

OTIS EMERGENCY RESPONSE



SIX MONTH
REPORT



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MEDICAL IMPACT

WHO ARE WE?

Medical IMPACT is a non-profit, non-political, and non-religious Non-Governmental Organization actively working to reduce the existent gap regarding health service's accessibility directly on the field, promoting teamwork in natural disaster situations and communities with few available resources. It also provides medical equipment and medicines, does prevention campaigns, and offers the highest medical attention standards for people with the most worrying necessities. Our projects create a prevention culture while educating and creating personal continence for voluntary staff on-field for primary attention to health, including acute, chronic, and infectious illnesses.



Our work tries to correct social structures, attending to the need to bring firsthand multidisciplinary services to give the correct steps to achieve Universal Health Coverage, especially in regions where the Human Development Index is low or really low in critical populations.

SDG ALIGNMENT

In Medical IMPACT, our objectives and projects align with the 2030 Agenda by the United Nations (UN), mainly with the **third Sustainable Development Goal: Ensure healthy lives and promote well-being for all at all ages.**

Among the goals we aim to achieve are:

- **3.3** By 2030, end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other infectious diseases.
- **3.4** By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.
- **3.8** Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
- **1.5** By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters.



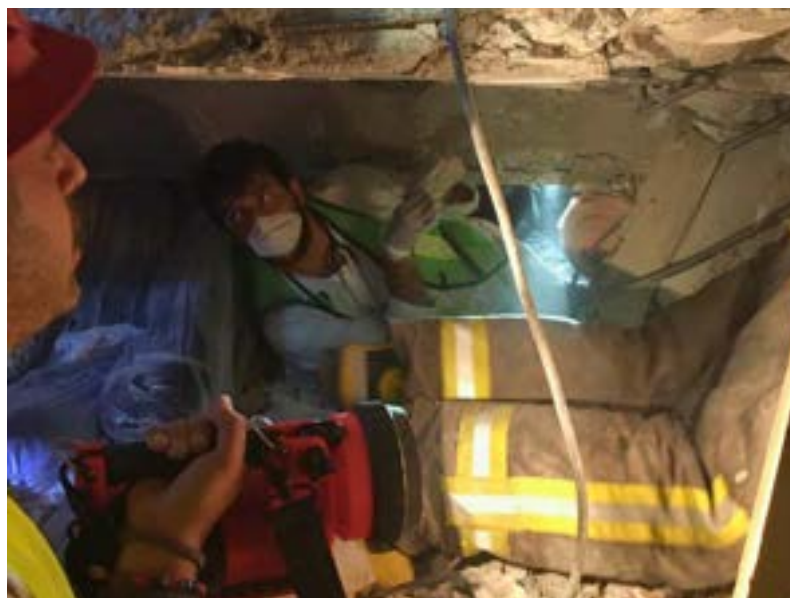
This project required and had its present reach thanks to the collaboration between the private sector, the public sector, community leaders, and NGOs, achieving multisector solid alliances.



IMMEDIATE ATTENTION EXPERIENCE IN EMERGENCIES BECAUSE OF DISASTERS

Medical IMPACT has had an impact in several national and international emergencies, such as:

- Mexico City's earthquake. **2017**
- Eruption of the Volcán de Fuego in Guatemala. **2018**
- Haiti's earthquake. **2019**
- Attention in war-affected areas on the Colombia-Venezuela border. **2020**
- Response during the COVID-19 pandemic. **2020 - 2021**
- Response to Hurricane Otis in Guerrero. **2023 - Actual**





CONTEXT Hurricane Otis

Nearly six months after Hurricane Otis made landfall, it's easy for our memory of the event to have faded, which is why a recap of the events surrounding that fateful day is essential.

Sunday, October 22, 2023, was like any other day for Mexicans. The National Meteorological Service of the National Water Commission (CONAGUA) and the National Hurricane Center in the United States monitored the formation of a tropical depression in the Pacific Ocean. Both were closely watching this phenomenon as satellite information indicated its strengthening.

By the morning of Monday, the 23rd, there were already warnings of heavy rains due to Tropical Storm Otis, a situation not unfamiliar but concerning for the people of Guerrero. By midday, Otis had escalated to a Category 1 hurricane.



The hurricane grew from category two to category four in just a few hours, announced by CONAGUA, who predicted it would grow to category five before arriving at Guerrero's coast. Nevertheless, it grew before it was predicted, at 9:00 PM on Tuesday, October 24th, 2023.

According to the Saffir-Simpson scale, which uses wind speed and damage, Category five is the maximum stage a hurricane can achieve.



As if the hurricane could read the warnings emitted by authorities, it was faster than predicted times. It was supposed to arrive between 4:00 and 6:00 AM. Still, it surprised Acapulco's Bay at 12:25 AM on Wednesday, October 25th, 2023, with wind gusts that reached 270 Km/h (165 mph), faster than a NASCAR car.

It is easy to read these numbers. Nevertheless, this colossal natural phenomenon broke records, such as being the strongest hurricane in the Mexican Pacific and being the fastest-growing hurricane in the northwest Pacific, according to the National Aeronautics and Space Administration (NASA).

What happened in Guerrero?

On Monday, October 30, 2023, Guerrero was declared to be in a 'state of emergency,' with the official report including the municipalities of Acapulco and Coyuca de Benítez.

According to UNICEF, approximately **273,844 homes** were damaged in rural and urban areas, and more than **4,500 hectares** of coastal areas suffered landslides and flooding.

Additionally, 50 people lost their lives because of Hurricane Otis, according to official data. Fifty lights extinguished, no longer among us; that was the toll it took—a cost whose figure doesn't measure the height of their worth.

In its wake, the hurricane created a health crisis that overwhelmed the capacity of healthcare systems, both due to damage to hospital infrastructure and the loss of supply chains and public services, leaving the population without access to care.



ANSWER

Phases



Based on what happened in Guerrero, Medical IMPACT, as a national example of humanitarian medical attention, activated its national disaster attention program, DISPATCH PROTOCOL, under the coordination of Dr. Karina Hernández Bravo.

The answer phases in this program are:

- PHASE 1. Immediate attention.
- PHASE 2. Early recovery and response to the health crisis.
- PHASE 3. Strengthening the healthcare system for long-term recovery.

