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Artículos Científicos

Paramédicos en tiempos de pandemia. Historias de angustia, miedo y esperanza

Paramedics in times of pandemic. Stories of anguish, fear and hope

*Paramédicos em tempos de pandemia. Histórias de angústia, medo e
esperança*

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Resumen

La emergencia sanitaria por covid-19 constituye un hecho social que cuestiona a la civilización en su conjunto; es un llamado de atención al tipo de vida y sociedad que desarrollamos. En el marco de esta pandemia, el presente trabajo analiza las vivencias de un grupo de paramédicos de la Cruz Roja Mexicana en torno a la labor que realizan en Tuxtla Gutiérrez, Chiapas, México. El estudio fue de tipo cualitativo, desarrollado a través del método interpretativo. Se aplicaron entrevistas semiestructuradas a tres paramédicos; los datos recopilados fueron examinados mediante la técnica de análisis de contenido, cuyos resultados exponen tres bloques temáticos: *El amor a la camiseta en la Cruz Roja*, donde se caracterizaron las actividades que realizan y el sentido de su tarea como voluntario; *Tiempo de pandemia, 2020* describe el protocolo de atención a pacientes covid-19 y los sentimientos y temores que moviliza esta tarea, y *¿Quieres a la Cruz Roja o a tu familia? Perspectivas a partir de la covid-19*, donde se reflexiona sobre la afectación a la salud en ellos mismos y su familia, su continuidad o no en la institución y la perspectiva de vida a partir del padecimiento de la enfermedad. El compromiso de apoyo y solidaridad como paramédico se ve profundamente conflictuado debido a la emergencia sanitaria, en que los límites que bordean la trama de dar al otro se quebrantan ante el sentimiento de vulnerabilidad y desamparo, en el miedo a contagiarse y contagiar a la familia y en el encuentro con la muerte, aspectos útiles para los servicios de contención y apoyo que deben ofrecerse a estos profesionales.

Palabra clave: angustia, covid-19, miedo, paramédicos.

Abstract

Covid-19's, health emergency is a total social event that questions civilization as a whole, is a call to the type of life and society that we develop. In the context of this pandemic, this paper analyzes the experiences of a group of paramedics from the Mexican Red Cross, around their work in Tuxtla Gutiérrez, Chiapas, Mexico. The study is of a qualitative type, developed through the interpretative method. Semi-structured interviews were applied to three paramedics, the data collected were examined using the content analysis technique, whose results expose three thematic blocks: *Love of the t-shirt, in the Red Cross*, where the activities they carry out and the sense of their work as a volunteer were characterized; *Pandemic time, 2020*, it describes the Covid-19 patients care protocol and the feelings and



fears that mobilize this task; and: *Do you want the Red Cross or your family? Perspectives from Covid-19*; reflecting on health affectation, in themselves and their family, their continuity or not in the institution and the perspective of life from the suffering of the disease. The commitment to support and solidarity as a paramedic is deeply conflicted by the health emergency, in which the boundaries bordering the plot of giving to the other are broken to the feeling of vulnerability and helplessness, in the fear of becoming infected and infecting the family and in the encounter with death, useful aspects for containment and support services that must be offered to these professionals.

Keywords: Anguish, Covid-19, fear, paramedics.

Resumo

A emergência sanitária decorrente do covid-19 constitui um fato social que questiona a civilização como um todo; É um chamado à atenção para o tipo de vida e sociedade que desenvolvemos. No contexto desta pandemia, este artigo analisa as experiências de um grupo de paramédicos da Cruz Vermelha mexicana com relação ao trabalho que realizam em Tuxtla Gutiérrez, Chiapas, México. O estudo foi qualitativo, desenvolvido por meio do método interpretativo. Entrevistas semiestruturadas foram aplicadas a três paramédicos; Os dados coletados foram examinados por meio da técnica de análise de conteúdo, cujos resultados mostram três blocos temáticos: O amor da camiseta na Cruz Vermelha, onde foram caracterizados as atividades que realizam e o significado do seu trabalho voluntário; Tempo de pandemia, 2020 descreve o protocolo de atendimento aos pacientes covid-19 e os sentimentos e medos que esta tarefa mobiliza, e Você ama a Cruz Vermelha ou sua família? Perspectivas a partir da covid-19, onde refletem sobre o impacto na saúde em si e na família, sua continuidade ou não na instituição e a perspectiva de vida a partir do sofrimento da doença. O compromisso de apoio e solidariedade como paramédico é profundamente conflituoso devido à emergência sanitária, em que os limites que bordejam a trama de dar ao outro são rompidos diante do sentimento de vulnerabilidade e impotência, no medo de ser infectado e infectar o família e no encontro com a morte, aspectos úteis para os serviços de contenção e apoio que devem ser oferecidos a esses profissionais.

Palavra-chave: angústia, covid-19, medo, paramédicos.

