Medical Student’s Handbook
For
Electives in
Global Health

Insights from a fellow traveler
Created by Sarah Liebe, MS-IV
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Acknowledgements

• Dr. Amy Elliott for serving as my project mentor. I appreciate your support and willingness to work with me as I strive to reach my goals.

• Scholarship Pathways Committee for encouraging my scholastic endeavors.

• My parents, Arvid and Janet Liebe, for their continued support and the financial means by which I was able to obtain my travel experiences. Thank you also for your meticulous work in revising the many drafts of this final work.

• Dr. Paul Bunger and other Sanford School of Medicine administrators for helping me develop a project that will be useful to the USD Sanford School of Medicine.

• Student body at Sanford School of Medicine for their eager involvement in this project. Your feedback will help to improve the global health education of future students at SSOM.

• Microsoft Office Word Clip Art for all of the images utilized in this handbook.
Chapter 1.
Introduction to Global Health Electives

Quick Start:
Read section 12-18 months prior to trip
I. History of Global Education during Medical School

For decades, medical students have incorporated global health electives into their medical education. In the early 1900s, many medical students traveled to Germany to supplement their American experience. With World War II, came a heightened fascination with tropical diseases. In 1945, 96% of medical schools offered courses in parasitology and tropical medicine. By the 1960s, formal travel clinics with global health specialists were being established due to the greater travel demands of the public.¹

This trend has continued in recent decades. The current global society demands that physicians be familiar with global diseases and be able to treat culturally diverse patients with both respect and sensitivity.² The greater mobility of people also dictates that doctors be familiar with medicine in the developing world.³ To meet these demands, many medical students are embarking on electives in international health. The 2009 AAMC Graduation Questionnaire indicates that 30% of medical students participated in a global health elective during medical school.⁴ Among medical students at USD, 30.8% and 20.4% of graduates during 2009 and 2010, respectively, participated in a global health experience during their medical education.⁵

In a recent survey of the student body at the Sanford School of Medicine, 45.6% of students reported being very interested in serving internationally in a medical environment during their medical school career. 69.1% of students were very interested in serving in a global medical environment later during their career.⁶ Like medical students throughout America, students at the Sanford School of Medicine are very interested in pursuing electives in global health.
II. Why Travel?

Such experiences in international medical service have many inherent benefits for the student traveler. First, several studies indicate that these trips result in greater cultural literacy, including enhancing one’s ability to recognize and respect cultural differences. Secondly, these students also exhibit heightened enthusiasm for their career as a physician. Thirdly, student travelers develop a better understanding of global disease and traveler’s medicine, allowing them to serve as effective physicians in today’s global context. Fourth, medical student travelers are more inclined to recognize the impact that society and economics have on disease, inspiring gratitude for the system that currently exists in America. Lastly, since diagnostic tests are less available in an international context, participating in international medical services greatly enhance student’s clinical exam skills.

III. Purpose of International Venture

Despite all of these proven benefits, many people may still ask: Why should medical students participate in global health electives? Isn’t one better prepared and of greater benefit later on during one’s medical career? Since medical students are not yet licensed, what really is their purpose in an international environment?

The answer to these questions can be summed up very simply. The purpose of medical students in global health is active observation. This is the only time during one’s career when he or she can truly sit back and learn from native physicians. As one continues in residency and becomes a physician, he or she will be expected to assume control when visiting an international hospital. The problem arises when an American physician in this environment tries to apply their familiar American standards to this new situation. The puzzle piece simply does not fit. By spending time as an
observer of healthcare in the developing world, one can see how things function when American physicians are not around. One can obtain an insider’s understanding of how healthcare functions in the developing world. Instead of jumping into patient care and being frustrated by the paucity of tools and tests, one can see first-hand how the local physicians work in spite of these constraints. Instead of trying to educate and change how things are done, one can learn how their culture uniquely influences how they care for their patients. By being a medical student, one is able to listen and is privy to insights that are not available later on during one’s career. It is exactly this experience as a medical student which provides the foundation by which one may make an active, meaningful contribution later during one’s medical career.

By this one should not infer that medical students should not or will not do anything but observe while overseas. On the contrary, one will have incredible opportunities to see a dizzying array of foreign diseases, many of which will be more advanced than any cases seen in America. One will engage in profound questions concerning life and death. One will encounter desperate poverty and overwhelming illness and yet witness these individuals fighting to maintain their dignity. A medical student serving internationally will have incredible opportunities that are not available in America. But, since diversity and profound disease can be encountered in residencies and hospitals throughout America, these opportunities alone should not be the main reason that one travels. Instead, one should be a student of culture with an appetite for future work in global health. It is these individuals who will be most satisfied by their position as an active observer and intentional learner during their time in the developing world.
Resources Mentioned


Chapter 2. Choosing Your Adventure

Quick Start:
Read section 12-18 months prior to trip
First Source: AMSA’s “International Health Opportunities”

<table>
<thead>
<tr>
<th>Pertinent Timeline Prior to Trip</th>
<th>Activities</th>
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<td>12-18 months-</td>
<td>Research interesting organizations</td>
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<td>Make preliminary contacts</td>
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<tr>
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<td>Submit applications -OR-</td>
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<td>Tentatively propose travel itinerary</td>
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I. Destination

Is there a particular location you have always wanted to visit? Explore a globe, continent-by-continent, and compile a list of places you would like to go. Take some time to dream. This is your opportunity to see the world! Think big and whet your appetite for adventure! Keep this list on hand as you continue with the following components of the research process.

A. Exploring Available Opportunities

Global health experiences generally fall into one of two categories: independent ventures or corporately organized experiences. Each type offers unique advantages and disadvantages.

Health Organizations

Especially for the beginner or solo traveler, international health organizations represent a great opportunity. These experiences are offered for a set cost which is used for airfare, housing, transportation, and clinical work. The international sites utilized regularly see American medical students. Thus, standardization of the experience is possible, making it easier to obtain credit for such a venture. If traveling with a group of American clinicians though, the experience may be more accurately described as Westernized medicine in a global context. Engage in a candid discussion with the trip organizers to be sure that the experience meets the educational goals that one has in mind.

Hundreds of organizations offer programs for medical students desiring an experience in global health. The best place to start is through the American Medical Student Association. Their webpage for “International Health Opportunities” which presents
global health electives based upon the country of interest, desired level of involvement, and individual qualifications. This search can be coupled with a review of the *American Medical Association’s A Practical Guide to Global Health Services* which contains the names and contact information for approximately 300 organizations involved with global health.\(^3\)

In navigating the myriad of available options, another good resource is one’s peers. Take an informal poll of clinicians, faculty members, and fellow medical students who have been involved with global health. Are there any organizations that they would recommend? Appendix A contains a partial list of organizations with which USD medical students have previously travelled. (Of note: listing does not imply either a favorable or unfavorable experience.) USD also distributes numerous email notifications for medical student opportunities in global health.

**Independent Physicians**

Alternatively, one may arrange an independent venture with a traveling American physician or through a native local physician. Since most of the logistics have to be arranged independently, this trip is best suited for the more experienced traveler. Due to the isolation from one’s American cohort, this experience allows one to more fully engage global healthcare in its native state. Standardization of the experience is usually not possible though, making it more difficult to obtain credit for such a venture. Logistically, for course approval one must submit the necessary extra-mural 890 form to the Registrar at the Sanford School of Medicine. This form must be approved by both the Dean of Student Affairs and the respective Department Chair. Despite the extra work required for endorsement, the lifelong value of this kind of experience is well worth the invested time!

In setting up this type of adventure, networking is of utmost importance. Who do you know that has or is planning to travel
internationally? What contacts do you know globally? Explore all leads through colleagues, friends, churches and clinicians in order to develop the most meaningful experience possible.

B. Country Stability

Though one may be interested in visiting many countries, realize that the political stability of countries can vary dramatically. Before embarking on an adventure to a particular region, it is essential to thoroughly explore the political climate that is present. A great starting point is Travel.state.gov, a website sponsored by the US State Department which provides an abundance of country-specific information. Make special note of their current travel warnings, indicating countries to which visits by Americans are not advised. Since this information comes directly from US embassies abroad, it is imperative to heed their advice.

Secondly, research general current events in the countries of interest. A search in Google news provides valuable information about the present situation. Other research options include BBC International and WorldPress.org, a composite website of international newspaper headlines.

C. Language

Language is a huge consideration when traveling abroad. It is always easier to travel where one speaks the language or, alternatively, where English is widely spoken. In light of your own prior education in other languages, consider a corresponding country. For example, if one has a background in Spanish, consider traveling to a Central or South American country. Realize that a background in a given language may give you unexpected benefits in other parts of the world as well. For
instance, a background in French can be of significant benefit in the Ivory Coast in West Africa.

One’s lack of language training though should not preclude one from traveling. English is spoken in many locations as the common language for education and commerce. Thus, native English speakers can be found in most locations throughout the world.

D. Provisions

It is important to consider the provisions that are available in each location. Standard conditions such as the availability of water and electricity can differ markedly between sites.

Housing
A plethora of questions should be addressed. For example:

- What type of housing is arranged?
- Will I have my own room or will I be sharing accommodations?
- Have other Americans stayed there? What was their reaction??
- What is the expectation for rent?
- Is there electricity, running water, functional toilet facilities?
- Will there be access to reliable refrigeration?

Do not be shy! Explore this topic thoroughly as it will account for the bulk of your comfort during the trip.

If one is planning one’s trip independently, the best and safest option is often to stay within the hospital compound itself in an available room or apartment. Consider renting a room from the hospital, simplifying transit worries considerably. Or, perhaps there
is a local family with whom one could stay for a pre-arranged price. This provides the added bonus of native people who one can rely upon for help in an unfamiliar environment. Be advised though: This experience is not for the faint of heart! Local housing situations can vary dramatically throughout the world. Be mentally prepared for anything!

If you are staying with a host family or relying on others for meals, plan to bring extra money as a gift for them and to help them with their expenses. Hospitality is a highly valued trait throughout the world.

“During a trip to Zimbabwe in 2008, our host family was very generous. They were adamant that we eat four meals each day in such quantities we were unable to eat all that was provided. Then, they refused to serve us any of our leftovers. They had even hired extra help in order to prepare all of our meals and would not allow us to assist with anything. Later on in the trip, we found out that, due to the scarcity of food in Zimbabwe, they had driven 8-hours to South Africa in order to obtain food for our visit. I’m glad we had brought extra money to help them with this enormous expense.”

-Fourth-Year Medical Student

Though one’s hosts may not say anything, realize the presence of an in-house American can bring a lot of strain and expense to a family. The simplest conveniences in America are often costly luxuries in a foreign country. Do what you can to help defray the expense, leaving all involved with a positive perception of your time there.
Security

Inquire about one’s safety in the chosen locations for work and residence. Are there locks on the doors? Bars at the gates/windows? In many African countries, night-watchmen are routinely employed to monitor homes and businesses. Will there be a night-watchman on duty? If female, will there be an escort available during transit to one’s accommodations each night and for desired sight-seeing excursions? If the environment is questionable, one may be better off residing in a reputable nearby hotel despite the added expense. It is important to acknowledge that, though one might feel safe and be accustomed to life in an American city, safety in other cities throughout the developing world is handled differently and must not be taken lightly.

Transportation

If at all possible, one should live within walking distance of work and all necessities. The availability of transportation and rules of traffic are surprisingly culturally nuanced. For instance, in many places throughout Africa, a car horn is used to let the vehicle in front of you know you are about to pass. Also, driving on the left or right side of the road varies depending upon the country one is visiting. Thus, it is generally not advised to drive during one’s stay, especially during the first few days. Walking truly is the preferred mode of transportation throughout the developing world.

More distant trips for sight-seeing and shopping should be arranged with care. Many countries have public transportation available. Embarking on this mode of transportation in a developing country can be an adventure in itself. The United States is a very litigious society and, as such, has strict rules regarding seatbelts and number of inhabitants per vehicle. These same rules do not always apply in a global context. The vehicles utilized for public transportation often are packed far beyond maximum capacity with
people hanging off of the exterior as well. Thus, though available, public transportation may not be the most comfortable or safest option.

