

**If we recall the proverb that says “doctors also die,” we can also easily understand that hospitals can get sick**



Even a brief review of the adverse events of recent years should be enough to remind us that natural phenomena in our region have on many occasions left health care facilities non-functional, even when not badly damaged.

The history of the Safe Hospitals Initiative goes back to the year 1985 in Mexico, when the earthquake, in September of that year, resulted in the loss of 25.2% of hospital beds (4,387 out of 17,406). That event was the catalyst to begin work on this issue, which was formalized in an international conference in 1996, when the countries of the region committed themselves to adopting policies to reduce the vulnerability of hospitals.

Several events over these 27 years have reminded us how hospitals can get sick and die as the result of volcanic eruptions, earthquakes, floods, and other disasters, as has happened in El Salvador, Chile, Peru, Colombia, and Haiti, among others.

Looking back, it is very important to note how much has been accomplished, but also how much still remains to be done. Just as the medical sciences have increased their technical capacity in early diagnosis and detection of pathologies that were previously incurable, hospitals now have a tool –the Hospital Safety Index– to move towards planning their response to an adverse event and adopting measures in time to have effect. What is important is that there can be no treatment without diagnosis.

The countries of the region have started the process of evaluating many of their health installations, some of high complexity, others of medium or low complexity. Moreover, they have started processes to strengthen structures, improve architectural conditions or vital supply lines, or simply to have good hospital plans. The most important point for the countries and their health authorities is that we are now capable of making diagnoses of hospital safety.

It is no secret for anyone that the health sector has financial problems. But without the planning required for action, supported by clear public evaluations, it will never be possible to obtain adequate resources from ministries of economy, finance, or planning. In that case, hospitals will continue to be like patients without diagnoses, with no alternative to suffering injuries and becoming ill when disasters occur.

The opportunity to make diagnoses of hospital safety has been created, and many countries have already set an example of their usefulness by making the diagnoses and sharing them with the authorities and communities. This has made it possible to reach mutual and comprehensive agreements to improve the health of service-providing installations, particularly those needed for coping with disasters.