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Introduction

On March 11, 2020, the World Health Organization [WHO] declared covid-19 (acronym for coronavirus disease, 2019) as a pandemic. Days before, on February 27 the first case was registered in Mexico and on March 1 in Chiapas. Both affected returned from Italy. Covid-19 is an infectious disease caused by coronavirus, which comes from an extensive family of coronaviridae viruses, whose outbreak began in Wuhan (China) in December 2019 (WHO, 2020). Since then, it has spread to several countries. Its clinical manifestations in patients can become serious and cause death as a consequence of the most inclement atypical pneumonia since the appearance of severe acute respiratory syndrome (Sars) in 2002 (Mamzer, 2020).

The profound social and economic inequality generates disparate opportunities for care, resources and supplies for each people, groups and subjects (Santoro, 2020), which accentuates the differences and possibilities of health systems to face this global phenomenon, whose consequences updates what Marcel Mauss (2017) calls a total social fact, since it explodes in different areas of life. For Nancy (2020), covid-19 questions civilization as a whole, so it is not a problem that is the exclusive responsibility of governments or particular groups.

In Mexico, the measures before its effects have considered the National Day of Healthy Distance, the suspension of classes, remote work, the cancellation of massive events and activities in closed spaces, the suspension of non-essential activities, meetings, as well such as the confinement of the population (Ministry of Health, March 31, 2020). These measures are intended to limit the spread of the virus, a proposal based on the number of "resuscitation beds available to each health system" (Laurent, 2020, p. 5).

The ambiguity of the temporality of the implemented measures, as well as the lack of effective treatment, vaccines and the eventuality of a regrowth in the autumn or winter season, as well as the evident economic, social and related health problems configure a scenario of adds uncertainty for the population. Johnson, Saletti-Cuesta and Tumas (2020), in a study with an Argentine population, conclude that the most recurrent feelings in the face of the pandemic are fear, uncertainty and anguish, but also responsibility and care. Similar results are obtained in Spain, in a phenomenological study aimed at nurses who care for patients with covid-19, who exhibit fear and confusion, but also responsibility, as



well as lack of resources, exhaustion and stress (Andreu, Ochando and Limón , 2020). For Balluerka *et al.* (2020):

Psychological discomfort has increased (...), uncertainty, concern about suffering or contracting a serious illness (covid-19 or others), and concern about losing loved ones. Regarding (...) the depressive spectrum, pessimistic or hopeless feelings, and loneliness (...), it is greater when they have symptoms or have been diagnosed with covid-19, for those who are going through confinement alone, in women and as age, socioeconomic status and job stability decrease (as well as) irritability and anger (p. 124).

Health system workers who care for or have some type of contact with people who are ill from covid-19 are some of the most vulnerable groups and those at greatest risk of contracting the disease, since they “experience a greater frequency of exposure to the virus and greater viral load in the workplace; aggravated by a significant increase in workload, high-risk procedures and low availability of protective equipment ”(Inchausti, MacBeth, Hasson-Ohayon and Dimaggio, 2020, p. 2), which leaves them physically exhausted (Blake *et al.* ., 2020), with stress, depression, anxiety and insomnia (Anderson, Pooley, Mills, Anderson and Smith, 2020; Lai *et al.*, 2020).

In the article In America, the highest number of infections of health personnel: PAHO (September 1, 2020), it is cited:

570 thousand health workers have fallen ill and more than two thousand 500 have succumbed to the virus (...), women are the most affected, representing almost three quarters of health workers diagnosed with covid-19. In the United States and Mexico, two of the countries most affected by the pandemic, infected health workers are equivalent to one in seven cases (párr. 2).

For September 3, 2020, 1,320 confirmed deaths in health professionals in Mexico are reported, the highest in the world: “97 thousand 632 nurses, doctors and other hospital employees in Mexico have been diagnosed with coronavirus since it began the pandemic, approximately 17 percent of all cases in the country up to that time ”(Mexico is the country with the most deaths among health personnel from Covid-19: Amnesty International, September 3, 2020, para. 8) . In Chiapas, “732 of the 22,000 doctors, nurses and assistants



who work in hospitals have been infected with covid-19 and 41 of them died” (Henríquez, July 13, 2020, para. 1). Of this number, approximately 4,000 workers stopped working (and have not been replaced) due to life-threatening comorbidities.

All this breaks the sense of ontological security, generates fear and changes in social relationships (Mamzer, 2020), since daily life has been substantially altered. Ontological security provides a "fundamental sense of security of a person in the world and includes a basic trust in other people (...), necessary for him to maintain a sense of well-being" (Giddens, 1991, p. 37), which which is essential for the enjoyment of the actions that are carried out.

This experience is updated day by day in the medical, nursing, paramedic and administrative personnel who are in the first front of care for patients with covid-19. In Chiapas, thirteen covid-19 respiratory care clinics and eight converted hospitals have been allocated, where there are a total of 890 beds and 322 respiratory assistance ventilators (In America, the highest number of infections by health personnel: PAHO , September 1, 2020). In order to support the transfer of people with symptoms of covid-19 from different locations in the entity, the paramedic personnel of the Mexican Red Cross, Chiapas Delegation, have carried out these transfers since May 15.