When one considers private transportation, taxis are a great option. Since meters are seldom found, one should be advised to set the fare for the journey before starting. (Of note, taxi drivers often raise the price for tourists. Have in mind an expected price before beginning a discussion.) If one can afford it, the best option is to hire a personal driver from the hospital.

II. Timing

Numerous arguments can be made concerning the best time for an international experience during medical school. The two most typical options are: 1) during the summer after first year and 2) during fourth year as an elective. Often, one is most enthusiastic about global health adventures early in medical school. After toiling in the books during first year, the twelve weeks of summer between first and second year appear to be a prime opportunity for such an educational out-of-classroom experience. There are other unique benefits to traveling later in one’s medical school career as well. From the student’s perspective, one has a more complete understanding of what one is observing. One can also more readily appreciate the contrast between healthcare in a global context and what one has experienced first-hand in the United States. From a global health perspective, a fourth year medical student is simply more useful. Based upon their recent clinical experience, these students can offer dramatically greater contributions in everyday healthcare situations.
Personally, I traveled to Sierra Leone (Africa) during my first summer of medical school, working in an urban mission hospital with African physicians for two weeks. Though a more complete discussion of this experience is presented in Chapter 6, I will acknowledge that this was a fantastic experience in medical observation which rekindled my desire to continue in medical school and sparked my interest in the study of pathology. I was admittedly frequently frustrated though by how little I was capable of contributing. During fourth year, I traveled to Zimbabwe (Africa) and worked in a rural mission hospital for three weeks. This experience allowed me to fully engage the concepts I had learned during my prior medical school experience. I felt as if I was able to truly participate as a valued member of the healthcare team.

Other organizations recommend that it is best to travel later in one’s medical school career. The global health handbook for the Christian Medical Fellowship advises interested medical student travelers to consider overseas electives only after completing one’s obstetrics/gynecology and pediatric rotations. Thus, in order to glean the most benefit from an international experience, structure it as a fourth year elective.

Several other factors should be considered as well. First, it is advisable to research the climate. Seasons in equatorial countries are typically described as either dry or rainy, in contrast to our usual summer or winter. In general, one will experience warmer weather during dry seasons and mildly cooler weather throughout the rainy season. Tourism typically peaks during the dry season since travel by road is often easier. Ticket prices are often mildly inflated during the dry season. Based upon climate and financial considerations, it is often most pleasant to plan one’s trip to coincide with the beginning of the rainy season.

It is also imperative to build a buffer zone around one’s trip. Before the trip, reserve 1-2 days for packing and finalizing last-
minute details. After the trip, allow 2-3 days for jet lag recovery and cultural adjustment.

**III. Funding Considerations**

Based upon a recent survey of students at the Sanford School of Medicine, funding concerns were overwhelmingly cited as the primary prohibitive factor toward engaging in an overseas venture during medical school. Though the lifelong benefits of such an experience are priceless, the associated costs often appear to present an insurmountable obstacle. It is possible to overcome it with careful planning and a bit of creativity. Aside from exploring the more traditional funding options such as loans and scholarships, consider the best funding strategy: Publicity! Spread the word that you are traveling to a developing country to assist with the healthcare needs there. Describe your trip and encourage friends, family, local business and churches to support your global work. Consider staging fund-raisers in your hometown and/or at your medical school campus in order to raise money for your trip. The hospitals and clinics where you have been working may offer contributions for such a venture. Be resourceful and creative! You may be surprised by the people who are willing to offer you financial support.

As one prepares for the publicity blitz, one should have a general idea as to the total cost of the trip. If traveling with an organization, they will usually provide a set price for the experience. In planning, one should consider adding $1000 to the suggested price to cover the other associated travel expenses, including immunizations, necessary pre-travel purchases, any emergencies, and a few souvenirs. The estimation of necessary funds becomes more difficult if arranging one’s trip independently. As a generous
rule of thumb, the total expense for a given international experience is approximately twice the cost of airfare. With this in mind, recognize that the price of one’s trip can be significantly influenced by the chosen destination. Trips to Central American countries can be quite economical whereas an African adventure will be more expensive.
Resources Mentioned


Chapter 3. Planning Your Trip

Quick Start:
Read section 6 months prior to trip
First Source: US State Department
(http://Travel.state.gov)

Pertinent Timeline Prior to Trip
3-6 months- Purchase Plane Ticket
5 months- Purchase Passport
3 months- Purchase Country-Specific Visa
I. Purchasing a Ticket

This decision alone consumes the majority of one’s travel funding. Do the research very carefully, collecting all available information in order to make the wisest possible decision. Various on-line resources are available to assist with trending airfares. Monitor such programs in order to get the best possible price. Anticipate purchasing a ticket approximately 3-6 months before the trip.¹

When considering the details of international travel, it is best to keep several things in mind. First, ideally one’s entire itinerary should be scheduled with a single airline. Especially in international contexts, it is easy to be “caught” between airlines and get stuck with exorbitant fees.

“On our recent trip to Zimbabwe, we were delayed on our flight from Atlanta to Johannesburg. This caused us to miss our connecting flight to Harare on another airline. Neither airline would claim responsibility for the situation. Since it was ‘our fault’ we had missed our flight, we had to purchase new tickets for a flight the following day. In all, the cost of a night’s lodging in a nearby hotel and our new international plane tickets totaled well over $1000.”

-Fourth-Year Medical Student

One can easily avoid a similar situation by using one airline for all components of the trip. Also, realize that the standards for airline safety are not universal. Research each airline carefully in order to determine their safety records. Especially among African airlines,
the plane inspection protocols are more lax and have resulted in several catastrophic accidents. In Africa, it is best to use major airlines only (such as Kenyan or South African Airways) and avoid cross-continent travel despite the added expense that this decision may incur.

In light of these challenges, a travel agent who is well-acquainted with planning international journeys can be a valuable resource. Each travel agency arranges their reimbursement differently, usually either as a percentage of the total price or as a flat rate per trip. Feel free to research the international experience level and associated fees of several local agents before selecting one with whom to work.

By forging a relationship with a local travel agent, one has access to several notable benefits. First, agents often have access to special promotional discounts which may help defray one’s ticket costs. Secondly, they can offer valuable insights regarding travel itineraries and timing for key purchases, allowing one to make the best decisions possible. Thirdly, they are more familiar with application processes and requirements. They can serve as one’s advocate in the processing of the necessary paperwork such as passports and visas. Lastly, they provide an excellent support system. When traveling internationally, a multitude of factors may result in the disintegration of one’s ideal travel itinerary. A travel agent who is acquainted with your situation can be very influential in organizing a back-up plan when needed. In general, the cost for hiring a travel agent is well-worth the associated peace of mind.

II. Applying for Travel Documents

Before one is able to embark on an overseas excursion, several key documents must be obtained. The US State Department has developed an excellent resource to help their citizens navigate these requirements. Their website, travel.state.gov, has headings
for international travel, passport acquisition and visa obtainment.\textsuperscript{2} Also, as previously mentioned, there is a list of current travel advisories which is formulated by US embassies around the world.\textsuperscript{2} All components of this website should be reviewed and are well worth a future traveler’s time.

A. Passport

A passport is required for all individuals wishing to travel abroad. This document provides proof of United States citizenship and, most significantly, allows entry back into the country. It also functions as one’s ticket for help when presented at a United States embassy.

Acquiring a new passport takes several weeks and requires careful preparation. At travel.state.gov, they offer a detailed list of required documents that must be presented in order for a passport to be issued.\textsuperscript{2} A citizen must submit multiple means by which to verify one’s identity and citizenship. A new passport photo is required along with an application fee. Please see the website for the most current, detailed requirements. Though in the past people have been able to take a passport photo at home, the detailed specifications now necessitate a commercial-grade photograph. For a reasonable fee, a passport photo can be obtained at most photo stores, including the local Wal-Mart. The necessary documents must be presented \textit{in person} at a nearby designated passport application site. This is often a department in the local government. It is always best to keep a copy of everything that is submitted. Passports should be received in approximately 4-6 weeks.\textsuperscript{2}

Those who already have a passport should check to be sure it has not expired. The expiration date should be no less than six
months beyond one’s anticipated date of return. If a renewal is required, the passport will need to be mailed in along with the necessary application, fees and documents. Allow 4-6 weeks for the receipt of the new passport. This process can be expedited if needed for additional money. For more detailed specifications, please see the information published by the US State Department at travel.state.gov.²

B. Visa

A visa is a certificate issued by a foreign country indicating that one is approved for travel. Depending upon the desired country, the visa may need to be purchased from their embassy in America weeks before the departure or it may be available in-country before exiting the airport. Availability should be studied carefully, well in advance in order to ensure the timely acquisition of this document.

If a visa must be obtained from the embassy in America, one will have to submit the necessary documents several weeks prior to the trip. The required paperwork differs for each country. Travel.state.gov is a great starting place for visa research. Under the heading “Americans Traveling Abroad,” one is able to access country-specific visa requirements.² Embassy websites are also available but sometimes lack the most current information. The best information can be obtained by directly contacting the country’s embassy in America. An international travel agent can be a valuable resource.

**Typical Visa Application Requirements:**

- ✔ Application form
- ✔ Valid passport
- ✔ Immunization record
- ✔ Proof of invitation
- ✔ Application fee
- ✔ New passport photo
- ✔ Intended travel itinerary
It is always best to keep a copy of everything that is submitted. Once all of the necessary documents have been submitted, it may take 4-5 weeks for the visa to be returned. This process can be expedited for extra money but, in general, one should apply for the visa well in advance of the intended departure date.

During travel preparations, the international traveler should also verify that one’s passport has enough blank pages for the trip. Customs officials in many countries view the last few pages as filler and are sometimes unwilling to use them for the necessary stickers and stamps. If a passport book is completely full, it is within their rights to deny entry to the traveler. Thus, it is best to act in advance to prevent this situation. If one has traveled extensively and is at risk of being out of space, one can submit the passport to the US government where more pages will be sewn into one’s book, for a fee. This request can often be honored simultaneously with the request for a visa.

There are many different types of visas available, including tourist, work and study. One’s choice for the type of visa is dictated by the type of work one intends to do. Unless otherwise directed by one’s sponsoring organization, a medical student who seeks to assist with healthcare in a developing country should apply for a tourist visa. This choice is dictated by several key factors. First, the student is volunteering his or her time and is not accepting payment for services rendered. Throughout the world, volunteerism is viewed as a type of tourism. Secondly, the other obvious alternative is a work visa. This type of visa usually requires proof of licensure and, as such, is not possible for medical students. In other words, if one desires to pursue international aid later in one’s career, one should
apply for a work visa. But, for medical students who are not licensed, a tourist visa is the best alternative.

Several beneficial limitations are inherent in this choice. First, a tourist visa places medical students squarely in the role of an observer. This may seem frustrating for fourth-year medical students who are used to a more active role in the American wards. A student must remember though that he or she is no longer working in America. The fundamental purpose of traveling to a foreign context in medical school is not actually to treat patients. There is ample time for this during one’s clerkships and residency. Instead, one should seek to observe medicine in a foreign context. Consider how they cope with resource scarcity. Observe how they react to overwhelming need. In all situations, resist the urge to take over and show them the American way. Learn to see the values inherent in how they administer healthcare. According to Dr. Gess, ophthalmologist from Minnesota who worked as a medical missionary to Africa for 56 years, observation is a key component to one’s preparation for the administration of international aid. It is only through first-hand exposure to medicine in this context can one hope to make a meaningful contribution later on in this same environment.

Secondly, a tourist visa provides a ready excuse for unsafe medical situations. During a delivery or surgery when concern for exposure to blood-borne pathogens is greatest, one can legitimately withdraw oneself from a compromising position. As will be discussed later, standards for personal protection are much more lax in the developing world. For instance, it is common practice to reuse plastic gloves. These weaker gloves can easily break and allow contamination. Medical students must be personally vigilant in protecting themselves from unnecessary exposures.