Throughout the various phases of this project, the following was undertaken:

- Multidisciplinary health attention.
 - General medicine
 - Psychology
 - Physiotherapy
 - Nutrition
 - Certain medical specializations
- Diagnosis aids.
 - Electrocardiogram (EKG)
 - Portable Ultrasound (USG)
 - Spirometry
 - Glucometry
 - Rapid HIV and syphilis tests
- Vaccines



- Free medications address the loss in the supply chain and various emerging issues.
 - Medications for chronic-degenerative diseases
 - Antibiotics (essential for addressing potential outbreaks secondary to overcrowding and lack of hygiene measures)
 - Deworming medication (necessary due to the loss of supply of clean water)
 - Vitamines and electrolites



Where were we?

Our attention area was focused on the central municipalities affected by the hurricane, which includes Acapulco de Juárez and Coyuca de Benítez.

ACAPULCO

With a territorial extension of 1882.6 km², it represents almost 3% of the total area of the state of Guerrero. According to official figures, it has a total population of 810,669 inhabitants, of which 67.1% belong to the working-age population (12-64 years old).

Its two main economic activities are retail sales, with 11,722 establishments, and services (mainly tourism), with 5913 registered establishments. It is the state's most important tourist center.

According to INEGI, the indigenous population makes up 1.42% of the total population (8,141 people). This group speaks Náhuatl and Mixteco, and its main economic activities are agriculture and selling handicrafts in the port.

1.-Gobierno del Estado de Guerrero (2024). Available in: <https://www.guerrero.gob.mx/municipio/acapulco-de-juarez/#:~:text=Extensi%C3%B3n%20territorial,que%20lo%20limita%20al%20sur>.



WHERE WERE WE?

COYUCA

According to official 2020 figures, it has a territorial extension of 1,809 km² and a population of 73,056. Nearly 30% of its population is under 20 years old.

The economically active population represents 62.8%, with an average monthly salary of MXN 3,670. Its primary economic activity corresponds to agriculture, followed by sales and trade.

In order of prevalence, 0.43% of its population (315 people) speaks at least one indigenous language, including Mixteco, Tlapaneco, Amuzgo, and Náhuatl.

38.3% of its population is in moderate poverty, and 27.3% in extreme poverty. Additionally, 25% have social deficiencies, including a lack of access to health services.

1.- Data México (2024). Available in: <https://www.economia.gob.mx/datamexico/es/profile/geo/coyuca-de-benitez>



Source: https://alternopedia.fandom.com/es/wiki/Coyuca_de_Ben%C3%ADtez?file=Mapa_de_Coyuca_de_Ben%C3%ADtez.png

WHERE WERE WE?

CDMX

We set up two specialized medical supply collection centers, which have helped us deliver more than 3,792 medications in these six months of work.

We conducted training sessions, such as "Introducción a las emergencias y desastres," for volunteers and healthcare professionals at least once before each brigade.

We received support from the community through cause-related events.

“¿QUÉ PUEDO DONAR?”

MEDICAL IMPACT
IMPACTING THE PRECARIO ECONOMY

Centro de Acopio
Valle de Bravo #25, La Loma, Tlalnemex, S4070, Tlalnepantla de Baz, Mex.

Centro de Acopio
Gobernador José Guadalupe Covarrubias #78 Col. San Miguel Chapultepec, Alcaldía Miguel Hidalgo.

Horarios:
Lunes a Viernes de 09:00 hrs a 18:00 hrs
Sábado y Domingo de 09:00 hrs a 16:00 hrs

Horarios:
Lunes a Viernes de 08:00 hrs a 18:00 hrs
Sábado y Domingo de 09:00 hrs a 15:00 hrs

INSUMOS:

- Gasas
- Alcohol
- Talco
- Enterogermina
- Baño coloidal
- Solución Salina al 0.9%

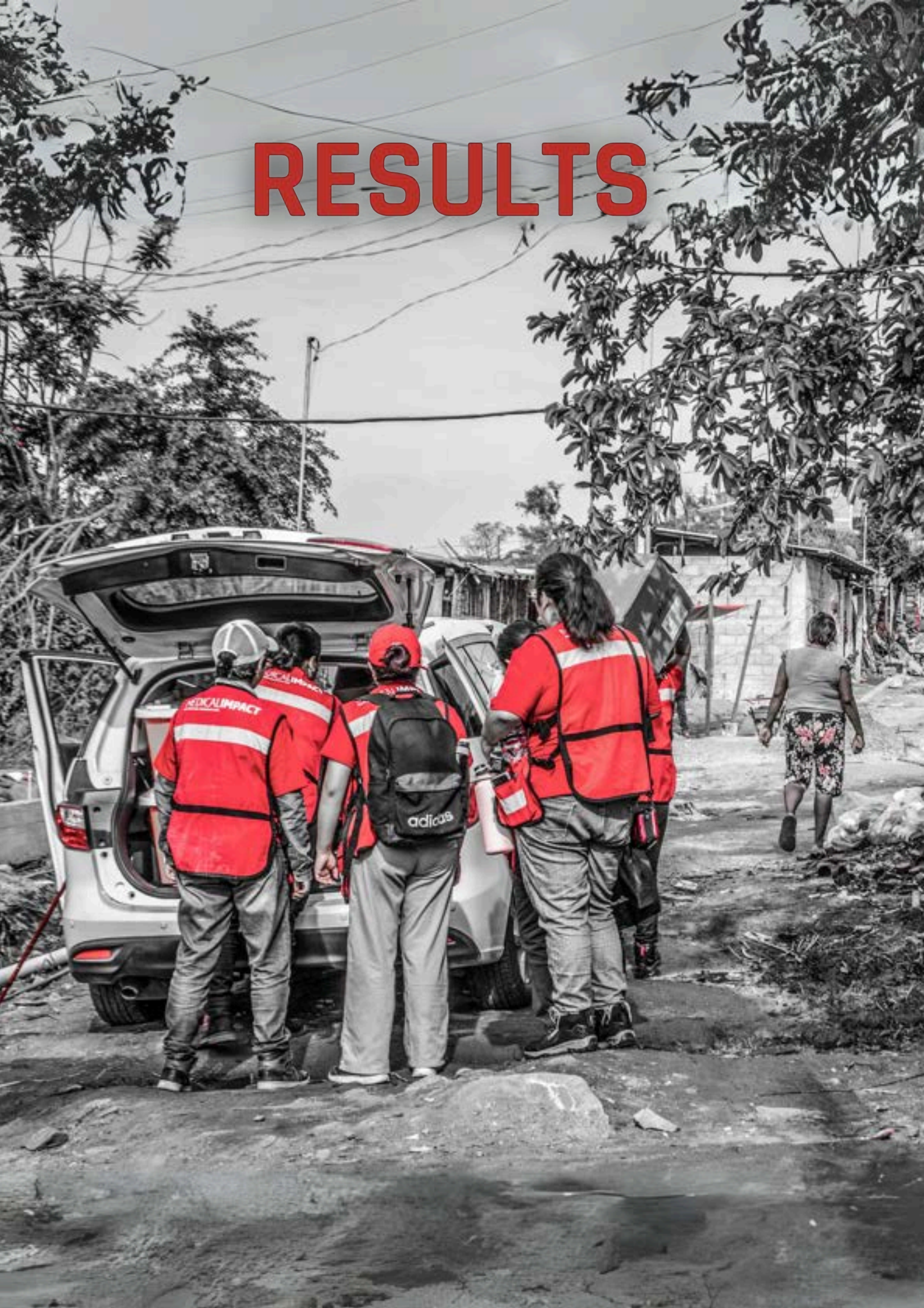
San Miguel
Edición Navideña
En apoyo a Guerrero

