of 7,818,383 inhabitants. Also, it is the headquarters of the governmental institutions for Mexico. On the other hand, it is the economical and financial heart of the nation.

From a civilian protection point of view, major cities have been conceptualized as human settlements that in a susceptible progressive way, can be overtaken by its regulatory systems. Because of its population number, distribution area; vital and strategic systems demand centralization of the political, economical and administrative authorities, etc. Mexico City adjusted clearly to this point of view, since the federal government headquarters are located in it and it is considered the economical and financial heart of the nation.

- a) The age group 14–44 years old represents 53.2% of total population; followed by 5–14 years old (18.4%), and 45–64 years old group (13.8%). Most of the Social Security (Medic Aid) is provided by the state. This is related to the high costs of private insurance. 53.7% of the population receive some medical aid, and the rest do not have this benefit. In relation to the capacity to respond to massive numbers of ill and/or injured patients, Mexico City has different level hospitals that belong to a different medical aid or programs at the national level. The most important are those contained in IMSS and ISSSTE for workers only; and open population service of the local and federal Health Ministry.
- b) The epidemiological transition derived from poverty through those typically found in industrialized countries has not been limited; other sufferings such as respiratory and gastrointestinal infections continue to be important morbidity factors. Related to the vigilance of the epidemiological and environment sanitation, international experience show that it only will be possible to have a good epidemiological, post-disaster control, when an efficient system has been established for routine situations. In this way, Mexico owns a National System for Epidemiological Surveillance that has demonstrated effectiveness. In the recent past, rains, which occurred in different states in the Center and South of the Country, left >256,000 persons homeless, but there were no signs of any epidemic. Of the 3,544 hospitals in Mexico City, none have achieved the certification given by the OMS in the Secure Hospital Program. No medical or nursing schools (except the military) teaches disaster prevention and intervention. Finally, activities for management and disaster control such as prehospital services virtually are unknown. Routinely, 502 patients are attended every hour in the Emergency Rooms in the Mexico City hospitals. To date, the Civil Protection General Direction coordinate with the local Health Ministry of Mexico City proposed the creation of a State

Emergency System that contains operational, legal, and academic matters.

c) Needs

Operational — 1) Creation of a unique emergency operations center; 2) Medical and prehospital services regionalization; and 3) Logistic and administrative support to pre-hospital.

Legal — Law enforcement to regulate emergency medical services in Mexico City.

Academic — The creation of map that shows alternative academics in medical emergency and catastrophe medicine and civil protection.

Related to coordination among the different emergency services, the Medical Direction of the Civilian Protection General Direction has proposed in many forums, adaptation of the U.S. Incident Command System. This model has been designed to improve the responses to all kind of emergencies. We believe that the establishment of this model will allow us versatility to attend to different magnitude emergencies and variability of resources. In addition, it is compatible with more specific systems. Finally, the Civilian Protection General Direction must break through the paradigm of isolated emergency care in order to emphasize a culture of prevention through: 1) developing excellent systems for providing routine care; 2) clearing politics and procedures for routine situations; and 3) changing the capacity for routine care. We are convinced that disasters aren't natural; they are the result of natural phenomena presented over vulnerable human settlements (population), and that vulnerability can be reduced. Also, bi-directional relations, in a way that enhances the capacity of a population to respond to a disaster, will be more efficient in routine situations. And, the more efficient routine situations are managed, the less will be the impact of disasters. We understand that Medicine from Civilian Protection point of view is the science, art, and techniques to preserve humanity and to avoid the individual and social hosts.

Keywords: disaster; emergency; incident command system; development; medical care; Mexico City