The national press has pointed out the condition in which paramedical personnel, such as those in Mexico City, endure days of stress and saturation due to "work overload, accumulated fatigue (...) from intense working hours and loneliness ”(Solera, May 11, 2020, p. 8). Due to the high risk of contagion to their loved ones, some of them stay in hotel rooms that have been provided, so the distance from their family and the lack of accompaniment prove their ability to face loneliness.

The work is strenuous, since the transfer of each patient takes from two to five hours; In addition, afterwards, the cleaning and decontamination of the vehicle and the support equipment is essential, which includes two or more hours of work.

The contagions between the personnel of the Red Cross vary from one entity to another; According to Solera (May 11, 2020), on May 22 at the Red Cross of Mexico City, only one contagion was reported between 180 volunteers and three in the Medical Rescue and Emergency Squad (ERUM) of 500 elements. In Tlalnepantla, State of Mexico, the contagion of four paramedics was reported (Venegas, 8 de mayo de 2020).



The deterioration suffered by patients who transfer, the illness and the death of co-workers, together with the set of personal, family, professional and social problems, leads them to consider the moral dilemma of staying at work or not participating in it. (Blake, Bermingham, Johnson and Tabner, 2020). In the study carried out by Anderson et al. (2020) with paramedics from Australia it is stated that the professional obligation of this group of workers in disaster situations should not be considered in an unlimited way (Smith, Burkle, Gebbie, Ford and Bensimon, 2019); even so, they indicate that there is a personal and organizational obligation that leads them to accept occupational risk as part of the job (Anderson et al., 2020).

Blake et al. (2020), proposes different measures to sustain the long-term capacities of health system workers, including the following:

Psychologically safe spaces for staff, along with guidance and counseling to reduce social stigma, peer and family support, psychological first aid, self-care strategies (e.g. rest, work breaks, sleep, shift work, fatigue, work behaviors, healthy lifestyle) and managing emotions (for example, moral damage, coping, guilt, grief, fear, anxiety, depression, prevention of burnout and psychological trauma) (p. 1).

In this process, they must have the support of a multidisciplinary team for their own care, be periodically informed about different aspects of the pandemic, the process of caring for patients and their families, and establish psychological counseling services through electronic devices. (Xiang et al., 2020).

Paramedics are a fundamental part of the health system and support measures for them are essential, since the harshness of their experience in the work they do is an example of the exceptional situation we live in. In this sense, the present work aims to analyze the experiences of the group of paramedics of the Mexican Red Cross regarding the work they carry out from the health emergency due to covid-19 in Tuxtla Gutiérrez, Chiapas, Mexico.



The methodological approach

The study was carried out from a qualitative approach to analyze the experiences of the subjects, their interactions and communications. With this, it is a question of “reeling off how people build the world around them, what they do or what happens to them in terms that are meaningful and offer an understanding” (Gibbs, 2012, p. 13). For this, a hermeneutical paradigm was considered, which has the characteristic of "interpreting and understanding to reveal the motives of human action" (Bautista, 2011, p. 48).

Participants

The paramedic personnel of the Mexican Red Cross, Chiapas Delegation, were interviewed, specifically those who participate in the transfers of people who are presumed to have been infected by covid-19. This institution is made up of volunteer personnel of which only some receive financial support. In total, it is made up of 12 technicians in medical emergencies and 3 in transfers. The latter were the participants: one of them is 38 years old, studied a degree in Communication Sciences and a master's degree in Advertising. From the age of 16 he has participated as a volunteer in the institution, first as a workshop on different health issues, later as head of transfers and currently as coordinator of state transfers; In addition, he works as an information analyst at the Institute of Social Communication of the Government of the State of Chiapas. He is married and has two children. The second of the participants is 46 years old, he studied as a technical professional in General Nursing and a technician in Medical Emergencies, he joined the Red Cross for 30 years in the city of Comitán de Domínguez, Chiapas, and currently collaborates as a paramedic in the care of patients in the transfer area. He also works as an employee in a unit of the Ministry of Health. He is married with two children. The third participant is 26 years old, she studied a degree in Gerontology and a technician in Medical Emergencies, she has collaborated in the institution for eight years and a little more than a year ago she was assigned to the area of transfers. She is single and lives with her mother and her maternal grandmother.



Techniques and Instruments

Semi-structured interviews were applied to “obtain descriptions of the interviewee's world of life with respect to the interpretation of the meaning of the described phenomena; it has a sequence of topics to be covered, as well as some proposed questions ”(Kvale, 2011, pp. 79-80). In the process, changes were allowed in the sequence and way in which the questions were posed to delve into the topics of interest.

Initially, the recovery of general data from the interviewees was included, such as age, schooling, length of service as a paramedic, length of service in the institution, days and hours of service, marital status, whether or not they have children and another occupation. The questions and topics that were explored were as follows:

How did you get started as a paramedic? (interests, education or training, expectations, function, activities carried out prior to the health emergency and risks at work).