MEDICAL IMPACT

EXERCIÓN SAN MIGUEL



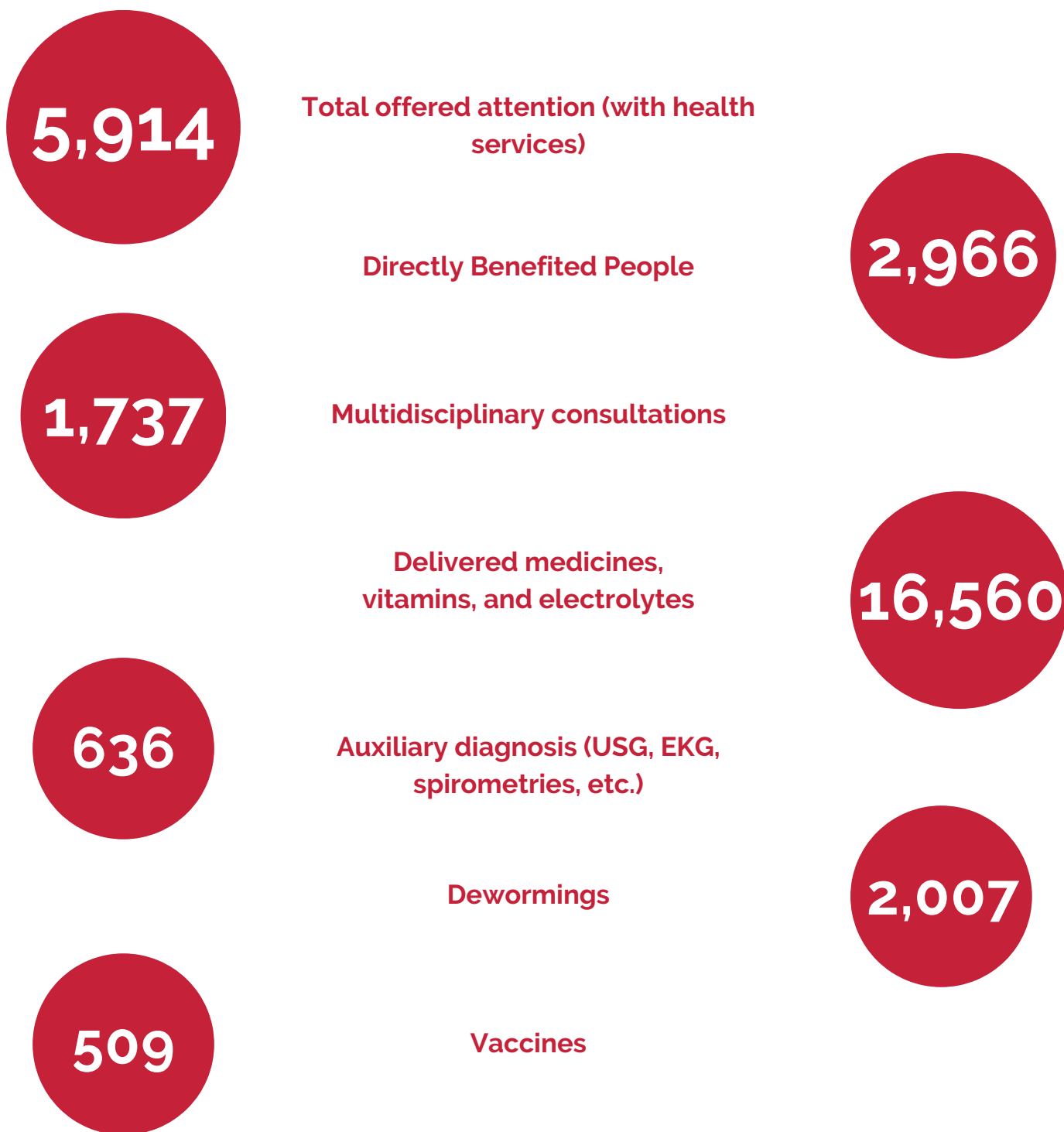
RESULTS



GENERAL REACH

WHERE ARE WE SIX MONTHS AFTER OTIS?