Fundamentally, in choosing a visa and caring for patients in the developing world, medical students must realize that they are NOT licensed to practice medicine, regardless of the authority that
the staff/patients may give or the medical opportunities that they may perceive. A traveling medical student who is not licensed in America should not adopt more authority when traveling abroad. Be active in giving authority back to the native physicians and nurses. Remember, after the Americans leave, it is they who are responsible for the day-to-day care of the patients. With their rich experiences in international healthcare, they have much to teach us if we, as American medical students, are willing to listen.
Resources Mentioned


Chapter 4.
Being Detail-Oriented

Quick Start:
Read section 3 months prior to trip

Pertinent Timeline Prior to Trip
2-3 months- Schedule Travel-Medicine Appointment
1 month- Cultural Research
          Complete Paperwork
I. Enhancing One’s Cultural IQ

Each country differs dramatically in language, dress, religious composition and social mores. This difference is often a source of great pride for the inhabitants. Americans are famous for being grossly under-educated regarding the distinctive features of the other countries in the world. By investing a minimal amount of extra effort prior to traveling, a medical student can obtain a baseline understanding of the country that will be invaluable as one begins to interact with the local people.

A. Current Events

One should begin the search for distinctive cultural features by web-browsing for current events. Look for news articles that relate to the country of interest. Try to obtain an understanding of their form of government and the current political environment. Is it a democracy, a monarchy, a dictatorship, a theocracy or a combination? Who are the major current political figures? What struggles have been confronted recently? How does religion factor into their political environment? What is the dominant religion? In reading these articles though, realize that media in other countries may function very differently than it does in America. For instance, in many dictatorships, the controlling regime determines what news will be broadcasted. Consider input from a many different types of sources before completing one’s research.

B. Historical Facts

Before traveling, obtain a broad understanding of the region’s history and major landmarks. Spend a day at a local bookstore with a large travel section. Skim multiple travel books
looking for notable landmarks, excerpts on key political figures, and broad historical overviews. The acquired information will be very beneficial in future conversations with the country’s inhabitants. This activity has the added benefit of developing a list of points of possible sight-seeing excursions. Also in preparation for this requisite sight-seeing excursion, familiarize oneself with a map of the region and purchase a small, detailed map to bring along.

C. Languages

Determine what languages are represented in the destination country. Obtain a travel dictionary in the country’s primary language and learn a few key words to greet people upon arrival. Upon arrival, continue this effort as possible. Since children throughout the world often learn English in school, they can be a valuable resource for translation and language acquisition. The effort invested in learning a bit of their language serves a dual purpose of making communication easier and simultaneously validating their culture.

D. Clothing

Research the typical style of dress in a given country and make every effort to conform to this new cultural standard during one’s trip. For instance, in some African nations, it is not appropriate to show one’s shoulders or knees. In some Islamic countries, women are even required to wear a burqa. It is imperative to thoroughly research what is acceptable for an American woman to wear. Despite the heat, these cultural traits necessitate that all tank tops and shorts be left behind. The goal is not to be fashionable but instead to be climate-
appropriate and functional. Within reason, one should make every effort to conform to their cultural values concerning clothing.

E. Communication

Be quick to learn their unique cultural mores. Mimicry is the best means by which to learn in a given culture. Observe unique gestures and their context in conversation while simultaneously watching for unexpected reactions to common American gestures.

**Unique Cultural Traits Around the World**

**Kenya**- It is culturally inappropriate to beckon someone with a crooked index finger. This gesture is used only for animals.

**Sierra Leone**- One shows respect for an individual by walking three steps behind.

**Zimbabwe**- Elders are addressed as Papa/Uncle or Auntie. Family connection is irrelevant when using these terms.

**Sub-Saharan Africa**- Never offer the left-hand for a hand shake since this hand is strictly reserved for personal hygiene.

**Thailand**- It is rude to show someone the bottom of one’s foot. Thus, if sitting beside another individual one should never sit with one’s ankle resting on top of the opposite knee.

**Far East**- Shoes should be removed at the door. In Cambodia, guests typically go barefoot indoors whereas in Japan, one’s hosts will often provide a pair of slippers to be worn in the house.
It is easy to feel overwhelmed at the different cultural nuances throughout the world. Be aware but do not worry to the point of paranoia. They will understand that one is an American visitor and are quick to offer grace for such social blunders. Pay attention though and work to intentionally conform to their unique cultural nuances.

II. Navigating the Pre-Travel Health Consultation

While traveling internationally, one is exposed to a multitude of unfamiliar diseases from both patients and the environment. Research indicates that 80% of medical students understand the greater risk associated with international travel.\(^1\) Despite this, 40% of traveling medical students neglect to see a physician prior to departure.\(^2\) Among students at the Sanford School of Medicine, the statistics were even more startling. Only 31.5% of surveyed medical students consulted a physician before traveling internationally.\(^3\) This decision is not without consequences. Despite their added training, medical students have been found to experience illness in a foreign context at the same frequency as the general population.\(^2\) Of 597 traveling medical students, 269 experienced mild symptoms while abroad, 130 were relegated to bed, 53 required a physician, and 7 were hospitalized.\(^2\) These statistics emphasize that medical students must be vigilant both prior to the trip and while traveling to protect themselves from disease.

Students should plan to see a physician 2-3 months prior to departure.\(^1\) Travel-related health advice is tailored for “this person, this trip, this time.”\(^1\) Since international health situations frequently
change, medical students must be vigilant in consulting a physician prior to every international venture. Most individuals see their usual family physician. This is beneficial since they have an established, long-term relationship. One should recognize that he or she may not be as informed regarding the various risks associated with travel to specific exotic locations. Alternatively, one may see an infectious disease specialist at a nearby designated travel clinic. Though he or she may have greater expertise in this field, their services are associated with a much higher price tag. Clearly each situation has its own risks and benefits. Medical students should use their own discretion in determining which type of physician they would prefer to see.

In preparing for one’s pre-travel consultation, medical students should first research current travel recommendations independently. The gold standard physician reference regarding international travel is the Health Information for the International Traveler. It is affectionately known as the “Yellow Book” and is published annually by the Center for Disease Control (CDC). This resource is available entirely on-line and can be accessed through the CDC website. Access this book and skim the table of contents, reading any sections that appear pertinent to one’s trip.

Several topics need to be discussed during one’s pre-travel consultation. These include immunizations, prophylaxis and traveler’s diarrhea. The sections that follow will develop each of these topics individually.

A. Immunizations

Immunizations are of utmost importance for the traveling medical student. The Center for Disease Control (CDC) is the best resource for vaccine information. Their traveler’s health webpage provides a list of recommended vaccines which is formulated for each country. According to the CDC, vaccines reach maximal efficacy only after the immune system has had time to mount a
response. It is best to administer a vaccine 4-6 weeks prior to one’s trip. During one’s clinic visit, most inactive vaccines can be obtained simultaneously. If several live vaccines are needed though, 30 days may be required between vaccinations. Also, some vaccines are not routinely held in stock at local clinics, causing one to have to wait for them to be obtained. For all of these reasons, one’s clinic visit should be scheduled well in advance of this 4-6 week deadline.

In general, one should already be current with the following vaccinations:

- Tetanus/Diphtheria/acellular Pertussis (Td/TDaP)
- Hepatitis B- childhood vaccine
- *Haemophilus influenzae* type b- childhood vaccine
- Polio (IPV/OPV)- childhood vaccine
- Measles/Mumps/Rubella (MMR)- childhood vaccine
- Meningococcal- usually given at the start of college
- Human Papillomavirus (HPV)
- Influenza- annual vaccine
- Varicella (chicken pox) or have a documented titer

Medical student travelers should access their immunization record and verify that they are up-to-date with all of these standard vaccinations. Travelers often require additional vaccines depending upon the area that they are visiting. Though these immunizations are often quite expensive, the protective benefit associated with their attainment is worth the extra cost. Typical vaccines for international travelers include:

- Hepatitis A
- Typhoid Fever
- Japanese Encephalitis
- Polio Booster (IPV)
- Yellow Fever

Each vaccine has a different timetable and mode of administration. Please see the CDC Traveler’s Health webpage for the most current vaccine information and recommendations.
B. Prophylaxis

Prophylaxis is medication that one takes in order to prevent a certain disease. Depending on the destination, medical student travelers should consider acquiring prophylaxis for both malaria and HIV.

Malaria

Malaria is endemic in many parts of the world, but one’s risk is greatest in Africa and Oceania. Several simple lifestyle modifications have been recommended as an easy way to decrease one’s chance of acquiring malaria. These practical solutions will be discussed further in Chapter 6. Medicinal prophylaxis is also highly recommended as an adjunct protective mechanism. In general, pharmacologic therapy should be initiated prior to departure, taken while abroad, and continued for a brief period after one’s return. The best starting place for research is through the CDC at the traveler’s health webpage. They have published an interactive malaria map that indicates relative risk of malaria, medication resistance and recommended agents for prophylaxis.

<table>
<thead>
<tr>
<th>Agent</th>
<th>Frequency</th>
<th>Duration</th>
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<tbody>
<tr>
<td>Mefloquine</td>
<td>Weekly</td>
<td>2 weeks before traveling</td>
</tr>
<tr>
<td></td>
<td></td>
<td>During trip</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 weeks after return</td>
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<tr>
<td>Doxycyline</td>
<td>Daily</td>
<td>2 days before traveling</td>
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<tr>
<td></td>
<td></td>
<td>During trip</td>
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<tr>
<td></td>
<td></td>
<td>4 weeks after return</td>
</tr>
<tr>
<td>Atovoquone-Proguanil</td>
<td>Daily</td>
<td>1 day before traveling</td>
</tr>
<tr>
<td></td>
<td></td>
<td>During trip</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 week after return</td>
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</tbody>
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Table 1. Typical agents for malaria prophylaxis.
Of the available anti-malarials, Doxycycline is the cheapest medication. Depending upon the individual though, it may cause side effects such as sun-sensitivity and stomach irritation. Mefloquine, as a weekly medication, is much more convenient but is also more expensive. (Of note: Though Chloroquine has also been used historically for the treatment of malaria, most of the strains throughout the world are now resistant to this drug. It is best to avoid using this agent unless it is explicitly mentioned as a viable option in a given region.) In deciding which anti-malarial to take, reference the CDC webpage for a listing of the recommended anti-malarial agents for a given country. This information can be used during consultation with one’s physician to decide which is the most appropriate medication. By coupling malaria prophylaxis with the recommended lifestyle modifications, one can greatly reduce the likelihood that one will acquire malaria.

Human Immunodeficiency Virus (HIV)

Studies indicate that 35% of medical students will sustain one needle-stick during the course of their medical education. Fewer than 50% of these cases are ultimately reported. Though troubling, the ramifications of such statistics are less profound in South Dakota due to the relative good health of the general population. In an international context, this is no longer the case. Especially in Africa, many of the patients one will encounter are HIV-positive, making needle-sticks of dire consequence. Despite literature being provided, 42% of medical students traveling to high-risk countries were unaware of risk status. It is imperative that, prior to traveling, medical students be informed of the situation and take extra precautions to adequately protect themselves.
Medical students are far more likely to obtain a needle-stick or have a blood exposure when serving in an international context. In a frightening study among ‘junior physicians’ in South Africa, 91% had obtained a needle-stick injury during the last year. 55% of these exposures were from HIV-positive individuals. Several factors may contribute to these statistics. First, personal protective equipment is less available, making students less inclined to use it. When it is available, it is often of lower quality. For example, in order to conserve resources, sterile gloves are washed and re-used in many locations around the world. These gloves are more fragile, affording little protection from blood-borne pathogens. Secondly, operating room procedures differ throughout the world. Consequently, an American medical student is less familiar with the surgical patterns in an international context. Also, medical students often have a slight communication barrier with the staff. This clouded environment for communication can easily result in an accident. All of these factors contribute to the elevated risk of blood-borne pathogen exposure during international service ventures.