How has your work been since the health emergency due to covid-19? (functions and activities-changes or continuity in these / as, expectations at the beginning of the pandemic and currently around their work, most remembered experiences in which they have participated: transfers, seriously ill, people who have died on the way, feelings about contagion, situation about the disease —if they have already been infected, concerns about the health or situation of their family of origin, nuclear or extended, risks).

Process

The project was scientifically and ethically endorsed by the Academic Committee of the Faculty of Human and Social Sciences of the University of Sciences and Arts of Chiapas. The contact with the participants was made through known people; They were approached by telephone to communicate the most relevant aspects of the study and their participation; they were told that the information would be treated confidentially and anonymously. They agreed to collaborate on a voluntary basis, authorized the use of the information for research purposes, and their informed consent was obtained. The interviews were applied at various times during the period from July to September 2020, even while they were ill. This work in the online modality is proposed as a research option "in contexts of confinement, low or unviable physical contact" (Hernán, Lineros y Ruiz, 2020, p. 2).



Analysis of the information

In this process, the proposal of Gibss (2012) was followed, who raises its beginning with the preparation of the data, for which the interviews are transcribed, a first outline of its content is prepared, which includes the working notes on what happened in the interview process. A next phase, which occurs parallel to the process of data collection and its transcription, is that of the writing of the fieldwork notes, the memoranda and, in short, the beginning of the writing of the work. It is followed by thematic coding and coding, phase where the information is segmented and the units of analysis are generated, which in turn are categorized; In this process, the organization of the concepts and themes emerge from the information shared by the interviewees. Finally, the narrative of the story is carried out on the issues that allow a broader understanding of it. The above was reflected in the light of the social and contextual conditions in which they carry out their work and develop their daily lives.

Results

The information analysis process enabled the structuring of three thematic blocks: Love of the T-shirt in the Red Cross, in which the type of activities carried out in the institution, the meaning of their work as a volunteer, as well as the tension inherent in the work they carry out. The second of them - Pandemic Time, 2020 - describes the protocol of care for covid-19 patients, the feelings and affections that this task mobilizes, the physical exhaustion in transfer situations, the constant demand of relatives for the admission of the patients. patients to clinics and the misfortune of waiting. In the last block - called Do you want the Red Cross or your family? Perspectives from the covid-19 - they reflect on the impact on health in themselves and their family, their continuity or not in the institution and the perspective of life from the coronavirus disease they have suffered.

The love of the T-shirt in the Red Cross

The paramedics are 8, 22 and 30 years old collaborating in the Red Cross, an institution in which they are all volunteers, although some receive a meager remuneration, which does not correspond to the importance or the schedule and risk involved in the development of their tasks . Their preparation is constant, which is a requirement to recertify annually, an essential quality of emergency volunteering (Soler, 2007).



The invitation to collaborate in the institution came to them in various ways before the age of 18, but in these a humanitarian sense of service and support for the other coincides.

*... This is done out of a passion for wanting to serve and help people!
(Antonio).*

... helping people when they suffer an emergency, the first thing we see in a family member or in the patient himself is despair, wanting to be helped! So we comfort him, by helping him, by seeing him, by giving him the treatment adequate (...), the other little bit is the love of the shirt, spending many years in the Red Cross already brings something like one more love to our life (Ignacio).

I was struck by humanitarian work, in addition to caring for and helping others (Lucía).

Learning the task of paramedic is broad and diverse, as it includes training, practical experience, and accompaniment and mentoring by others. Day by day, they prepare for the unforeseen, each one prepares the team that corresponds to him, knowing that with this they will be able to carry out their task of caring for others and themselves.

... out of habit, I always check my unit, clean it, sweep it, mop it and I continue to do so to date, but more detailed (Lucía).

... when you get to the guard, what you have to do is check the ambulance, that it has the necessary equipment and basic material (Antonio).

... as an operator I have to check the unit every time I get to the Red Cross, check what are oils, gasoline, the inspection of the vehicle from the outside, which is the bodywork, the tires, so that we do not have a fails to transfer. At the end of the entire working day, I have to check the same procedure again, which is to keep gasoline, the vehicle is washed (...), we make a daily report of how many transfers we make per day, what type of patients, people who suffered fractures, going to a study or hospital (Ignacio).



Throughout the strenuous days in the years that they have as volunteers, some of the services they have performed have left an indelible memory; in them they reveal their own fears, shortcomings and absences, but also the horror of death.

... Such a very marked event, such as the case of a two-year-old baby who fell into a cistern, unfortunately we were warned late and we were unable to do anything (with regret) (Antonio).

... in a toilet, a boy of about five years was all bloody, what I did was carry him, but it reminded me a lot of an event that happened to me, which had also cracked my head, I was going to faint! and there I reacted and said: "Either I stay in the Red Cross or I leave the Red Cross! Because I am not going to bear the blood." That's where I decided that I was going to stay (Ignacio).