After six different interventions, our reach had positively impacted people's lives. Proof of this is our attention data:



Due to the nature of some illnesses, without proper care and follow-up, they can lead to severe consequences such as disability, worsening health conditions, or irreversible sequelae. Fortunately for them, **we arrived in time.**

897

Individuals who, without our intervention, could have experienced significant consequences



GENERAL REACH

MEDIA COVERAGE

Several national and international media outlets managed to convey the message of support to the communities in Guerrero affected by the passage of Hurricane Otis, giving visibility to the work we have been doing. Some of the most widely covered notes are as follows:



NMAS

<https://www.nmas.com.mx/foro-tv/programas/sabados-de-foro/videos/medical-impact-brigadistas-atienden-afectados-huracan-otis-guerrero/>



Courthouse News

<https://www.nmas.com.mx/foro-tv/programas/sabados-de-foro/videos/medical-impact-brigadistas-atienden-afectados-huracan-otis-guerrero/>

World Europe US Americas Asia Australia Middle East Africa Inequality Global development

Southern frontlines:
Latin America and the
Caribbean
Global development

This article is more than 4 months old

A tale of two cities: a month after Hurricane Otis, Acapulco exposes gaps in disaster response



A month after Hurricane Otis struck Acapulco, a woman looks at clothes washed with water collected from a well, in the district of Colonia Puerta del Sol. Photograph: Raquel Cunha/Reuters

schools were also closed, leaving people preoccupied with the economy and their health. The hurricane had pulled the roofs off their houses and destroyed the beach restaurants they depend on. Queues of people snaked out of a basketball court repurposed as a triage centre.

Nicolás González Morales, a community leader, said it had taken a week for any supplies to be delivered after the hurricane and 18 days for electricity to be restored.

"In those first weeks, we had to sleep outside because of the heat, battling mosquitoes." González gestured towards the queues. "You can see how much help we still need. There are lots of people with diarrhoea, fever, dengue."

The hurricane destroyed many health centres in rural communities and others are closed due to a lack of staff and supplies. NGOs like **Medical Impact** have stepped in. Gabriel Sánchez, its medical manager, said people were losing control of chronic conditions like diabetes and hypertension, catching stomach infections from bad water and food, and that mosquitoes were flourishing in the water-filled streets. In one room at the makeshift clinic, a doctor performed an ultrasound on a heavily pregnant woman.

The Guardian

<https://www.theguardian.com/global-development/2023/nov/29/hurricane-otis-mexico-acapulco-disaster-response>

EL PAÍS

México

Suscribirse

agua y comida en otros centros más en llegar a las colonias más céntricas y hasta una semana en las comunidades más alejadas. [En otros puntos la ayuda todavía debe llegar en helicóptero](#) porque no se han arreglado los accesos.

El huracán dejó a casi un millón de personas sin electricidad, sin suministro de agua, sin agua potable ni comida, sin gasolina ni conexión a internet. Es el marco perfecto para la propagación de enfermedades. "Eso se llama desastre secundario. El primario fue el huracán, pero el huracán además de causar pérdida de vidas, corta el suministro de agua potable y la electricidad de la refrigeración de alimentos. Entonces en estos asentamientos la gente empieza a tomar agua de los ríos, se infecta de parásitos, por ejemplo", explica Giorgio Franyuti, director de la ONG **Medical Impact**.

El País

<https://elpais.com/mexico/2023-11-05/mexico-se-enfrenta-a-su-gran-huracan.html>

Direct Relief Equips Doctors Providing Care After Hurricane Otis

With more than 100 hospitals and clinics damaged due to the storm, volunteer doctors are bringing care to the community



Direct Relief

<https://www.directrelief.org/2023/10/direct-relief-equips-doctors-providing-care-after-hurricane-otis/>

RESPONDING TO HURRICANE OTIS IN ACAPULCO

A week after Hurricane Otis, a powerful Category 5 storm, made landfall in Acapulco, Mexico, at least 58 people are still missing, according to the Mexican government. So far, 46 people have been confirmed dead. Hurricane Otis is the strongest hurricane to hit Mexico's Pacific Coast in recorded history, recording winds of up to 165 mph.

With assistance from FedEx, Direct Relief pre-positioned three emergency health kits in Chilpancingo Guerrero, Mexico, and 53 field medic packs, filled with medical essentials needed for care outside of clinic walls, with health providers on the ground, prior to Hurricane Otis's landfall.

Since then, additional supplies have been sent to the affected region to aid first responders in their search and rescue efforts and to support the work of other healthcare staff in the wake of the hurricane.

In addition, Medical Impact, an organization that Direct Relief supported last week with a \$25,000 emergency operating grant, deployed 12 doctors to Acapulco this week to provide medical care in the area. Field medic packs and an emergency health kit, which contains medical essentials commonly requested after disasters, are outfitting the medical providers during their trip.

Relief Web

<https://reliefweb.int/report/world/operational-update-response-hurricane-otis-continues-mothers-receive-care-maui-and-more>

Males respiratorios, infecciones estomacales y heridas con riesgo de **septicemia**, los **problemas médicos urgentes** que enfrenta la población afectada por el **huracán Otis** en **Acapulco** y sus comunidades circundantes, constataron brigadistas de **Medical IMPACT**.

Te interesa: Calentamiento de los océanos provocará más huracanes como Otis en los próximos años

El equipo de profesionales **médicos** se trasladó al estado de **Guerrero** para proporcionar servicios esenciales y apoyo a los afectados por el **huracán**, y su trabajo en el terreno sacó a la luz el papel fundamental de la ayuda especializada en los esfuerzos de recuperación

MSN

<https://www.msn.com/es-mx/salud/noticias-medicas/diab%C3%A9ticos-damnificados-por-otis-corren-grave-riesgo-por-malas-condiciones-sanitarias/ar-AAIjuoZz>

Unidos por Ellos en apoyo a la población de Guerrero por el Huracán Otis

Corresponsables es parte de la campaña solidaria que congrega a más de 150 empresas, OSC's, organismos empresariales, medios de comunicación, fundaciones, academia y sociedad en general para unir esfuerzos a favor de Guerrero.

