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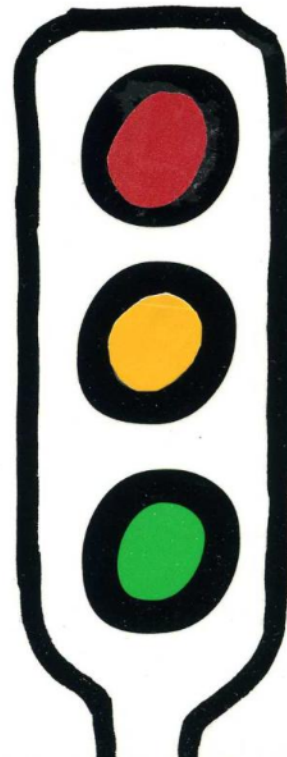
Recommendations

And Other Useful Stuff for
CWRU Medical Students

Contemplating
International Electives

Thomas M. Daniel

Third Edition



Go!

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for CWRU Medical Students Contemplating
International Electives**

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Center for Global Health and Diseases
Case Western Reserve University School of Medicine
Cleveland, Ohio

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Introduction

If you are a CWRU medical student contemplating an elective overseas, then this book is written for you. I spent a good share of my professional career working overseas, sometimes taking my family with me. Those international experiences changed my life. They made me a better doctor, a better scientist, and above all a better person. In addition, they were greatly satisfying to me. And fun! It is my earnest hope that you and every Case medical student so inclined might have the opportunity to experience medicine in a setting outside the familiar one of the United States and Cleveland.

Without apologies, this book is aimed at the medical student looking for an experience in what has been called the third world, sometimes the developing world, sometimes the non-industrialized world, or sometimes the technologically underdeveloped world. An experience in Europe or Australia, for example, might be rewarding, but it offers little that is not available in the United States and it needs little special preparation. But an experience in the Dominican Republic or Thailand differs greatly from anything that one could find in this country. If one is looking for an epiphany, one is more likely to find it on the road to Damascus than on I-71 to Columbus, Ohio.

Importantly, you must realize that what you read on these pages represents my personal thoughts and opinions. I am heavily influenced by what has happened to me — by living in Bolivia in a troubled time, by contracting giardiasis from water that I was told had been boiled, by being caught in a revolution in Haiti, by having traveler's diarrhea on an airplane flying back from India (probably my worst international experience), and by being bitten by fleas while sleeping at the Hotel Rocabado in Irupana. But also by getting antibiotics for a woman with mastitis in Suapi, by validating a new test for the diagnosis of tuberculosis in Mexico, by coauthoring the first paper from the CWRU-Makerere University Ugandan collaboration, and by speaking in my bumbling Spanish to an overflow crowd at the medical school in Trujillo, Peru. However, I have never been to China, to Egypt, or to Botswana. Nevertheless, I hope that my thoughts are helpful to you wherever you go.

Now some disclaimers. This book is not an official publication of CWRU nor the CWRU Medical School, nor the Case Medical School Center for Global Health and Diseases, despite being posted on the Center's website. All of the contents of this small book are solely the expression of my thoughts, opinions,

and ideas. Nothing I have written is “official.” To the best of my knowledge, the advice I give here is good advice — it is certainly well intentioned — but it is not the advice nor an official statement nor the policy of any office or agency of the CWRU School of Medicine. Also, to the best of my knowledge, the statements in this book are correct and accurate as of the time of publication, but things change, especially in the international travel world, and you should be aware that some of the items in this book might be outdated when you read them. Things also change at Case. New medical curricula and programs are put in place and then later disappear. They may affect your plans in ways that are difficult to anticipate at this writing.

* * *

First Things First

First of all, before going any further, take notice of the following pearls of wisdom:

T **Become informed.** Gather information. Talk to others about what you contemplate. The faculty and staff at the Center for Global Health and Diseases have a good deal to offer you. Include them among those with whom you talk. Use the internet; visit the State Department, CDC, and World Health Organization websites.

T **Size up yourself.** Be sure that you know what you want to do.

T **Plan ahead.** Plan ahead, way ahead.

T **Plan carefully.** What will you do? Where will you do it? Where will you live? How should it be scheduled? Etc, etc, etc?