... a service last week, in an accident, it was the first time that a patient left me! It was the first time, the patient was in serious condition, she had a severe TBI (head trauma), but she She was very combative and I couldn't do more! I couldn't see the oxygen! I couldn't check vital signs! I had to hold her because she was moving a lot (...), for the same reason, the TCE was with her tone completely upset and I did not know what to do! I took the option of holding her because I could not do more and about 30 seconds before arriving at the hospital she died (...), I was alone in the back (Lucía).

Furthermore, it is a demanding, high-tension task. As they say, "a lot of adrenaline".

... everything that the Red Cross encompasses itself is beautiful, it handles a lot of adrenaline, a lot of stress (...), of the debate between life and death, in which the attention you pay and the training you have may depend on that person alive (Antonio).

... the satisfaction of taking the patients, if it left or could no longer survive, it is the adrenaline that helps you get that moment! What they tell us is not the same as living it, feeling the moment! Because many colleagues They said: "It must be difficult to take a covid patient", and, well, the first transfer was made by me from here in Tuxtla Gutiérrez (Ignacio).



Pandemic time, 2020

In pandemic care, the health protocol for the protection and care of patients is followed, which generates expectations, fear and uncertainty. At the beginning, they did not participate in the transfer of patients with suspected covid-19; However, in the services carried out, they had to consider the respiratory conditions of the patient and with it the fear of contagion. Later, with the realization of transfers, waiting, despair, fatigue and anguish reached the limit of their strength.

... Covid-19, of course the management is totally different! Unfortunately, as in most health institutions the supply of supplies always arrives a little late, at first we did not start with the care of patients with these characteristics, In itself, it was not known who was and who was not! Anyway, you had to be prepared, trained and with the necessary protective equipment, an accident could have occurred and in that accident an infected person came, so you have to be prepared , with health protection measures, because there will always be uncertainty, the fear that you could get infected (Antonio).

The dilemma of whether or not to be part of a high-risk task has confronted them with their principles of service and help to the other:

... at first you say: "Well, what do I do now? What if I don't have equipment, the necessary or indispensable suit to be able to protect myself? Will I fit in or not?" At first, that was the indication that we had, that if we did not have the necessary protective equipment, we were not going to care for patients (Antonio).

The imaginary of contagion generated fear and anguish, a condition that was part of daily life with the start of infected patients in the entity from March 1 to May 15, 2020, the latter date on which they started with the necessary equipment the transfers of suspected covid-19 patients. For two and a half months, daily life was stained with anguish over the contagion, but this was exacerbated with the transfer of infected patients.

I was very scared! You think about yourself and what could happen to you, and what about your family? At my 30 years (of service) it is the first pandemic that touches me and you feel very vulnerable! , you feel very afraid! (Antonio).



At first it was with fear, yes, fear, the truth was fear! (...), it seized us like an anxiety crisis, really! Because when they told us: "You know what? We are going to start transferring covid patients." And, well, we have a family, we can get it (Ignacio).

... you don't think so much for yourself, I think more for my family, my grandmother, my mother !, who are vulnerable people to this disease (...), my grandmother goes out a lot, she also works in a hospital, my Mom has food service sales and is in close contact with people (Lucía).

The pandemic left many volunteers out of the service, who for fear of being infected or for their own safety - since they had comorbidities that put them at greater risk - left the service.

To alleviate the fear, they chose to talk among themselves and comment on this situation, which allowed them to vent the tension, speak the anguish and catch it in the speech:

... we talked about the patients that we could have and that we could get infected, I felt a little fear because, well, I was with my family (Ignacio).

At the beginning of the transfers they had to get used to the use of the equipment, which includes various accessories, is extremely heavy and because of the material from which it is made, it is very hot. Also, consider a routine and support for their placement, use and disinfection.

... The biosecurity equipment consists of a Tyvek brand coverall, you put on what are goggles, surgical caps, kn-95 masks, a gown with shoes and I in my case I put on three pairs of gloves, safety also up the mask kn-95, we have one of those face masks that actually makes it a little safer for the part here of the face (Lucia).

... in the suit we sweat a lot and get dehydrated, it's quite heavy! (...), with the mask we need air and we can't even breathe (Ignacio).

... we use goggles, sometimes they fog up and our vision is blurred, we have to walk like astronauts because we cannot see completely. The most we have had a full team is five to six hours (Ignacio).



In a transfer service, from the call for help to its completion, they occupy two to five hours of work. In this period, they must take into account the patient's vital signs and avoid the spread of the virus in the equipment and in the ambulance, to which is added the load of the suit and the suffocating heat that in Tuxtla Gutiérrez has been from 32 to 34 ° C.

It is very difficult to wear the suit, you have to know how to manage your stress, you feel like suffocation, it is exasperating! (...), you hardly feel anything, you don't feel the smell from outside, it's very complicated! The fear of something breaking, if your mask or mask moves you can get infected, so you avoid it and you have to take care of you (Antonio).