Última actualización: 29 de enero de 2024

Compartir 6 minutos de lectura

Corresponsables

<https://mexico.corresponsables.com/actualidad/unidos-por-ellos-en-apoyo-a-la-poblacion-de-guerrero-por-el-huracan-otis/>

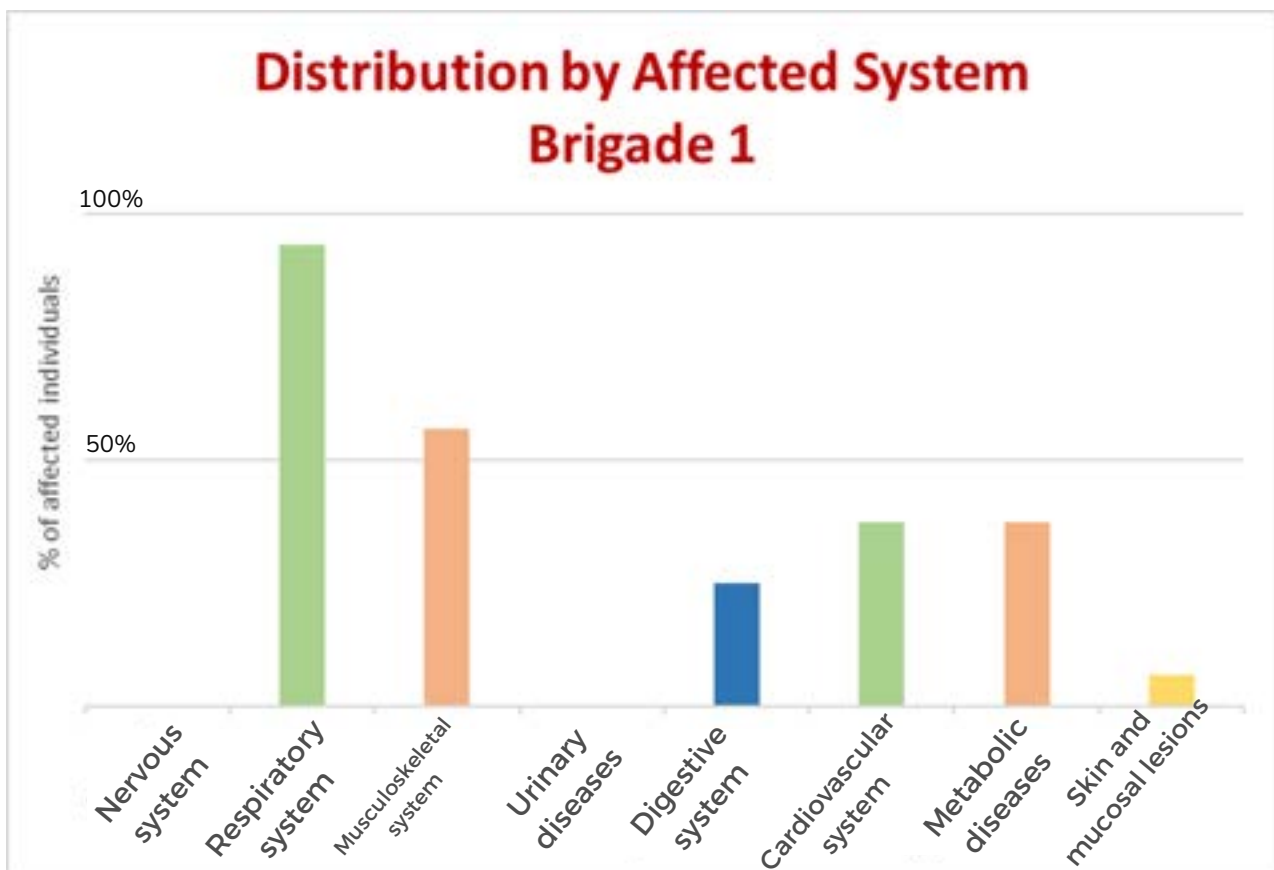
BRIGADE RESULTS

First brigade (Phase 1: immediate attention)

This phase helped us to get to know the population and their needs. It showed us a confused Guerrero after a disaster never seen by the population, a state plunged into mud and debris that required urgent help. Faced with the emergency, we brought general physicians who could assess health needs.

Individuals assisted through General
Medicine consultation

303



Graph 1. "Distribution by Affected System Brigade 1". Own creation. The percentages sum to more than 100%, as one person may have more than one affected system.

In Graph 1, we can observe that most people were affected in their respiratory system, with acute infections being the most common (a common situation after a disaster), followed closely by the percentage of people affected in their musculoskeletal system. In the pathologies included in this category, we found fractures, sprains, and strains, among other situations with chronic evolution. It is worth mentioning that the skin and mucosal lesions were all caused by sharp wounds generated during repair and debris removal work.



First brigade Visited communities

During the first brigade, we visited diverse communities, all seriously affected.

ACAPULCO

**Colonia Ampliación
Cardenista**

COYUCA DE BENITEZ

Ejido Viejo

Yetla



Emergency flight for Insulin delivery

An emergency flight was conducted with Edificate AC's support to deliver insulin to inaccessible areas after the hurricane. This ensured that this vital medication was administered immediately when the population needed it most.



BRIGADE RESULTS

Second brigade

We returned with more than 1,300 offered consultations, better prepared, with medicines, deworming medicines, vaccines, and diagnosis aids.

1,301

Offered consultations



Second brigade

432

Dewormings

Delivered medicines

320



Second brigade

509

Vaccines

130

Diagnosis aids



Second brigade Visited communities

COYUCA DE BENITEZ

Colonia Zumpango

Espinalillo

Colonia Emiliano Zapata

ACAPULCO

Barra Vieja

La Zanja

Bonfil

BRIGADE RESULTS

Third brigade

From this phase, we got to bring various multidisciplinary equipment to adapt ourselves to the detected on-field necessities.

663

Offered consultations



Third brigade

421

Dewormings

8,501

Medicines and
electrolites



Third brigade

79

Diagnosis aids



Third brigade Visited communities

ACAPULCO

Colonia Nuevo Horizonte

Colonia San Isidro

Pie de la Cuesta

El Salto

COYUCA DE BENITEZ

Casitas de Colores

Colonia Lázaro Cárdenas

Guamuchito

BRIGADE RESULTS

Fourth brigade

906

Offered consultations



Fourth brigade

5,078

Medicines, vitamins,
and electrolites



333

Dewormings



Fourth brigade

104

Diagnosis aids



Fourth brigade

Visited communities

ACAPULCO

Valle de las Flores

El Salto

Llano Largo

COYUCA DE BENITEZ

Colonia Lázaro Cárdenas

Los Cimientos

Guamuchito

BRIGADE RESULTS

Fifth brigade

805

Offered consultations



Fifth brigade

234

Dewormings

894

Delivered medications



Fifth brigade

202

Diagnosis aids



Fifth brigade

Visited communities

COYUCA DE BENITEZ

Tepetixtla

Rancho el Santo

Pueblo Viejo

Las Lomas

BRIGADE RESULTS

Sixth brigade

1936

Offered consultations



Sixth brigade

587

Dewormings



Sixth brigade

1,386

Delivered medicines
and vitamins



Sixth brigade

121

Diagnosis aids



Sixth brigade

Visited communities

COYUCA DE BENITEZ

Pueblo Viejo

Atoyaquillo

Rancho el Santo

Fuerte Emiliano Zapata

WHAT DO WE SEE IN A BRIGADE?