Medical students are also more exuberant, wanting to participate in high-risk procedures in order to further their medical education. In a study from the United Kingdom, 74% of traveling medical students reported engaging in a high-risk activity such as a delivery, surgery or phlebotomy during their trip. Of the 103 students surveyed, 38 individuals reported significant exposures either percutaneously or through contact with mucous membranes or non-intact skin. Though all of the students had HIV prophylaxis along, only 6 people considered taking it and none ultimately did. Clearly, the necessity of taking HIV prophylaxis in such situations needs to be re-iterated.

In light of these startling statistics, experts recommend that all medical student travelers carry HIV prophylaxis with them and be informed of situations in which it should be used. The recommended course is a two-drug regimen of Nelfinavir combined
with either Zidovudine or Lamivudine. In high risk situations, Lopinavir or Ritonavir should be added.\textsuperscript{10} This regimen should be initiated immediately after exposure and continued for 28-days. Fundamentally, if a medical student is exposed in an international environment, he or she should take the recommended post-exposure prophylaxis, regardless of the patient’s HIV status or the medication side-effects.\textsuperscript{12}

Despite the benefits associated with having HIV prophylaxis on hand, these medications are admittedly expensive. According to the literature, health insurance companies will often cover a traveling medical student’s prescription for HIV prophylaxis.\textsuperscript{12} Thus, students should contact their health insurance company for inquiry prior to purchase. Again, one should take these medications only in the event of exposure to blood products. If this situation never arises, one may consider donating their supply to the local hospital where HIV is endemic. In most circumstances, this contribution will be greatly appreciated.

C. Travelers’ Diarrhea

Travelers’ Diarrhea is the most common travel-related medical problem,\textsuperscript{13} affecting 30-70% of travelers depending upon
the destination. Those from the developed world who travel to a developing country are most at risk for this disease. Though it can be caused by any type of pathogen, enterotoxigenic Escherichia coli is the most frequently implicated agent. Travelers’ Diarrhea is a characterized by three or more unformed stools within one day while traveling. Loose stools are most commonly associated with fecal urgency, tenesmus, colicky abdominal pain and nausea.  

The mode of transmission for travelers’ diarrhea is fecal-oral. One can prevent it through careful attention to hygiene, especially when considering one’s food. First, employ frequent hand-washing with soap and water. Secondly, while preparing food, remember the mantra: “Boil it, cook it, peel it, or forget it!” Flies and insects are the most common, and most overlooked, vectors for fecal-oral transmission. Any food that has been sitting outside for an extended period of time should be avoided. This includes wares from street vendors. Thirdly, all drinking water should be purified. Either purchase bottled water or personally boil water vigorously for three minutes prior to use. Please reference Chapter 6 for a more thorough exploration of the precautions to prevent travelers’ diarrhea.

The major associated risks from travelers’ diarrhea are dehydration and electrolyte imbalances. Most cases are self-limited, resolving without treatment in approximately 3-4 days. The symptoms can be moderated through electrolyte-rich hydration formulas, anti-motility agents and antimicrobials. Provided that the loose stool is not bloody or associated with a fever, Loperamide (Imodium) or Bismuth subsalicylate (PeptoBismol) can be used to inhibit diarrhea. This will help alleviate the symptoms but will not eradicate the underlying infection. In order to accomplish this, Ciprofloxacin or Norfloxacin may be used empirically. (Of note:
Doxycycline, if used for malaria prophylaxis, may help to reduce symptoms as well. But, due to widespread resistance, it is not suitable as a definitive therapy. Medical students should discuss these options with their healthcare provider and consider having a supply of these medications with them during their journey.

D. Physician Visit To-Do List

- Obtain necessary vaccinations
- Acquire prophylaxis for malaria, HIV if recommended
- Ask about travelers’ diarrhea
- Request broad-spectrum antibiotic such as Ciprofloxacin to be taken as needed

III. Completing Paperwork

Aside from the plethora of details already discussed, several other key items need to be addressed prior to serving in an international context. These include malpractice insurance, personal health insurance, medical evacuation insurance, USD’s waiver of liability and registration with the embassy. Each topic will be discussed in detail in the following sections.

A. Malpractice Insurance

Malpractice insurance is a fixture of the practice of medicine in a Western context. The litigiousness of American society dictates that one constantly have insurance to protect oneself from exorbitant lawsuits. This environment stands in direct contrast to the perspectives of residents in third-world countries. Typically, the overall scarcity of medical care makes patients and their families grateful for any care that they receive, regardless of the outcome. People in the developing world have a very different perspective toward death as well. Since death is viewed as a natural
consequence of any disease course, less blaming occurs when it is confronted. All of these cultural traits result in a healthcare culture where malpractice is non-existent. It is seen as being largely “irrelevant” to medicine in the developing world. Unless otherwise recommended by one’s sponsoring organization, malpractice insurance should not be a great concern prior to one’s travels.

Despite the more forgiving perspective of the public in the developing world, medical student travelers should heed the advice to stay well within the realm of one’s visa. If a student with a tourist visa adopts too much authority while serving abroad, he or she may justifiably be arrested for practicing without a medical license. In general, despite one’s status as a fourth-year medical student, one should avoid writing in medical charts or signing his or her name. Instead, work to be an observer, taking opportunities to question and suggest as they present.

B. International Health Insurance

If one gets ill while abroad, who will pay for healthcare expenses? All medical students at USD are required to have health insurance coverage. Whether obtained privately or through the medical school, each insurance company is unique in how they handle overseas expenditures. In some instances, one is fully covered while traveling abroad. This may be either through direct submission of medical bills or via re-imbursement after one’s return. Other companies have exclusions that deny coverage while in a foreign context. Students should call their insurance provider and be informed of their unique standards prior to one’s departure date.

C. Medical Evacuation Insurance

If one becomes profoundly ill or is in a severe accident while abroad, who is responsible for the expense of airlifting the student to another location? Though some United States health insurance companies may pay for health care while overseas, most will not pay
for one’s evacuation. By obtaining medical evacuation insurance, one ensures that, in case of severe illness or even disability, one will be able to return home. According to numerous sources, this investment is definitely recommended.\textsuperscript{7,15}

A listing of companies that offer medical evacuation insurance can be found at the US State Department traveler’s website. One should follow the ‘Tips for travelers’ page to the discussion of ‘Safety Issues’.\textsuperscript{15} The features of each of the listed companies can be compared through a brief online search. With a purchased policy, one may also be able to obtain additional features which provide assistance in case of identity theft, non-medical emergency travel, and lost luggage. Students are free to use their discretion in purchasing the policy that best fits their needs.

D. USD Waiver of Liability

The University of South Dakota has a waiver of liability that must be completed prior to one’s international ventures. Through this document, a medical student acknowledges that he or she is traveling at his or her own risk. The submission of this document is required for all medical students who are embarking on a trip that is not sponsored by USD. A copy of the document is included in Appendix D for review. A final signed copy needs to be submitted to the Registrar for Sanford School of Medicine prior to departure.

E. Foreign Embassy Registration

The United States government has developed the Smart Traveler Enrollment Program (STEP). Located on the US State Department website, this free program can be utilized to register one’s identity, passport information, and emergency contacts prior
to international travel. If something unforeseen happens while one is abroad, this ensures that one’s family will be able to be notified. By submitting one’s travel itinerary, the US embassy in that country is made aware of one’s presence. This facilitates embassy assistance in the event of a personal crisis or civil unrest. One can also voluntarily elect to be notified by the embassy if there is a safety concern due to a change in the country’s political climate. The registration process is simple and quick. Medical students should register and submit their travel itinerary in order to be optimally prepared for travel to one’s selected country.
Resources Mentioned


Chapter 5.
Last Minute Preparations

Quick Start:
Read section 2 weeks prior to trip

Pertinent Timeline Prior to Trip
2 weeks- Confirm Travel Plans
1 week- Pack
I. Packing for Adventure

Packing for an extended venture in international service can be an intimidating process. A detailed suggested packing list is included below. Before beginning, review a few general guidelines. First, have an idea of the luggage weight-restrictions for the utilized airlines. It is best to stay well-within the limits since extra weight will incur heavy fees. Also, one will likely want that extra space for souvenirs during the flight home. Secondly, think about being thorough yet traveling lightly. Bring only what is most necessary. By traveling with less baggage, a student greatly enhances the ease by which he or she travels while simultaneously escaping being a blatant target as a wealthy American. Lastly, avoid last minute packing! Designate a packing area and lay out intended items well in advance. Often people are much less selective when hurried since the “just in case” mentality takes over. Allow enough time to settle on the items that are truly necessities.

The following list is a guide for medical students while packing for international service trips. It is not meant to be all-inclusive or completely representative of the needs associated with one’s unique travel venture. Read the list carefully yet feel free to adapt it as necessary to one’s specific country, season, time and purpose. An abbreviated list is provided in Appendix C.

A. Packing One’s Checked Baggage

Clothing

Clothing is the area where most people over-pack. When deciding what clothes to bring, be very selective and always keep in
mind that one’s destination is a hospital in a developing country. American values do not necessarily apply. First, do not worry about fashion. Dressing with American fashion only makes one stand out as an American. Instead consider function, comfort and versatility. American thrift stores are a great outlet for clothing that is functional, cheap and can be left or donated when the trip is over. Secondly, bring necessities only. Locals in the third-world usually have only a few outfits which they rotate. Thus, it is possible to wash and re-wear items during the trip. General rule of thumb: bring half of the clothing one would need for a similar trip in America.

When re-washing clothing in Sub-Saharan Africa it is best to dry clothes indoors or hang them outside only in direct sunlight. If laid on the ground, the clothing, though it may appear clean, can become infested with the bot fly, a superficial parasite that causes painful skin boils. If one must lay a garment on the ground to dry, the eggs are killed by ironing.\(^1\)

Thirdly, be mindful of the fabric and color of a garment. When considering a warm climate, bring light-colored breathable fabrics such as white cotton or linen. Avoid dark polyester garments which trap heat. Lastly, bring an assortment of garments that can be layered and mixed as needed in different situations and temperatures.

In terms of what one should wear while working in the hospital, one should dress cleanly and modestly. In general, local physicians dress very nicely each day. Longer skirts work well for women since they are cooler. According to Dr. Gess, an African missionary physician, males should plan to bring several button-
down shirts with 1-2 ties. Look back on the research that was done (Chapter 4) regarding cultural standards for clothing in one’s destination country and try to conform to their standards.

**Personal Items**

When buying the items needed for daily hygiene, small travel-sized containers are best. Bring plenty for the journey since it may not be available at one’s destination but avoid the standard large containers. Make room for all necessary medications as well, including malaria prophylaxis if indicated. In general, plan to bring all crucial daily medication in one’s carry-on just in case a piece of luggage gets lost in transit.

**Money**

From food to souvenirs, this category requires careful budgeting and preparation. As a general rule of thumb, carry approximately $200 cash per day of active travel (while in transit from home to destination and when returning). Having this money on hand can be very beneficial in managing sticky situations and unexpected expenses. Also, bring money to provide for unforeseen necessities, sight-seeing ventures, and souvenirs. If possible, it is very meaningful to bring some extra money or several small gifts to distribute to the local people that one will meet.

Traveler’s preference and conditions in the destination country dictate the best way to carry one’s money. The options include cash, travelers’ checks and credit cards. For a small fee, American currency can be exchanged by banks and designated exchange companies throughout the world. When carrying cash, do not flash large wads of currency or carry it all in one location. Instead, distribute the money in many locations on one’s person and in one’s carry-on. Avoid placing cash into checked luggage since it is
often searched. American credit cards are a viable option in most established businesses. The cards themselves assess a small fee for processing each international transaction. Be aware of the monetary limit placed on each of the credit cards prior to traveling. Travelers’ checks are another viable option assuming they are able to be cashed at one’s destination. Personally, I usually bring the necessary amount of American currency plus 1-2 credit cards.

