

EDITORIAL

Diego Herrera R.

Saludesa Ecuador

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Ecuador's history has been riddled with periodic earthquakes. The largest was 8.3 magnitude in 1797, which caused the total destruction of Riobamba, with damage reaching the center of the country. Since the Geophysical Institute has been in existence, more than 20 earthquakes have been recorded in the last 100 years. The most recent was in April 2016, an earthquake of 7.8 magnitude, affecting the provinces of Manabí and Esmeraldas. (1)

The common belief about natural disasters is that they produce great mortality, and are followed by outbreaks of epidemics and famines, leaving the survivors totally at the mercy of external relief. The dominant theoretical epidemiological framework uses the simple algorithm Risk = Vulnerability. (2)

The emphasis is on recognizing that the epidemiological profile and the consequences of the catastrophe vary according to the socio-economic and cultural context in which they occur. The greatest risk in the face of these catastrophes is found in low and middle-income countries. Therefore, the recommendation is to mitigate the effect of disasters through a collective awareness of prevention and considering these disasters to be part of a public health problem.

We can all agree that natural disasters expose the overall and everyday health problems in the area where the disaster occurs. This effect, called «visibility effect» can also be used for the health system, the social system, and the family system of the affected population. (3)

The aforementioned 7.8 magnitude earthquake in Pedernales resulted in 4,600 injured people, most of whom were rescued and treated in the first hours by the residents themselves. Then a mixed public-private network was successfully activated to transport the wounded to hospitals the next day.

The whole country was mobilized to support the victims, which looked like the first time there was a national spirit of solidarity. The spirit unfortunately lasted less than even the earthquake aftershocks. After the earthquake there was no epidemic. What did occur was a demand for attention to chronic degenerative diseases that were under-attended for many years.

The need for food, clothing and shelter, and primary health care created by the disasters was not absolute. The shelters were disappearing as the aftershocks diminished. (4)

The population used social networks as the first and the most important way of disseminating information about the earthquake.

In this issue, we present two works that address how families lived through and overcame pain and suffering in the face of the material and human losses caused by this natural disaster.

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