Without a doubt, each brigade is a different experience. Different stories are heard, new faces are seen, changing challenges are faced, and new lessons are learned. However, we can always notice:

EMPATHY



COMMITMENT



DEDICATION



PROFESIONALISM





ENTHUSIASM

TEAMWORK



AN EXPRESSION OF LOVE



AND BROTHERHOOD

CHALLENGES AND SOLUTIONS

Axes

We faced various challenges along the way. One of the first challenges was the accessibility to the disaster area. Communication routes were closed due to debris from houses and trees, roads were lost due to flooding, mud with a height of up to 1 meter, and a loss of electricity, preventing passage and continuity of the cold chain. **Thanks to the population's organization, the roads were gradually cleared of obstacles without the government's or agency's support. Additionally, thanks to various donations, we strengthened our equipment to address the need for more electricity.**





Crime

Another challenge was the presence of crime, insecurity, and organized crime that controls the area and does not allow access to specific populations. Curfews were in place, restricting free movement between 6 a.m. and 6 p.m., thus reducing the available time for assistance. **Through the support of community leaders, we obtained safe conduct to access and operate in the communities.**

Access

Likewise, travel times are lengthy due to the distance and the type of roads, mostly dirt roads. These roads can only be accessed with the necessary experience or the appropriate type of vehicle. **The displacements and the locations where bases were established were organized with the support of community leaders. They facilitated our stay within the more remote communities, allowing us to optimize the assistance times.**





Spaces

Upon arrival, more suitable and dignified space was needed to provide medical services, as many of the available spaces lacked roofs or walls, which had been torn off by the winds or washed away by the water. **Spaces were gradually enabled and rehabilitated together with the population. Once the communities began to spread the effectiveness of our services, enthusiasm for offering us space and supporting us in setting up the services also spread.**



Acceptance

Another critical challenge is people need to gain knowledge about the available multidisciplinary services. This made it difficult for them to accept receiving care because they did not understand the importance and function of other areas of health. There was resistance to receiving these services, such as psychology, nutrition, and physiotherapy. **To address this challenge, healthcare professionals offered face-to-face or group explanations about the services provided, their benefits, and the problems they could address.**

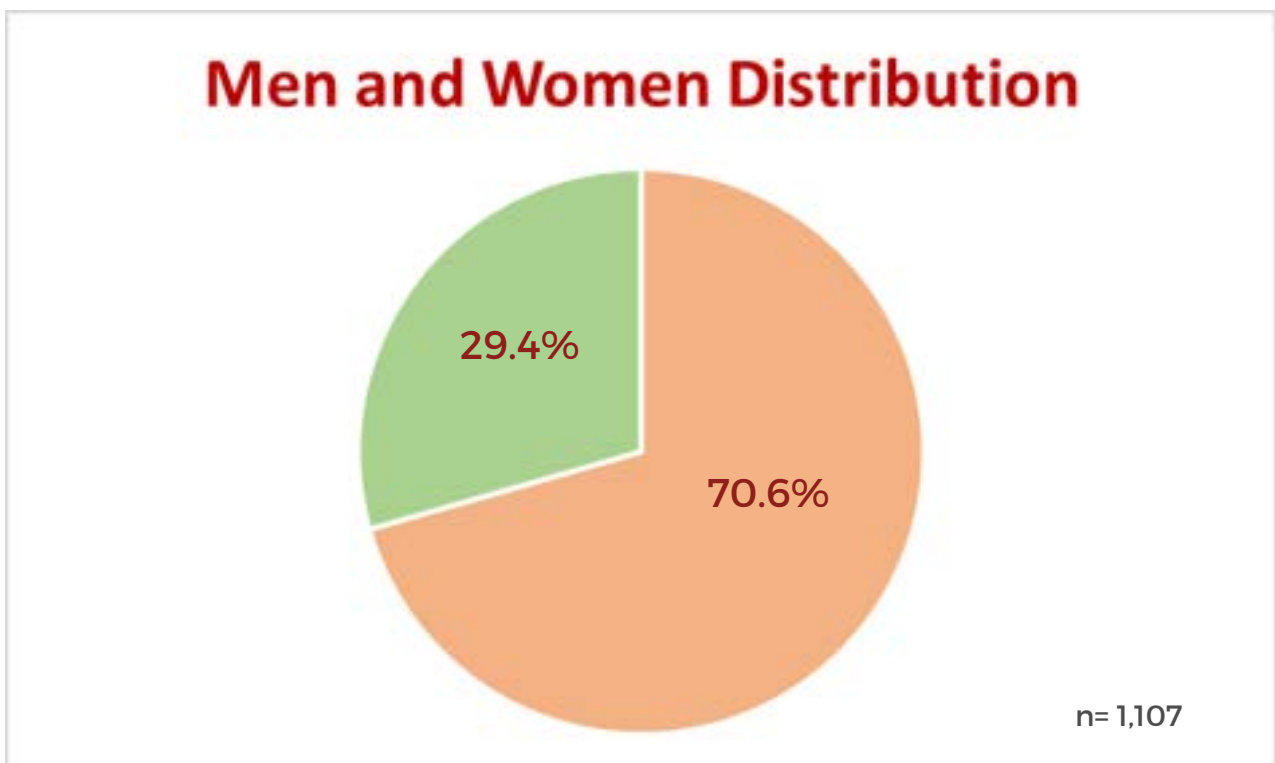


WHAT HAVE WE LEARNED?

Thanks to the information gathered in each phase, we can comprehensively view the population served. We have learned life lessons, and we have also managed to take a glimpse at the general health condition of the people.