American Snacks

In traveling the world, one will encounter a dizzying array of culinary possibilities. Food in the developing world often looks and tastes very different from our American cuisine. Though this is a source of excitement and discovery, it can also lead to indigestion and a longing for home. To ward off culinary homesickness, pack a few select items to be eaten during one’s time abroad. Suggestions are as follows:

- Individually-wrapped snack items such as granola bars, etc.
- Protein-rich snacks, including peanut butter, assorted nuts, and beef jerky, since protein is often scarce in the developing world.
- Ramen packages
- Small cereal boxes
- Box of crackers
- Personal favorite pantry comfort food

Recognize that one will likely crave American food by the end of one’s time overseas. Due to the variability of diet in the developing world, one might also consider taking a once daily multivitamin during one’s trip, providing nutritional supplementation on a likely unbalanced diet.
Work Necessities

Just as one would prepare for a rotation in America, there are certain things one should bring along when working in an international hospital. With a bit of advance planning, one may be able to obtain some of these items through donation from a nearby hospital or clinic. If items are not used completely during one’s stay, the student may consider donating them to the local hospital.

- White Coat
  Many international physicians wear their white coat almost continuously. Aside from being their uniform, it is also a symbol of their place in the hospital structure. Medical students should bring a white coat to wear while at the hospital.

- Stethoscope
  The model that American medical students have is much nicer than most of the stethoscopes that will be seen internationally. Consider borrowing an older version for the trip.

- Dictaphone
  This is a very valuable tool as it helps document thoughts and experiences from the journey in real-time.

- Pocket physician reference
  Consider purchasing a pocket guide to be placed in one’s white coat. When serving internationally, the internet is often not available for immediate research regarding medical questions. Possible references include:
  - Pocket Medicine: The Massachusetts General Hospital Handbook of Internal Medicine
  - Harriet Lane Handbook of Pediatrics
  - Lange’s Pocket Handbook of Family Medicine

- Plastic gloves- both sterile and non-sterile in the appropriate size
“In Sierra Leone, I saw them washing out plastic gloves in the hospital courtyard. They hung them to dry on the clothesline, coated them with talc, and put them back in boxes to be re-used. Who knows how many times each glove had been used and in what situations? I was so grateful I had brought my own gloves along for the trip.”

-First-year Medical Student

- Antibacterial hand gel in an assortment of large and small bottles
  Hand sanitizer is generally unavailable in the developing world. Bring an assortment of bottles to have them readily available both at home and in one’s white coat pocket. It is crucial to have this available as protection against foreign diseases.

- Face masks
  Face masks are typically not available outside of the operating theater. Yet, in international hospitals one will be exposed to many highly-contagious pulmonary conditions such as tuberculosis. In these situations, one should have personal protective equipment available.

- Post-Exposure Prophylaxis Kit
  Bring along the recommended supply of anti-retrovirals in case of blood-product exposure. Please reference Chapter 4 for a more detailed discussion on this topic.

Hospital Requests

Especially if one is visiting a mission hospital, contact the facility in
advance and offer to bring along any supplies that they might be lacking. As was indicated in the last student testimony, simple medical equipment such as plastic gloves may not be readily available in-country. If equipment or medications are requested, consider contacting area hospitals and clinics to obtain these items via donation. It often works well to find an old suitcase and bring it as a second piece of luggage. Both the suitcase and its contents can then be given to the hospital upon arrival.

Personal Travel Health Kit

When one travels in an international environment, every day of the trip increases the incidence of illness by 3% \(^6\). One should work to prevent illness but also be prepared for it during the trip. The following items should be packed in a personal travel health kit.\(^7\)

**Travel Health Kit Components** \(^7\)
- Tools for cuts, scratches, burns, strains, splinters
- Insect repellent (DEET 20-40%)
  (Travelers should pack DEET in a separate plastic bag as it is a fairly corrosive substance that will take the color off of nearby objects.)
- Broad-spectrum antibiotic- from physician visit
- Sunblock
- Acetaminophen
- Antacid
- Mild sedative
- Loperamide
- Handwash gels, towels
- Anti-emetic
- Anti-histamine
- Laxative
- Antibiotic cream

**Miscellaneous Items**
- Home Contact Information
Transcribe key phone numbers and email addresses of contacts at home. Bring along in case of emergency or opportunity to contact one’s friends and family in the United States.

- Map of region/city
- English-Other Dictionary
  If possible, learn a few words in their native language prior to arrival. This initiative will be greatly appreciated and will not go unnoticed by the locals.
- Adapter and/or Converter
  Most of the world uses electricity with twice the voltage as is used in the United States. This high voltage can quickly fry any electronic device that is manufactured for American circuitry. Prepare as if one will not have access to electronic devices such as blow dryers, curling irons and computers while abroad. Individuals may even consider getting their hair cut in a style that is fixed easily without the usual tools.
- Camera with Associated Equipment
  Each traveler will have to use his or her own discretion in the type of camera that is brought along. If one rarely takes pictures, perhaps a few disposable cameras for snapshots will suffice. In contrast, if one is a photographer at heart, one may decide that the professional-grade camera is essential. Whatever one decides, be sure to bring adequate film/memory cards and batteries for the entire journey. These supplies are often very expensive internationally.
- Rechargeable Batteries with Battery Recharger
  For everything from cameras to shavers, this is often a very economical investment prior to traveling. Be
advised though to bring a few normal batteries for back-up since electricity may be questionable.

- Flashlight
- Wet Wipes
- Kleenex Travel Packs
- Broad-Brimmed Hat to protect from the tropical sun.
- Cloth Shoulder Bag to use when shopping or on sight-seeing excursions.

**Gifts**

Gifts are an essential part of global culture, and one should plan for them very carefully. One is usually expected to give a host family and host physicians a fairly significant gift. Personally, I have found a new, monogrammed white coat to be heartily appreciated by international physicians. Also, one should consider bringing an assortment of smaller, token gifts that can be given to the other individuals that one will meet.

- Thank You Cards

Like gifts, this is another simple way of expressing one’s appreciation for the time and hospitality of one’s hosts. Bring an assortment of thank you cards to have available as needed.

**B. Packing a Carry-On Bag**

Just like packing one’s checked baggage, packing a carry-on requires careful planning. Most airlines allow one carry-on bag plus a smaller handbag or purse. To ensure an easy passage through security, remember to conform to all safety regulations, removing any item that could be misconstrued as a weapon. Pack lightly since one will have to personally tote these belongings all the way to one’s destination.
As mentioned before, the following list was formulated as a guide for medical students while preparing for international service trips. It is not meant to be all-inclusive or completely representative of the needs associated with one’s unique travel venture. With this in mind, bring:

- One’s Passport and Plane Ticket
- Address and Contact Information for Destination
- Money
  As discussed earlier, one should keep all money (cash, credit cards and/or traveler’s checks) with them while actively traveling. Distribute it in several locations throughout one’s clothing and carry-on.
- Copy of Passport Information Page
  This document serves as a protective mechanism should one’s passport be stolen or lost. Store the copy in a secure location removed from original passport.
- 2-3 Preferred Travel Activities
  Consider bringing a book, a project, or a pack of playing cards. Try not to over-estimate the tasks one will be able to perform while traveling. It is much easier to have one’s carry-on be light and have to purchase a magazine to read at the airport than to have to tote an over-abundance of material through the airport. If one is bringing some items for one’s time in the country or during the return trip, pack them in the checked luggage for retrieval at the destination.
- Earbuds
  Through the airplane sound system, one can access radio stations, movies, TV shows and many other forms of entertainment. By bringing headphones and accessing
these entertainment options, one can help the flight time pass much more quickly. Often a cheap set of earbuds are distributed by the airlines as a complementary amenity on international flights.

- Travel Lotion
- Antibacterial Hand-Sanitizer - small bottle
- Gum
  The changes in altitude during take-off and descent can cause painful pressure changes in one’s middle ear. By chewing gum, one facilitates pressure equalization through the eustachian tubes, thereby minimizing ear pain.
- Inflatable U-Shaped Sleeping Pillow
  These pillows fit around one’s neck and are an invaluable sleep aid during extended flights.
- Personal Hygiene Items
  Consider bringing a selection of toiletries for freshening up after an extended overseas flight. This supply also ensures that one can get by for a few days in case a piece of luggage gets lost in transit. Remember though, all items packed in a carry-on must pass through security. Do not bring shaving razors or any large bottles. All liquids and gels must be in small travel-sized containers and should be stored in a separate plastic bag.
- Medications
  All prescription medications, including malaria prophylaxis, should be brought in one’s carry-on. It may also be wise to have a mild sedative such as a sedating antihistamine for use on the aircraft during overnight flights. Any prescription medication ideally should be left in its
original labeled container. If one requires a controlled-substance, bring a doctor’s note to be sure it will successfully pass through customs.  

- Extra T-shirt and Set of Undergarments
  This is one’s security in case of problems encountered during travel, including an extended lay-over due to flight delays or one’s luggage being lost.

- Pair of Prescription Glasses
  Especially if one wears prescription contact lenses, this is an essential component of one’s carry-on.

C. Things to Leave at Home

- Paperwork
  Choose an individual at home to be one’s contact during the journey. Give them a copy of the intended itinerary, any lodging locations during transit and contact information for one’s destination. They should also keep a copy of the information page of one’s passport so it is available if needed.

- Most Electronic Devices- including laptops, ipods, etc
  With electricity being unpredictable, one may not be able to recharge these items during one’s time abroad. These items also pose a significant theft risk in the developing world. Music and movies are complementary and available on most international flights. Internet cafes are available throughout the world for a nominal fee. Thus, though it may be inconvenient, it is better to leave these items at home where they are safe.

- Designer Jewelry and Clothing
Remember, one’s goal is not to be fashionable but to fit in as well as possible with the native population.

- **Unnecessary Items in One’s Wallet or Purse**
  People routinely carry many items that will not be necessary in an international context. Remove all social security cards, extra credit cards, identification cards, etc prior to traveling.

- **Anything with Sentimental Value**
  Do not bring anything that would be devastating if it was stolen. Dr. Gess, missionary to Africa for 56 years, spoke of an instance where he received an empty suitcase upon his arrival in Africa. Foreign customs officials had fabricated reasons to confiscate the entire contents of his suitcase.² Be assured though, this is a rare situation. This story is presented simply to emphasize that the international laws for the protection of one’s property are much less stringent than those in the United States. With this in mind though, make a conscious effort to leave behind any of sentimental value, including watches, jewelry and even one’s wedding ring. Buy a plain, token ring to represent that one is married but leave the diamond or expensive wedding band at home.

**D. Pulling it All Together**

After deciding on the items one is bringing, one must then begin the work of actually packing the suitcase. Organization is key to keeping one’s belongings safe and secure. First, pack heavier items such as shoes toward the bottom of the suitcase. Secondly, roll garments when possible. This takes up less room and, when
done appropriately, often results in a less wrinkled wardrobe upon arrival. Thirdly, pack any breakable items in the midst of one’s clothing, cushioning all sides. Remember, do not bring any precious valuables. Secondly, pack all liquids and gels in plastic bags, thereby preventing catastrophic explosions in one’s luggage. Lastly, weigh the suitcase. Most airlines charge considerable fees for overweight luggage. By reviewing the weight restrictions and verifying that one’s luggage is within the requirements, one can save a lot of money.

II. Final Details

A. Confirm Travel Plans

If traveling with an organization, verify where one is supposed to join the group. Make sure that all of the necessary documentation has been received and all questions have been answered.

If a student has arranged his or her trip independently, be very vigilant in ensuring that all travel details have been addressed. Contact the destination hospital to verify the intended arrival date and time. Find out if the hospital is sending someone to the airport for pick-up or if the student is personally responsible for his or her transportation from the airport to one’s lodging. Regardless of the decided situation, it is best to know where one is staying and to have an idea of the address and directions just in case one is forced to hire a taxi.