... it is hard to have the equipment, we get stressed, we have even had small respiratory insufficiencies due to having the masks so long and not being able to breathe (...). There were transfers that touched us three or four in the afternoon, then it was unbearable heat! We got to where the patient was and sometimes we had to take him down from the first floor with all the equipment, sometimes they were already on the first floor, but There were patients who were too chubby, so it was difficult to move it (...), we have a capsule in which we have to put the patient to avoid contamination inside the ambulance and towards the staff (...), all that is It complicated us a lot, plus the stress that it generated us that was a critical patient, we arrived (at the clinic) and on several occasions up to four or five hours we had to wait so that they could receive the patient and the entire team (Ignacio).

At the end of a transfer, they must complete the protocol; For this, it is essential to disinfect the vehicle, the equipment and your person, all while they are still wearing the suit and have spent two and up to five hours of work accompanying the care of a patient in critical condition with a long wait for their admission to a covid-19 clinic.

... there is a process to be able to disinfect both ourselves and the unit that takes about an hour and a half (...), there is a specific area, completely isolated from all personnel and ambulances. We arrive and have the same suit to disinfect the entire unit, inside and out



with chlorine, 100%, clean the stretcher, the stool, everything we use, the capsule where we put the patients with covid, then we leave removing the equipment in steps to try not to get infected, first the gloves and we put on gel, we take off the mask and then the goggles and face masks, all the equipment. From there we have to go to another area to disinfect ourselves, with other liquids that do not harm us (...), we are extremely sweaty, dehydrated after doing all the cleaning, when we are disinfected, then we can drink water, around five hours since the whole process is done and if we had not eaten, well we had to eat, I had headaches (...), all that time we went out we did not drink water, we could not even eat anything, absolutely nothing (Ignacio).

The transfers in two months of work, discounting the weeks in which they were infected, were almost one per day.

... From May 15 to date I have carried out 22 transfers of patients with covid, young people between 35 and 40 years old and the elderly between 50 and 65-70 years old (Ignacio).

In two months, I have taken about 29 transfers (Lucía).

I got to do two, but the other colleagues had done up to three or four in a shift, when the important contagion curve occurred, then two ambulances had to intervene, there were up to six per shift (Antonio).

We left very stressed! When we finished, we didn't want anything! (Ignacio).

The transfer protocol is extremely strict, this means taking care to avoid contamination of any part of the equipment and the vehicle:

... when a transfer is carried out, there is direct contact with the patient, but it is about the relative support, for example, if a nasal tip has to be put on the patient, I explain how to place it and they do it (Lucy).

... for the patient protocol, a capsule had to be handled, you could not intubate patients, aspirate secretions, it is very exasperating to



see a person who is dying! He is suffocating! It is frustrating not being able to help, more that you know how to do it, but the protocol tells you: "You shouldn't do it!", no! Due to the health risk that exists, that already has to be directly in a hospital unit, in an intensive care unit (Antonio).

The demand of the patients accentuates the tension, already high due to the equipment they wear, the inclement weather, the waiting for them to be seen and the impossibility of supporting them further due to the protocol followed, as well as the lack of spaces in clinics for your care.

We have seen very critical patients! Very, very critical! They are patients who directly go to a hospital to be intubated, the way they ask us for support is quite strong, they would like to feel more oxygen because they cannot breathe (...), there are family members who ask us for favor, who beg us to see how patients can enter hospitals!, to put more oxygen, to see that they can breathe! (...), in COVID clinics it is not to enter as if it were a normal hospital, we had to arrive, wait for the hospital staff to leave to assess the patient outside! to see if they could receive him or not, if there was space If it was necessary for him to enter, it took us up to five hours and the patient had to be on top of the ambulance because we could not get him off, there were patients who had to have oxygen, oxygen sometimes took us up to two and a half hours and we had to ask for oxygen hospitals, so all that made him more critical (...), the wards of several hospitals were full, quite saturated (...). When we entered, well, there was no space, there was no bed, there was no place! It was not so much that they did not want to enter (the patient), but there was no place! and most of all the patients that were inside, like 60 or 70% were intubated, I saw them myself! (...), in a hospital we had up to three ambulances stopped there (...), there were colleagues who died twice, the patients, there in the ambulance! (Ignacio).



The difficulties of care generated frequent conflicts with the relatives of the transferred patients, who urged them to enter the clinic. They themselves are helpless, angry about this situation.

... the relatives of a patient were seeing at what moment they hit me, the man was very pissed off, the patient was somewhat unstable, I was just hoping that I would not die up there in the ambulance and leave to me the whole ... his family, because there they were beginning to want to attack us (...), one feels vulnerable, because you go with the suit, you are taking care that you do not get infected, that your suit is not going to break, That the mask does not fall off or the glasses do not fog up, I do not know how it is that there is a national guard outside the hospitals and there is only one, so what is one going to do with the entire family of the patient? vulnerability that we have outside a hospital and there is no one to help you! my partner and I cannot do more because we have neither a cell phone nor anything to contact someone (Lucía).

We feel angry because it is a life that is in danger (Ignacio).

This process has accompanied learning about the disease and has warned of the importance of the support team.