Out of the 1,170 medical consultation registrations obtained during our brigades, we know that...

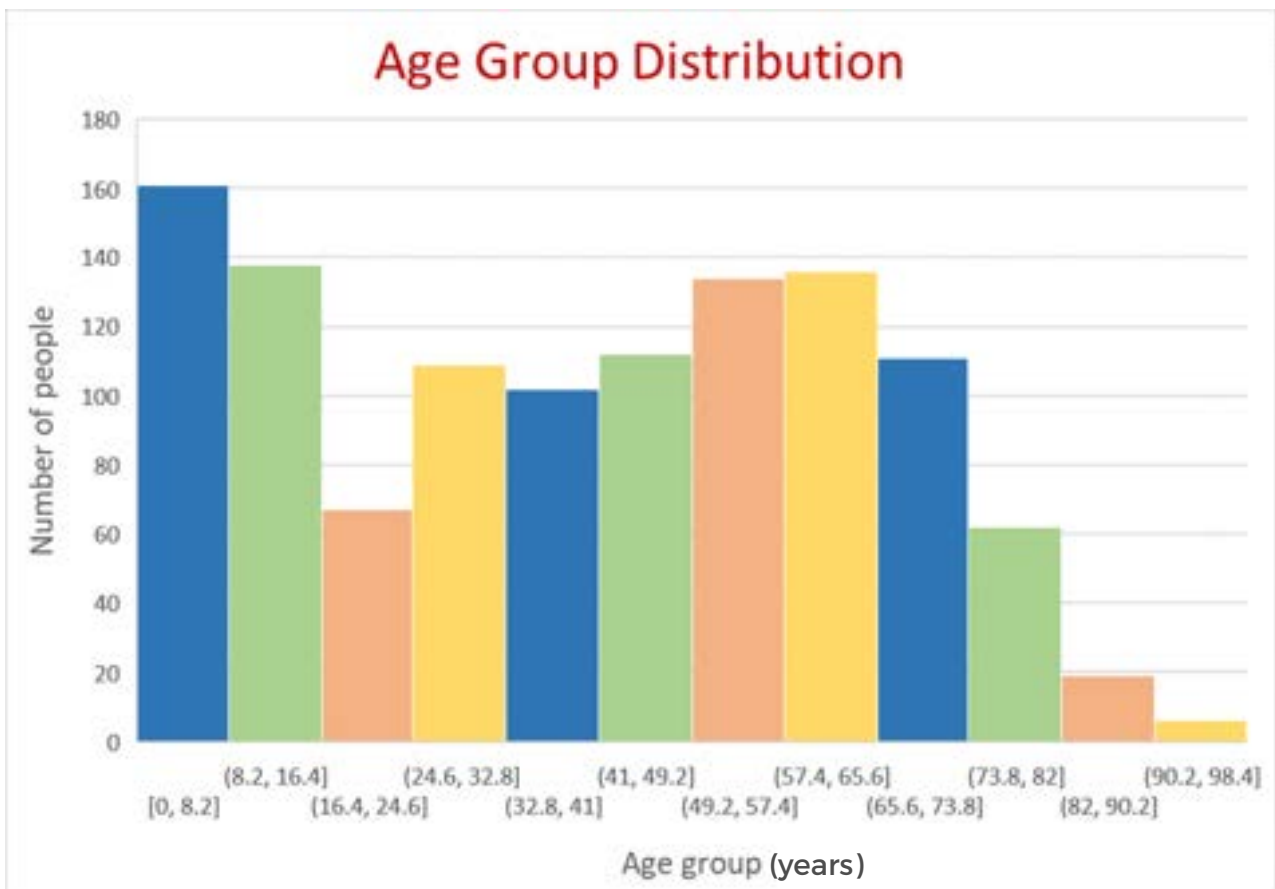
Most of the people we assist are women



Graph 2. "Men and Women Distribution". Own creation. (2024)

We also know that the average age of the people we serve is 40; 57% of our population is between 17 and 64 years old, and 17% are elderly adults (>65 years old).

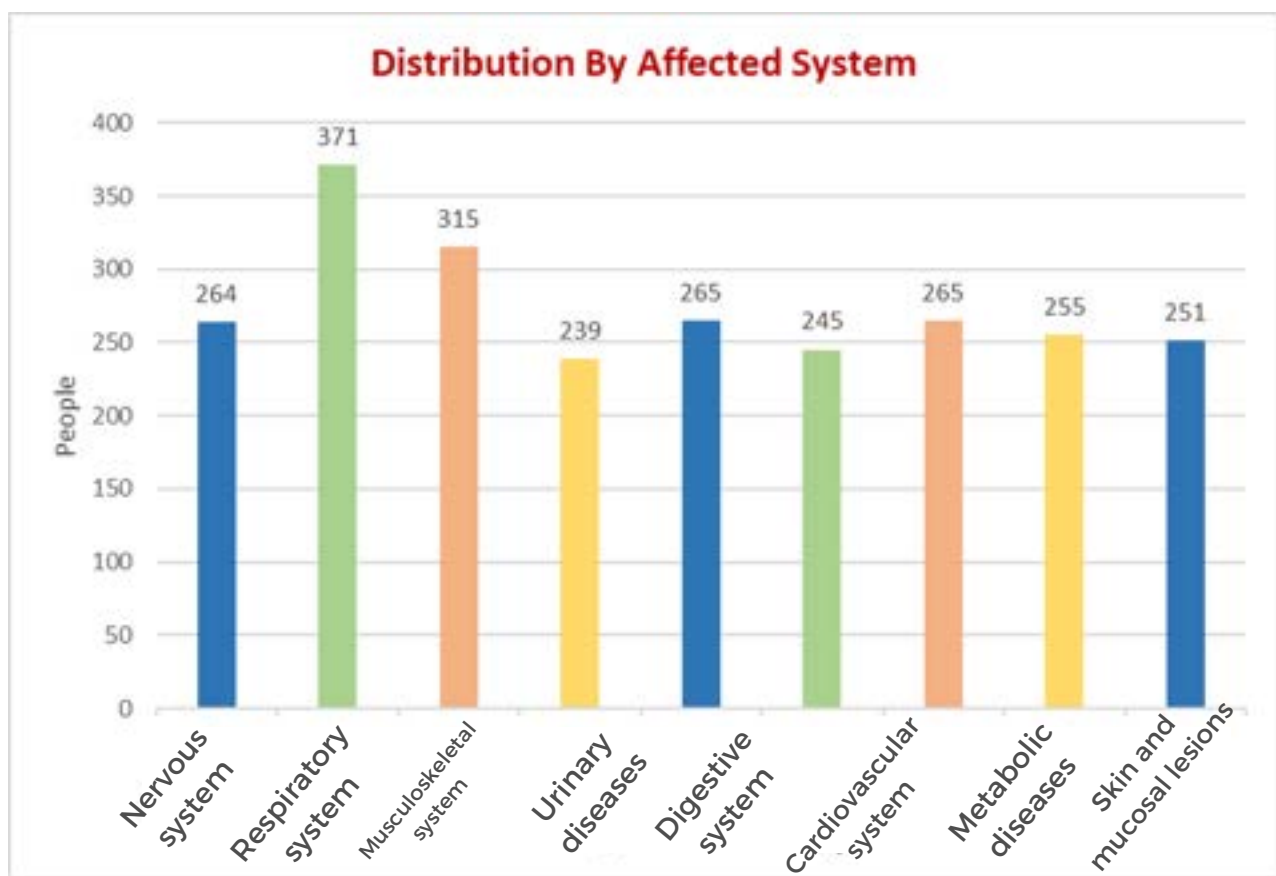
More than 25% are children and adolescents under 16 years old.