B. Research Availability of Communication

Many people have international capabilities on their smart-phones. One should contact their wireless service provider to discuss available options and associated fees. Every company is different with how they handle
international situations. If there is any question, it is best to leave the phone at home since internet cafes are often readily available internationally for a nominal fee. If it becomes imperative that one have a cell phone while abroad, most countries have basic, economical versions available for purchase through local companies.
Resources Mentioned

Chapter 6. While Traveling

Quick Start:
Read section a few days prior to trip
I. Surviving Transit Time

This section is geared toward the beginner traveler who may not know what to expect on an extended international flight. Though specifics vary by chosen airline and plane, companies have made major advancements in developing entertaining in-flight options. Typically, each passenger has an individualized screen built into the seatback in front. On this screen, one can monitor a map of the flight’s progress, choose a movie to watch, play arcade games or select a desired radio station. During an extended flight, airlines will usually provide one large meal and one lighter snack. On one’s seat, one will also likely find a blanket, pillow and a set of earbuds which are complementary from the airline.

A. Beating Jet Lag

When one rapidly crosses time zones, one’s sleep schedule can be severely disrupted. This phenomenon is especially noticeable when traveling in an eastward direction.\(^1\) Try to anticipate this and reserve time in one’s schedule to adapt to the new time zone.

In combating jet lag, there are several tricks that can be used. First, one may choose to take a mild sedative for the first few nights in a new location. An over-the-counter sedating antihistamine such as diphenhydramine or melatonin\(^1\) usually works well to inspire drowsiness when on a new sleep schedule. Secondly, try to force oneself to adapt to the new schedule. As much as possible, do not allow naps. Instead, try to follow the normal local routine for time to go to bed and arise in the morning. Usually jet lag is only noticeable for the first few days after travel.

![Image of sleeping person with headphones]
B. The Importance of Movement

Due to prolonged periods of inactivity and resultant venous stasis, the risk of deep vein thromboses (DVT) during extended international flights is 3-12%.2 Travelers can prevent this condition by simply moving frequently. Periodically during one’s flight stand and walk around the plane cabin. During bathroom breaks, take a few extra minutes to stretch well. Even the simple act of repetitively contracting one’s calves while seated is helpful in alleviating blood stasis. Students should be mindful of the risk of DVTs and do what they can to prevent their development while traveling.

II. Tips While There

Being in a third-world country can be an exhilarating experience. This same experience though can become terrifying if one is faced with an unanticipated situation. To enhance a medical student’s preparation, the follow list has been included. Though each category will not be relevant to all students, it is important to be familiar with the information presented. Remember, common-sense is the rule. Many unsafe situations can be avoided by thinking in advance and being wise.

A. Procuring Transportation

Automobile accidents are the most common cause of preventable deaths in travelers, especially when alcohol is involved.3 Though tropical infections are typically more feared by travelers, accidents are a much more common cause of traveler morbidity.4

In order to be safe while traveling in a developing country, several principles should be followed. First, obtain a reliable local driver, especially if people drive on the opposite side of the road from what
one is accustomed. Local drivers are also more familiar with traffic rules which are surprisingly culturally nuanced. Secondly, use taxis when possible. When deciding on this mode of transportation though, one should have a clear idea of where one is going and what one is willing to pay. Taxi drivers as well see opportunity for added profit when shuttling an American tourist and may even disarm their meter (if they have one)! Establish the price of the trip prior to getting in the vehicle. Be aware though – especially if traveling alone, one should not accept an offer for a “taxi” ride in an unmarked vehicle. Even when overseas, taxis will typically be clearly marked. Single females traveling alone must use even greater caution in these situations.

If one is involved in an accident while overseas, one should recognized that the situation will often escalate quickly when people realize that an American is involved. Americans are automatically perceived as being wealthy, and as such the involved parties often believe that more monetary compensation is available. If one was simply a passenger, it is best arrange to meet the driver somewhere and slip away into the crowd. Above all else, do not agree to pay for damages without further consultation.

B. Exchanging Money

There are several options available for exchanging money internationally. Designated exchange companies are usually present in the airport and major cities. These companies will typically charge a set percentage of the total transaction as their fee for service. ATMs are also usually available and have set fees as well. Alternatively, one can simply use an American credit card for necessary purchases. The bank will automatically calculate the rate of exchange. This is often the most
cost-effective option but carries the risk of one’s credit card being compromised. Ask around. Local physicians, missionaries and long-
time American residents will usually know the best choice for
exchanging one’s money.

C. Securing One’s Belongings
One should not assume total security of one’s belongings in
an international hotel room. In general, one should carry his or her
passport and some cash at all times. When
deciding where to put these items, it is best to
avoid purses, backpacks, etc. The safest option is
a flat pouch which is worn under one’s clothing.
For the remainder of one’s valuables, the hotel
room safe is usually the best option. This should
be used for the copy of one’s passport as well as
all other cash and credit cards. One should also be
vigilant in keeping suitcases zipped closed when not in use. All sorts
of tropical creatures love the dark, moist environments provided by
previously worn clothing.

D. Being Safe
Common sense must be utilized in all situations when
residing overseas. First, one should recognize that alcohol does
compromise judgment and as such should be used sparingly and only
in appropriate situations. Secondly, one should obtain a trusted
local escort when possible for outings. These individuals can warn of
dangerous circumstances and function as one’s advocate in everyday
situations. Thirdly, be vigilant in protecting oneself from foreign
illness, especially blood-borne and sexually-transmitted disease.
Whether in the hospital or on the street, medical students need to
be very aware of the risks and act accordingly. Lastly, despite the
heat in a tropical environment, one should swim only in well-
maintained chlorinated pools. In freshwater, one runs the risk of
acquiring infectious agents such as Schistosomiasis, *Naegleria fowleri* or *Acanthamoeba*. If even less fortunate, one may encounter a crocodile or water-loving snake. In general, swimming is not a safe activity in the developing world.

E. Choosing Food and Drink

One’s choice of food is a frequent culprit in later illness when traveling internationally. In fact, travelers’ diarrhea affects 30-70% of all travelers depending upon the destination. One can easily prevent this situation by employing several tricks while selecting one’s food and drink. In general, it is best to eat light and simply while following the mantra: “Boil it, cook it, peel it or forget it.” As practice in applying these principles, fruits are safe as long as they can be peeled. Therefore, oranges, bananas and grapefruit are all safe options. Grapes and apples on the other hand would not be considered safe. Even before peeling a selected fruit though it is best to wash it thoroughly with soap and water. Going back to the mantra, vegetables are safe if they are thoroughly cooked. Raw vegetables and fresh salads though would not be recommended.

When considering other categories, several other principles apply. Canned foods are also typically safe since they are sealed. Baked goods such as breads and pastries are usually safe if they are fresh due to the recent heat exposure. When considering meats, chicken is generally better than beef which is still a safer option than fish. Wares from street vendors are generally not safe for consumption since one cannot know how well it was originally cooked or how long it has been sitting outside.

Drinking water as well must be carefully selected. In many locations throughout the world, tap water is not safe for local consumption and is even worse for the traveler. In general, one
should avoid tap water (even for brushing one’s teeth), ice cubes and fountain pop. Instead, use bottled water that has been purchased from a reputable source. Alternatively, one may purify water personally by boiling it vigorously for 3-5 minutes in order to kill any bacteria or parasites that may be present. Other purification options include chemical disinfection and water filters.

When drinking other beverages, other principles apply. Juice and soda are typically safe as long as they are from sealed cartons, cans or glass bottles. Of note, in many countries when one purchases soda in a glass bottle, one is simply purchasing the liquid. The glass bottle is owned by the proprietor and is expected to be returned!

F. Avoiding Pests

Insect avoidance is crucial to the prevention of many diseases and parasites, the most famous of which is malaria. One must be especially vigilant at dawn and dusk since this is when insects are most active. First, use a bug repellant that is 20-40% DEET. This will need to be reapplied every 4 hours to maintain maximal efficacy. Secondly, wear long, loose, light-colored clothing. Thirdly, in high-risk malaria areas, sleep under mosquito netting that has been impregnated with Permetrin. Lastly, malaria prophylaxis should be taken consistently if indicated for one’s chosen destination.

G. Going to Market

Bartering for goods and services is a common practice throughout the world. One may debate the price on everything from fruit at the local farmer’s market to taxi fares when downtown. Shopkeepers usually love seeing Americans coming down the street. Be aware that initial prices may double, triple, or even quadruple for foreigners. A trusted local guide can help one have an idea of a
reasonable price for a given item. They can also help advise as to what are appropriate instances when one is able to barter.

The local souvenir market in a developing country may feel quite overwhelming to a new traveler. Often people speak of feeling mobbed or harassed by the numerous people hawking their wares. Recognize that this is simply a difference in culture. Be gracious! If one is truly not interested in their product, try to communicate this verbally, with a shake of the head or a signal with the hand. One may have to move on despite the seller’s pleading. As a beginning lesson in bartering, never start bidding unless one is intending to purchase the item. If one is truly wanting to purchase the item, have a price in mind prior to beginning the bid. In general, one may start the counter-bidding at half of the original offered price. Both parties will move toward the center until a final price is agreed upon. Do not be overly-concerned about paying too much since this business often represents the livelihood for a family. Have fun with the process and be generous when able since one’s purchase may help alleviate their poverty for a day. One should be aware of the situation though in order to prevent being cheated completely.

H. Tipping

Tipping can be surprisingly culturally nuanced. One does not want to under-tip as that is disrespectful. Yet, many people will also ridicule the American who grossly over-tips. In general, one should ask a trusted local guide what is appropriate. Ideally, give the money to him or her and allow them to distribute it appropriately. Also, be wary of “helpers” who may have less than honorable intentions. For instance:
“When we were exiting the airport in Africa, I felt mobbed by the press of people. Many people were trying to grab my luggage. Since they were so eager, I thought this was planned and they were going to help me bring it to the car. Seeing them and my reluctant agreement, my local driver quickly intervened, snatching the suitcases back. He selected only one man from the crowd to help us get our belongings to the car. When we were in the car, the driver informed me that many people “help” Americans with their bags by removing their luggage from their possession. Oh how different this place is from home!”

-First-Year Medical Student

I. Handling Beggars

Being from America, one is instantly assumed to have money to spare. In third world countries especially, many, many people will ask for money or items. Often these requests are couched in legitimate need such as transportation, food for one’s family, housing or a child’s education. Personally, I have been asked for clothing, stethoscope or shoes even while I was wearing them. It is easy for Americans to be taken aback by such requests. Before making a judgment though, one must see the impetus for such questions. First, there may be legitimate need for the requested item. Perhaps the individual’s child truly does not have a pair of shoes. Secondly, sharing is a cultural value amongst the impoverished. It is rare that one person becomes wealthy since all goods are held corporately by the extended family. In this environment, sharing is a way of life and is expected upon request. Thirdly, it may be a status symbol in their country to have an American object. As one can see, each situation merits a different
response. Thus, there is not a firm rule as to how one should respond to such requests.

Ideally, try to see the intention behind the request and respond accordingly. If possible, one should bring extra money for the inevitable needs that one will encounter. Give generously when able but try to do so discretely. If done publicly, it may simply inspire other people to voice their own requests more persistently.

J. Being Flexible

Depending on one’s personality, this may be the most frustrating aspect of the trip. When working in another culture, one must recognize that, fundamentally, it is another culture. People will think differently, talk differently, respond differently and behave differently from what one might expect. And, this is all ok. Even one’s translators, though they may speak English, will see the world through a different lens. As Dr. Huntington so eloquently expressed, “Just because they speak English, it doesn’t mean they think like [an American].”9 When possible, try to recognize American expectations in oneself and discard them.7 Work to see other perspectives as valuable, learning from them instead of rejecting them as different from one’s own.