... I have had a lot of learning seeing so many patients with covid, it is easier to identify the symptoms and what is very worrying, how from a little while to another they desaturate, they are at 80 and when you remove the oxygen it drops to 60, you realize how fragile you are, how necessary an oxygen tank is so that you can continue to survive. I start to think, I hope it doesn't touch me! And if he touches me, I hope it's not so serious! (Lucía).

Do you love the Red Cross or your family? Outlook from covid-19

As the days passed, some of the paramedics became ill; even one of his colleagues died from the contagion, a situation that left them faced with the dilemma of continuing or not with their task.



... the truth hit us when we learned that a colleague of us, well, unfortunately he died (...), he was a paramedic, when he was admitted to the hospital we found out that he died, that was quite strong !, because we had contact with him and told us that he was fine, that he was on his way out, when we woke up one day he had already passed away. The other partner is my partner on the afternoon of transfers, Antonio (another of the interviewees), he hit quite hard, until he told us that he was not going to free her, that if he discouraged us enough! or at least I did, if my spirits dropped a lot, a lot, a lot! But now it's on! It's up! But on those two occasions it did hit us, not only me, All the colleagues! Several colleagues no longer wanted to go to the covid transfers because they were going to get infected and they had family (Ignacio).

... two colleagues did get serious, one of them was my friend Toño (another of the interviewees), I transferred him, it was like the most screwed up that could have happened to me of all the times that I have been here in Red Cross! Seeing that I live with him and then seeing him as a patient, yes it hurt a lot! In fact I cried that day there in the ambulance with him, because it made me very sad to see him there in the unit, then he sent me a message that if something happened, he gave us to understand that he already felt he was leaving, and yes, I “shit” a lot at that moment! It was really ugly that day! (Lucía).

Faced with the illness of the companions, fear and fear was the constant in each one:

Fear! Because that last day that I saw the two of them we were together, and at the time they tell us they have covid I was with that thorn for about a week, checking my temperature, seeing my saturation, if my body did not hurt or some pain from the throat, I was panicked like this for many days (Lucía).

Being the transmitter of contagion to the family remains permanently in the imagination of the paramedics; On the one hand, they want to continue their aid work and,



on the other, they are at the limit of this principle, when the risk is so high that it generates fear:

... I am afraid to think that they are going to leave being the next ones (the mother and grandmother), that I have to go out to attend to them, then it is already difficult to look for oxygen and then to look for medicines, that really worries me (Lucía).

Given the contagion that occurs two weeks after starting the transfers, fears that the family will become ill are reactivated and updated and their continuity or not in the institution is re-evaluated.

In two of them his family fell ill. In Ignacio's case, his wife was ill. She showed symptoms of breathing difficulties, headache and dizziness, and although they had contact with her children, they did not show symptoms. In Antonio's case, his wife and his children also fell ill, although they also did not have serious symptoms.

Of the paramedics, Ignacio had respiratory difficulties, headache, insomnia and anxiety. He was convalescing for two weeks and the third he returned to his work. In Antonio's case, he even required hospitalization. About his illness he refers:

... it was very difficult for me, I was in a process of respiratory distress with oxygen management, it was somewhat complicated. I carried out all the protocol as indicated by the Ministry of Health, I had isolation, I had treatment and my wife was the one who was with me, she was the one who was assisting me, I was isolated.

Doubts about continuing or not at work are related to family demands, incursion into other types of tasks in the same institution and the assessment of the very high risk they maintain in the tasks they carry out, especially of getting infected again.

... not right now, I don't feel like I have recovered as such to rejoin the system (...). They are changes that one has to give, the family, the same health. If I am to go back to managing covid patients again, I have the risk of being infected again, apart from that, I also have chronic degenerative pathologies that I also have to manage (...), my physical condition is no longer the same as of an 18, 19 or 20-year-old boy who will better endure a rescue situation (...), (my family) share my situation, my way of thinking and to a certain extent they



are also supporting me in the process of leaving This, there is always that problem of "do you love the Red Cross or do you love your family?", unfortunately there are times when the Red Cross absorbs you a lot, if you are not with your family (...), there comes a time when that they (their children) also claim what the stay with them is, the coexistence (Antonio).

The illness led him to reflect on his health. To this were added changes in their diet, physical activation and tobacco consumption.

... I was, I am an obese, diabetic, hypertensive person! Very favorable conditions for covid, also very complicated for the management of symptoms (...), right now I am in a process of feeding, let's say adequate, not junk, no sodas, healthier and healthier, exercising, because I didn't have time to do it, because I didn't want to! Fortunately, here I am, thank God, and yes, I underwent a very positive change. It is another opportunity to change, to do things for yourself and your family. It changes your perspective, right now the way of seeing things is totally different in all aspects (...), more communication, more relationship with my children, this pandemic has left very bad things, but also very positive, things for reflection, if one wants to see it like that, who are you really with, who are with you, in the quarantine as they say, you really realize who your friends are, who is your family and who is with you and who is not, who it is just to be there, 2020 is going to be very marked for me and for many (Antonio).