Graph 2. "Age Group Distribution". Own creation. (2024)

We identified that 28% of the people treated already had previous diagnoses of chronic degenerative diseases, and only 57% of the patients seen declared having their vaccination schedule complete.

Furthermore, tracking the distribution of affected systems was conducted, thus generating an approximation to a population diagnosis, resulting in the following graph.



Graph 4. "Distribution By Affected System." Own creation. (2024). The total exceeds the sample as each person may have more than one affected system.

With the respiratory system being prominently affected, it's worth noting that most of these detections were acute infections, which would not have received appropriate treatment without the intervention of our volunteer doctors.

Additionally, it's important to note that a significant number of cases with cardiovascular system involvement and metabolic diseases (Endocrine system) were detected, often represented by the presence of arterial hypertension and type 2 diabetes, chronic-degenerative diseases that, without proper management (medical monitoring and medication administration) can lead to significant sequelae and worsening health conditions.



Following our interventions, 57% of patients with metabolic diseases received a prognosis of "Good," as did 54% of patients with cardiovascular system involvement. It's important to remember that healthcare services and medication supply chains were affected following Hurricane Otis. This percentage represents the people who received quality medical consultation and sufficient, free medication, enabling them to maintain an adequate level of health and prevent future complications.

WHAT IS NEXT?

In a community that already had limitations in healthcare services before the passage of Otis, in a state with the second lowest development index (according to the Office of Human Development Research PNUD, Mexico), a natural phenomenon of this magnitude leaves affected people in an impossible situation to resolve without the support of external agents.

Therefore, although our actions have significantly impacted the population, we are responsible for continuing this work. Thanks to the support we have received so far, we can commit to maintaining the presence of health brigades for another six months, thus promoting the resilience of the most affected individuals and strengthening the local healthcare system.

Few organizations continue to support the affected people of Guerrero, but we will only relent once we achieve a change that impacts their lives and leaves a footprint of hope.

Likewise, the training of the team and volunteers will continue to strengthen the DISPATCH PROTOCOL emergency program, and we will remain as benchmarks for healthcare response in natural disasters.

We also aim to be a trusted reference, and while we have what it takes to continue helping, your support multiplies the reach and improves the quality of the services offered. That's why we invite you to join this project of prevention, preparation, and care through:

- Volunteering program
- Cash donation
- In-kind donation
- Sharing our work



ACKNOWLEDGEMENTS

ALL THIS SUPPORT TO GUERRERO WOULD NOT HAVE BEEN POSSIBLE WITHOUT THE PARTICIPATION THROUGH CASH AND IN-KIND DONATIONS THAT WE RECEIVED FROM INDIVIDUALS, COMPANIES, AND OTHER CIVIL SOCIETY ORGANIZATIONS COMMITTED TO THE MOST AFFECTED PEOPLE.

IT IS ALMOST IMPOSSIBLE TO MENTION EVERYONE WHO HAS BEEN A PART OF THE PROJECT, BUT THANK YOU TO EVERY ONE OF YOU:

DIRECT RELIEF

C&A

PYMO HUB

FUNDACIÓN DEACERO

ESTACIÓN SAN MIGUEL

JOHNSON & JOHNSON

FUNDACIÓN SANFER

GLAXOSMITHKLINE

RED DE UNIDOS POR ELLES

MÉDICA-CRD

WORLD CENTRAL KITCHEN

GENOMMA LAB

BAYER

NANOPROTECT

MENAT STUDIO

PRESBYTER JOSUE AROYO, MARISELA GALLARDO, MA. VICTORIA RODRIGUEZ, MARISELA PONCE, GENOVEVA, COYUCA AND ACAPULCO'S COMMUNITY, JAIME, MARÍA GUADALUPE, ELIZABETH, ARMANDO, PALOMA, JULIETTE, ALEJANDRO AND ALL THE ANONYMOUS DONATIONS WE HAVE RECEIVED.

THANK YOU!

ACKNOWLEDGEMENTS

WE ALSO THANK EVERYONE WHO RESPONDED TO THE CALL TO GO TO GUERRERO TO PROVIDE HEALTH SERVICES. THESE BRIGADE MEMBERS CONTINUE TO GO MONTH AFTER MONTH AND HAVE BECOME PART OF THE MEDICAL IMPACT FAMILY.

DRA. ANA KAREN MAGALLANES

DRA. DIANA CÁRDENAS

DR. MANUEL VILLAVICENCIO

DR. DIEGO RAMÍREZ

ITALI THIESSEN

DRA. MARIELA RAMÍREZ

DR. JOSÉ MANUEL MONTIEL

SERGIO ANTONIO GOMAR

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ENRIQUE POLITO

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