One of the most challenging areas that requires flexibility is time. Americans have an obsession with time that is not as apparent in other countries. For instance, in Sub-Saharan Africa very few people wear watches. Instead, life is governed by the sun. In many Latin countries, the country shuts down for an afternoon siesta but society lights up brilliantly again at nightfall. Practically speaking, a clinic that was supposed to start at 8:30am, may start at 8am or 10am. Medical students will need to discern the local patterns and work to adapt to their culture as able.
K. Making Friends

Despite all of the cultural warnings that have been mentioned, medical students should not forget to enjoy the experience. Relax in the new environment! Just as one would make friends at home, try to make friends at the new clinical site. Jump in and learn all that is possible about their culture. Smile! Attempt their language, and practice their greetings. If they realize that one is truly interested, locals are often enthusiastic teachers and are quick to forgive one’s accidental cultural indiscretions. Relish this once in a lifetime experience to be thoroughly immersed in another land.

III. Avoiding Being “an American”

Americans are renown in the world for their arrogance, being firmly convinced of their own superiority in all areas of life. Recognize this and avoid supporting this perspective by one’s actions while traveling. Instead, traveling medical students should come from a position of humility, eager to learn about their culture and how they provide healthcare within their unique context. Dr. Huntington is the Assistant Director of the Family Medicine residency program in Sioux Falls. After his extensive travels, he has come to the conclusion that “we have one mouth and two ears. We should use them proportionally, listening twice as much as we talk.”

It is only by listening that one can discern what the local population believes are the critical needs in the area. Despite how bad a certain situation may appear, the community may be content to leave it as is, focusing their attention in other areas instead.

“[People] learn little and understand less from imposing themselves, with ideas of superiority and the will to help, on a group of people that do not
Listen to them and allow their culture to rule! In order to prevent being classified as a stereotypical American, be quick to listen and humble in the presentation of American ideas.

IV. Reflections from Prior Travelers

During my medical career, I embarked on two separate trips to Africa. After my first year, I worked in an urban hospital with native physicians in Sierra Leone. During my fourth year, I ventured to Zimbabwe where I served in a rural mission hospital for two weeks. The hospitals were quite similar between the two locations. There were three main patient areas: a male ward, a female ward and a large maternity center. Out-patient offices were also present and included separate centers for HIV/AIDS care, nutrition and rehabilitation. In Sierra Leone, the complex was run by two African physicians with several adjunct staff members. In Zimbabwe, only one native physician was on duty during my time. His time was split between the four different hospitals in the region, covering approximately 120,000 people. A typical day during my international rotations consisted of ward rounds in the morning. Late morning and early afternoon was devoted to out-patient clinic services. Later in the afternoon, we would do procedures and address any emergencies that arose.

Healthcare looks very different in an African hospital. What follows is a list of some of the items that struck me during my time abroad.

1) Since waiting is a fact of life in Africa, there are people everywhere. Patients may wait for days to be seen by a physician. Families clump on the hillsides waiting for their loved one to be
discharged. If unfortunate enough to have a high-risk pregnancy, women will walk to the hospital approximately four weeks before the anticipated due date, just to ensure that they are close to medical care when labor begins. With all of these people simply waiting, the hospital courtyard typically fills up very quickly.

2) Health insurance is not available in Africa. In Zimbabwe, the fee for a night in the hospital was $2, an X-ray was $20, a vaginal delivery was $20 and an ultrasound was $50. Despite these amazingly low prices, many people simply could not afford the necessary care. If they did not personally have the money for a prescription or test, it simply did not get done. As a student involved with the healthcare team, this made me very conscious to choose each test wisely. Family and friends are frequently relied upon to help patients fund their health-related expenses.

3) The amenities during a hospital stay in an African country are also very different. If a patient pays the requisite $2 hospitalization fee, he or she is only entitled to a bed. In Sierra Leone, patients were responsible to provide all clothing, bedding and food. This forced families to be very involved in the care of their relative. Thankfully, the hospital in Zimbabwe provided clothing, bedding and meals for the patients.

4) The protocols for patient monitoring will not be similar to American standards. In Zimbabwe, there were only 2 nurses on duty for each of the general wards. Therefore, vitals were checked only once a day just before the morning rounds. Glucose levels also were only checked once per day (once per week if treating as an out-patient) and insulin levels were adjusted accordingly. Since electricity was often not available, patients were typically not monitored at all during the night. Though physicians are on-call at
night, no physicians are on-duty over the weekend. Instead, nurses monitor the patients and discharge them at will.

5) I was pleasantly surprised by the equipment I observed in both of the African hospitals I visited. Blood pressure cuffs are available. Stethoscopes are carried by all physicians and may occasionally be found in a staff room as well. Each hospital was equipped with a functional laboratory that was able to run many tests, including complete blood counts, malaria smears, and liver function tests. Both hospitals had a pharmacy as well which was stocked with many rudimentary medications. One older drug from each pharmaceutical class was typically available. A wide variety of antibiotics were also stocked. The primary imaging modality was ultrasound which was present at both of the hospitals. An X-ray machine was available in Zimbabwe but a certified X-ray technician was not currently employed. Patients in Sierra Leone who needed an X-ray had to be referred to the government hospital. Advanced scans such as CT and MRI were definitively not available.

6) Electricity was not dependable, and it was preferentially shunted to the imaging rooms and laboratory when it was available. Though both hospitals had generators available, these machines were not large enough to support the entire facility. If the generators ceased to function (which happened frequently), no labs or X-rays could be obtained.

7) Africans typically have a much more realistic perspective toward death. In Zimbabwe, the life expectancy at birth for males and females is 37-years-old and 34-years-old, respectively. This regular interaction with death causes people to see it as a natural, inevitable outcome rather than a failure of modern medicine. For them, life is a gift to be treasured in this moment alone. If students have the opportunity, “Internship in Africa: Death and Life” provides
a great exploration of this theme. Americans can learn much from the African people in this area.

Aside from these general descriptors, I want to emphasize the following to future medical students. Feel free to suggest and advise based upon your training in the United States but realize that our medical learning is culturally nuanced. The treatment protocols that we know from America may not pertain to this population. Also, since hierarchy is so important in foreign hospitals, staff members will likely give students much more authority than they are qualified to have. Students should realize that these same individuals usually function without Americans present. As such, it is absolutely permissible to defer care to the other staff members in order to protect oneself and the patients involved.
Resources Mentioned

Chapter 7.
After the Trip

Quick Start:
Read section during flight home
I. Coping with Jet Lag

As discussed in Chapter 6, one’s sleep schedule can be severely disrupted when one crosses time zones. Try to anticipate this and plan 2-3 lighter days after one’s arrival back home in order to provide enough time to adjust physically and culturally. Remember as well that several tricks can be used when adjusting to a new sleep schedule, including taking a mild sedative for the first few nights after one’s return and avoiding naps as much as possible. Ideally, travelers should try to resume the local sleep schedule as soon as possible upon their return.

II. Addressing Details

A. Malaria Prophylaxis

If one has traveled to a region where malaria is endemic, one has likely been taking chemoprophylaxis. Regardless of the medication used, the regimen should be continued as prescribed after one’s re-entry into the country. Despite a student feeling well and believing oneself to be no longer at risk for malaria, medical students are wise to continue this therapy for the entire course.

B. Organized Reflection

After a trip such as this, one will likely experience a multitude of emotions and memories. Since such memories dull with time, find a way to record these thoughts immediately after the trip. Ideally, one has been keeping a journal or using a dictaphone for reflection during the course of the entire trip. Upon one’s return, take some time to organize these notes into a meaningful product. Some may create a personal Word document. Some may blog about the experience.
Others may create a scrapbook of pictures, thoughts and memories. Still others may even develop a compilation of the videos taken during one’s trip. Whatever format one decides, it is important that travelers take this time to reflect upon their experiences while abroad.

C. Showing Appreciation

Medical student travelers should look for ways to give back to the international community that they recently left. If one did not give gifts of appreciation to host families and physicians prior to leaving, be sure to send them something now to acknowledge their investment in one’s education. Suggestions include a new monogrammed white coat or a pocket physician reference guide. Think back over one’s time to find a gift that will be meaningful when received. Also, consider sending copies of any reports that have been developed regarding one’s time abroad. Photographs also make for meaningful memorabilia that can be easily included. Lastly, be sure to follow through on any promises that were made during one’s trip. Amidst the busyness of life in America, it is easy to forget or disregard the commitments that were made while overseas. As much as one is able, work to fulfill any promises that were made, thereby drawing positive closure to those relationships.

III. Encountering Reverse Culture Shock

According to literature distributed by the University of California, reverse culture shock is “the feelings [...] experienced when people return to their home country and find they do not fit in
as they used to. This may be due to a change in excitement, an appreciation for and of different customs, or because during the travels the home country was idealized.”

For travelers coming from the developing world, one will likely grapple with America’s wealth for a few days after returning. American consumerism may seem wrong or even appalling in light of the poverty that one has just witnessed. Embrace these feelings. Write them down in a journal or talk to someone about them, realizing that they too will inevitably fade with time. It is important though to hold on to these memories and feelings since they may have life-long implications on one’s perspectives toward wealth and poverty.

IV. Presenting the Trip

During the flight home, take a few moments to develop a list of highlights from the trip. After an extended venture to a very foreign environment, one of the most frustrating questions to answer can be “How was your trip?” Yet, many people, including friends, family, co-workers, and mere acquaintances, will want to hear how things went. There are so many different things that could be included in one’s answer! From one’s list of highlights, try to develop a distilled, meaningful response that can be communicated in just a few sentences.

Look for opportunities to talk about one’s trip. One may be asked by community or church groups to give a presentation about one’s experiences. Use this as an opportunity to share the things that were learned with the wider American community. Make a special effort to reach out to the people, churches and businesses who tangibly supported the venture through monetary contributions. If possible, bring them a small gift as a token of appreciation.
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Appendix A.
Global Health Programs
This is a partial list of health organizations which was formulated from medical student responses at the Sanford School of Medicine. At least one student from USD has traveled with each listed organization. Listing does not imply a favorable experience. Always perform careful research before applying with any particular organization.

- Africa Inland Mission
- Ambassadors in Missions
- Baylor International Electives
- Child Family Health International
- County Multicultural Groups
- Global Medical Brigades
- God’s Child Project
- International Health Central American Institute
- International Surgical Missions
- Mayan Medical Aid
- Medicines Del Campo, SD
- School for International Training
- United Methodist Dakotas Conference
- Upper MidWest Association for Intercultural Education
- US Air Force
- US Marine Corps
- US Peace Corps
- Volunteers in Medical Missions
- World Hope International
Appendix B.
Preparation Timeline
12-18 Months:
1. Research organizations
2. Make preliminary contacts

9-12 Months:
1. Submit Applications
2. Propose travel Itinerary

3-6 Months:
1. Purchase Plane Ticket
2. Obtain Passport
3. Obtain Visa (if Needed)

1-3 Months:
1. Set Travel-Medicine Appointment
2. Finalize Cultural Research
3. Complete Paperwork

<1 Month:
1. Confirm Travel Plans
2. Review Travel Tips from Chapter 6
3. Pack
Appendix C.
Packing Check-List
### Checked Luggage
(Suggested List)

- Variety of Clothing
- Travel-size Laundry Detergent
- Personal Hygiene Items
- Assorted American Snacks
- Home Contact Information
- Adapter/Converter
- Batteries with Charger
- Kleenex Travel Packs
- Broad-Brimmed Hat
- Cloth Shoulder Bag
- Stain Stick
- Thank You Cards
- Map of Region
- Local Dictionary
- Camera
- Flashlight
- Wet wipes
- Host Gift
- Physician Gifts

### Work Necessities:
- White Coat
- Pocket Physician Reference
- Antibacterial Hand Sanitizer
- Post-Exposure Prophylaxis Kit
- Any Requests from Destination Hospital
- Stethoscope
- Dictaphone
- Plastic Gloves
- Face Masks

### Personal Travel Health Kit:
- Insect repellent (DEET 20-40%)
- Broad-Spectrum Antibiotic
- Antacid
- Loperamide
- Antihistamine
- Antibiotic Ointment
- Tools for cuts, scratches, burns, sprains, splinters
- Sunblock
- Acetaminophen
- Mild sedative
- Anti-emetic
- Laxative
- Antiseptic towels
Carry-On Baggage
(Suggested List)

- Passport
- Plane Ticket
- Destination Address, Contact Information
- Money - both cash and credit cards
  *Do not put all in one location!
- Travel Activities - books, cards, etc
- Earbuds
- Travel Lotion
- Antibacterial Hand Sanitizer
- Gum
- Inflatable U-shaped Sleeping Pillow
- Essential Personal Hygiene Items
- Prescription Medications
- Adjunct Medications
  Ex: Dramamine, Benadryl as desired for journey
- Extra T-shirt
- Set of undergarments
- Prescription Glasses
Appendix D.
USD Travel Waiver
The content of the University of South Dakota waiver for international travel is included below for reference only. An official copy of this document needs to be signed, dated and submitted to the medical school registrar prior to one’s departure. All questions should be directed to the Office of Student Affairs.