Discussion

The experiences expressed by the paramedics bear witness to the sense of their task, of responsibility and solidarity with the other stranger, principles of professional work that in turn provide them with support in the face of their own deficiencies, since giving has the meaning of their own recovery of themselves. On the other hand, the harshness of the encounter with the patient and death, in the face of an overwhelmed health system, concentrates the anguish and impotence in the face of the emptiness of certainties for the



other and their future, as well as a continuous self-referencing due to the risk of becoming ill or that their family members become ill, which generates a deep sense of vulnerability.

In an individualistic society, what mobilizes to help the other? Lipovetsky (1990) points out that a transformative commitment, in which meanings are configured that claim solidarity and active participation in the community. Responsibility for the society in which you live, placing yourself in the place of the other, being empathetic and showing affection for what happens to you is - as Soler (2007) points out - one of the essential characteristics of volunteering. The identification of one's own in the other gestates the sharing of his experience, with which it is possible to understand his experience of pain, anguish and tiredness, to understand what happens to him (Aucion, 2018); But it is in this same process that help is made to others, especially children or the sick, where it is possible to redeem and recover for oneself what was lost or lacking in one's own history.

As reported by Inchausti et al. (2020) and Blake et al. (2020), the demand and high risk of the service they perform makes them a vulnerable group, with excessive workload, fear and anguish. In fact, fear is accompanied by a feeling of unrecognized helplessness, an expression of the difficulty to symbolize and understand the experience that turns into bodily tension (Silva, 2015), which operates as a resource to avoid sinking into a condition of fragility. Fear houses the lack of an ordering condition.

In its extreme form, it can lead to panic attacks, which –according to Silva (2015) - “is the expression of an abrupt, usually momentary failure of the ability to symbolize, think and understand the experience” (p. 106). This occurs especially in those who present some type of experiences of helplessness and have had to assume responsibility for themselves from an early age, as happens with the three participants in this research.

When such a condition of vulnerability, fear and anguish is maintained for a long time, the ontological security of the subject is affected (Giddens, 1991), and with it the sense of enjoyment for the fulfillment of the activity itself.

The recognition of the own limits of the physical conditions or ailments, qualities that must be optimal to perform in emergencies, account for the reflective process that involves not having to give to the other without measure, because “you should not fall into the trap of the savior who neglects himself in favor of other people ”(Soler, 2007, p. 22), especially when deaths are a constant.



The grief for those who die shows the human response to grasp what has been internalized because of the other: "All memory, memory, affection and expression works as a recognition of what life was" (Hernández y García, s. f.).

Life or death are not understandable if there is no possibility of thinking about them, of questioning them, of considering them in relation to one's own existence, to reason them and put concerns, anxieties and expectations in perspective, to account for what one has and does not know. share. Beyond the commitment and solidarity to the other community, it seems difficult to access the gaze of the other (family, wife, son, daughter), to show affection as to those who are cared for in the service, only that this demands word and contact, to perform with The same demand with which the protocol of transfer, cleaning and disinfection is taken care of, the accompaniment in the domestic task, in the task of the son, his clothes and food preparation, to revitalize the fatigue of the outside to share the home routine. What is in question is the absence for the enjoyment in daily life, of what is forgotten in the search for service to the other, of the fallacious concealment of absence.

The findings, as proposed by Blake et al. (2020) and Xiang et al. (2020), point out the urgent need to create support services for these and other health professionals in order to maintain their capacities in the long term.

Conclusions

The pandemic reveals in a tortuous way the unequal conditions in which health systems and their personnel experience the care of patients with covid-19. Waiting for patients to enter, occupying two to five or more hours for their transfer and their death in the ambulance itself due to the impossibility of being admitted to the clinics show the economic, cultural and social conditions with which they are perform services to the community and its citizens. As an institution, the State does not support the task they undertake through interdisciplinary and psychological containment services that address the personal and work problems they present.

The reflection of what happens with paramedics includes different areas. Initially, their task must be recovered, the social commitment and community responsibility that we have as citizens and society as a whole, indispensable, now more than ever, in times of pandemic; on the other hand, in terms of their own subjectivity, anguish and fear, are psychic resources that show the difficulties to elaborate the experience, totally understandable given



the toxicity of their experience; finally, his reflection - based on illness and the imaginary of death - revitalizes what has not been possible to notice and enjoy in the daily life of his relationships, in addition to the faults and absences that left their mark on his history. The present is an opportunity to elaborate them to assume, as one of them says, another perspective, to fill the gaps not only with the unknown other, but with all those who have a special meaning in their lives. If you want and dare to see it that way, Covid-19 will leave a mark not only of suffering - necessary to elaborate the experience through words - but also of a new opportunity to rethink and reconstruct its own history.

Future lines of research

The information presented, glimpses some topics of great interest for further studies. Among these, the analysis of the conditions in which the health systems operate stands out, as well as the support provided to health sector personnel by the State and the various government agencies; on the other hand, reflection on the social and community commitment of citizens is undoubtedly an imperative in this time and in others to come. Longer-term studies may also account for the effects of the conditions of vulnerability to which this type of personnel is exposed in exceptional events such as the pandemic.



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