ACCEPTANCE, RELEASE AND WAIVER FOR INTERNATIONALEXCHANGE STUDY AND TRAVEL PROGRAMS

In consideration of (name) ___________________________ being permitted to participate as a participant in the ___________________________ program administered by the University of South Dakota, I DO HEREBY RELEASE THE STATE OF SOUTH DAKOTA, THE SOUTH DAKOTA BOARD OF REGENTS, THE UNIVERSITY OF SOUTH DAKOTA, THEIR OFFICERS, STAFF AND THE PROGRAM DIRECTOR, FROM LIABILITY AND ASSUME THE RISK AS FOLLOWS:

1. **DEFINITIONS.** As used herein (a) "Participant" means the student or non-student participant and the parent or guardian signing on behalf of the participant (if necessary); (b) "University of South Dakota" means the State of South Dakota, the South Dakota Board of Regents, the University of South Dakota; and, expressly includes their officers and staff, other representatives, and the Program Director individually and in their representative capacities.

2. **PERSONAL CONDUCT.** The University of South Dakota and the Program Director have the authority and the discretion to establish reasonable rules of conduct for the operation of the program during the entire period of the program, including free time. The use of illegal drugs during the entire period of the program, including free time, is strictly prohibited. The Program Director or other
representative of the University of South Dakota has the right and authority, but not the obligation, to decide that a participant must be sent home because of violation of stated rules, for disruptive behavior, or for any conduct that might bring the program into disrepute or its participants into legal jeopardy, and that decision will be final. **BEING SENT HOME WILL RESULT IN THE INSTITUTION OF STUDENT DISCIPLINARY PROCEEDINGS IN ACCORDANCE WITH REGENTIAL AND UNIVERSITY POLICIES. PERSONS SENT HOME WILL REMAIN RESPONSIBLE FOR ALL PROGRAM COSTS INCURRED ON THEIR BEHALF INCLUDING ANY ADDITIONAL TRAVEL COSTS OF BEING SENT HOME.**

3. **INSURANCE COVERAGE.** The participant understands that he/she is personally responsible for adequate health, accident, disability and hospitalization insurance coverage during participation in the program, and at the program site or sites. The University of South Dakota recommends participants consider the purchase of the International Student Identity Card (ISIC) which provides some minimal insurance coverage. **THE PARTICIPANT RECOGNIZES AND UNDERSTANDS THAT NO PART OF THE PROGRAM FEE GOES TOWARD PAYMENT OF INSURANCE AND THAT THE UNIVERSITY OF SOUTH DAKOTA HAS NO OBLIGATION TO PROVIDE ANY INSURANCE.** The participant is solely responsible for providing comprehensive insurance and the participant should carefully review additional insurance together with his/her current individual insurance coverage to determine that the participant is adequately covered for all risks, including repatriation, in all the countries to be visited to his/her satisfaction. **BY PARTICIPATING IN THIS PROGRAM THE PARTICIPANT EXPRESSLY WARRANTS THAT HE/SHE HAS REVIEWED HIS/HER INSURANCE AND EITHER HAS, OR HAS PURCHASED, ADEQUATE INSURANCE TO COVER ALL RISKS AND HOLDS THE UNIVERSITY OF SOUTH DAKOTA HARMLESS THEREFROM.**
4. **MEDICAL TREATMENT.** (a) In the event of any type of illness or injury to the participant, the participant AUTHORIZES THE PROGRAM DIRECTOR OR ANY REPRESENTATIVE OF THE UNIVERSITY OF SOUTH DAKOTA TO SECURE MEDICAL TREATMENT, including surgery and the administration of an anesthetic, and the undersigned accepts all financial responsibility for such treatment; (b) The participant is aware that if hospitalization is necessary for any reason while in a foreign country or in the United States during this program, THE UNIVERSITY CANNOT AND DOES NOT ASSUME ANY LEGAL RESPONSIBILITY FOR PAYMENT OF SUCH COSTS; RATHER, THE PARTICIPANT HEREBY ASSURES THE UNIVERSITY THAT HE/SHE ASSUMES ALL RISK AND RESPONSIBILITY THEREFORE and that the participant has adequate hospitalization insurance to meet any and all needs for payment of hospital costs during this program.

5. **LEGAL PROBLEMS.** The participant acknowledges and understands that should he/she fall into legal problems with any foreign nationals or government jurisdictions of a foreign country, that the participant will attend to the matter personally with his/her own personal funds. THE UNIVERSITY OF SOUTH DAKOTA DOES NOT GUARANTEE ANY ASSISTANCE UNDER ANY SUCH CIRCUMSTANCES. Moreover, the participant understands that as an American citizen in a foreign country, he/she will be subject to the laws of that foreign country and agrees to conduct himself/herself in a manner that will comply with the regulations of the host university (if any) and of the program as administered by the Program Director or other representatives of the University of South Dakota.

6. **TRAVEL PROBLEMS.**

   (a) The participant acknowledges and understands that in the event he/she become detached from the group, fails to meet a departure bus or train, or becomes sick or injured, that the participant will bear all responsibility
to seek out, contact, and reach the group at its next available destination. THE PARTICIPANT ALSO UNDERSTANDS THAT HE/SHE SHALL BEAR ALL COSTS ATTENDANT TO CONTACTING AND REJOINING THE GROUP;

(b) The University of South Dakota cannot assure that travel arrangements will be without certain disruption. ACCORDINGLY, THE PARTICIPANT ACKNOWLEDGES AND AGREES TO ACCEPT ALL RESPONSIBILITY FOR LOSS OR ADDITIONAL EXPENSES DUE TO DELAYS OR OTHER CHANGES in the means of transportation or other services caused by sickness, weather, strikes, or other unanticipated causes;

(c) The participant acknowledges and understands that the University of South Dakota assumes no liability whatsoever for any loss, damage, destruction, theft or the like to his/her luggage, personal belongings or self (including death).

(d) THE PARTICIPANT ACKNOWLEDGES THAT HE/SHE HAS RETAINED ADEQUATE INSURANCE OR HAS SUFFICIENT FUNDS TO REPLACE SUCH BELONGING AND/OR COVER SUCH LOSSES AND WILL HOLD THE UNIVERSITY OF SOUTH DAKOTA HARMLESS THEREFROM. Private travel insurance may be available from insurance agents and the University of South Dakota suggests that the participant consider such insurance.

7. THEFT, OTHER CRIMES, POLITICAL UNREST AND OTHER MISCELLANEOUS TRAVEL RISKS. THE PARTICIPANT RELEASES THE UNIVERSITY OF SOUTH DAKOTA FROM ANY LIABILITY FOR DAMAGE TO OR LOSS
OF PERSONAL POSSESSIONS, INJURY, ILLNESS, OR DEATH ARISING OUT OF CRIMES OR POLITICAL UNREST DURING THE PERIOD OF THE PROGRAM. The participant also understands and accepts the risks associated with sickness and/or death from ingestion of impure or unfamiliar foodstuffs, the misunderstanding of notices and signs concerning public health or safety, unfamiliar customs or traditions and all other risks associated with transportation or travel in unfamiliar settings.

8. **RESPONSIBILITY DURING FREE TIME.** The participant understands that during free time within the period of the program and after the period of the program he/she may elect to travel independently at his/her own expense. THE PARTICIPANT AGREES TO INFORM THE PROGRAM DIRECTOR OF THOSE TRAVEL PLANS AND UNDERSTANDS THAT THE UNIVERSITY OF SOUTH DAKOTA IS NOT RESPONSIBLE FOR OCCURRENCES DURING SUCH FREE TIME.

9. **USE OF VEHICLES.** The University of South Dakota strongly discourages participants from owning or operating vehicles of any type (including non-motorized vehicles) while participating in study abroad programs. Traffic congestion and different traffic laws and regulations (civil and criminal) can make driving vehicles in foreign countries extremely hazardous. Insurance requirements, or other financial responsibility laws, vary from country to country. If, however, a participant is determined to operate a vehicle while abroad, he/she recognizes that THE UNIVERSITY OF SOUTH DAKOTA ASSUMES NO FINANCIAL RESPONSIBILITY FOR LEGAL AID, OR FOR THE CARE OF THE PARTICIPANT SHOULD HE/SHE BE INVOLVED IN AN ACCIDENT WHILE OPERATING A VEHICLE OF ANY TYPE.

10. **CHANGE OR CANCELLATION OF THE PROGRAM.** The participant acknowledges and understands that no refunds for program fees will be made after departure. There is a non refundable deposit and certain other unrecoverable costs which may also be
assessed to the participant if cancellation is necessary before departure. THE PARTICIPANT ACKNOWLEDGES THE RIGHT OF THE UNIVERSITY OF SOUTH DAKOTA OR THE PROGRAM DIRECTOR TO WITHDRAW, CHANGE, ALTER, DELETE OR MODIFY THE ITINERARY AND/OR ACADEMIC PROGRAM. Any tuition and fees assessed by the South Dakota Board of Regents are governed by the same University policies applicable to domestic and on-campus programs.

11. **GENERAL RELEASE AND WAIVER.** ON BEHALF OF HIMSELF/HERSELF, HIS/HER HEIRS, ASSIGNS, OR OTHERS HAVING CLAIMS THROUGH OR ON THEIR BEHALF, THE PARTICIPANT RELEASES AND WAIVES ANY CLAIMS ARISING AGAINST THE UNIVERSITY OF SOUTH DAKOTA (AS DEFINED IN PARAGRAPH 1) FROM ANY AND ALL LIABILITY FOR DAMAGE TO OR LOSS OF PROPERTY, INJURY, ILLNESS, OR DEATH DURING THE PERIOD OF THE PROGRAM, arising in any manner from his or her participation in the program including by way of illustration and not limitation: him/herself, fellow participants, host family members (if any), agencies and educational organizations, persons or groups with which the University of South Dakota contracts for the provision of services for the program, or which have been suggested by the Program Director as resources for regional or independent student projects.

12. **CHOICE OF LAW AND RULES OF INTERPRETATION.** (a) The participant agrees that this agreement is GOVERNED BY THE LAW OF THE STATE OF SOUTH DAKOTA. The participant further agrees that the proper place for litigating any claims or controversies hereunder are South Dakota Courts; (b) The invalidity of any part or parts of this Acceptance, Release and Wavier does not affect the validity of the remainder of it. MOREOVER, THE PROVISIONS OF THIS AGREEMENT MAY NOT BE AMENDED OR DELETED ORALLY AND THE PARTICIPANT MAY NOT RELY ON ANY ORAL REPRESENTATIONS CONTRARY, OR IN ADDITION, TO THESE EXPRESS TERMS.
THE PARTICIPANT HAS READ AND UNDERSTANDS THE ABOVE PROVISIONS CONSISTING OF 12 (TWELVE) NUMBERED PARTS AND AGREES TO BE BOUND THEREBY.