Plan to change your plans. Consider alternatives and contingencies. Be flexible.

* * *

Is a Third World Medical Elective Right for You?

Not every CWRU medical student should contemplate an international, third world elective. Some questions that you might ask yourself may help to clarify the issue for you.

Have you ever lived in a third world country?

If you were the ambassador's daughter, that doesn't count. Nor does it count if your father was an American industrialist. Nor CIA agent.

If you were a PCV (if you were, you know what that means — Peace Corps Volunteer), then that counts in spades. You know what it means to live in the third world, and you are well suited for a third world medical experience.

If you were the son of a missionary, that probably counts, depending a bit on what your missionary parent did and how and where you lived.

If you were working on an archeological dig, that probably counts, unless the dig was in Paris or London.

If you were a "military brat," that probably doesn't count.

If you were a Rotary or other exchange student, that might count or not, depending a lot on how and where your host family lived.

What I am saying here is that life in a third world country is very different from life in Cleveland. Prior experience can make you aware of that, but some prior experiences are more protected from third world reality than others.

Have you traveled in a third world country?

Shore trips from cruise boats don't count.

Backpacking and getting about on local buses and sleeping in hostels counts.

Staying in a “pension” and getting giardiasis (one of my experiences) probably counts.

Riding in a Haitian “tap-tap,” a Bolivian “colectivo,” or a Ghanian “mammy wagon” certainly counts.

Do you like to camp?

Back packing counts.

Over-nighting in a local KOA doesn't count.

Wilderness canoeing in the BWCA counts.

An Airstream with martinis before putting the steaks on the grill doesn't count.

What I am saying about camping is that wilderness camping has a lot in common with living in many third world locales. Having unrolled my sleeping bag and spent the night on the pavement beside the railroad station in Tours helped prepare me for the night I spent in the Hotel Esplendid in Caranavi, even if Tours is in France and Caranavi is in Bolivia. And the plumbing in the campground on Lake Kiskadinna had some similarity to (in fact was preferable to) that in the hotel I stayed in in Bermejo. Safe drinking water and toilet paper are often problems in both camping and third world environments.

Being prepared psychologically and physically for a third world experience is essential. Being aware of what the third world is all about is a necessary first step in that preparedness. There has to be a first time, but if your first time is going to be a one or two month elective during which you expect to enrich your medical knowledge, then you should examine yourself carefully.

True story:

The phone by my bed woke me up at about 4:00 AM. “Dr. Daniel, this is Alice (not really her name) calling from Harare. I'm afraid to take the bus to the hospital.” What Alice wanted me to do by

telephone I do not know to this day. Importantly, Alice had gone to Zimbabwe without discussing her plans with me or anyone else in the Center for International Health. We had previously had a smoothly running arrangement with the medical school in Harare, but it had come to an abrupt and acrimonious end two years previously. The faculty in Harare were not prepared to receive Alice. They courteously accepted her, but did not offer her any special assistance with transportation, housing, or other matters. Alice had made her own plans acting on outdated comments from students who had gone there some years previously. Had she talked to anyone at the Center for International Health (antecedent of the Center for Global Health and Diseases), she would have been told that she probably would not be welcome in Harare.

True story:

George (again, a fictitious name) set off to take an elective in Baroda, India. With the help of local Baroda Medical School alumni, excellent arrangements for George's elective had been put in place. George had heard that safe drinking water is a problem in India, so George purchased a large, extra suitcase and packed it full of bottled water. Evian, perhaps! I wonder how the host family with whom George stayed reacted to that?

Does the fact that you have never been to Pakistan mean you shouldn't take an elective in Paraguay? Should you go anyway? If what I have written here scares you, then the answer may be, "No, a third world elective is not for you." If what I have written here challenges and perhaps excites you, then the answer is certainly, "Yes, you will find a third world elective a wonderful experience." However, you should not go into such an adventure without having your eyes wide open and without preparing yourself ahead of time.

When you have sized up yourself and when you have planned and prepared as carefully as you can, then: Go!

* * *

Plan Ahead

How Far Ahead?

Plan ahead. Of course, but why so far ahead? How do I know what I will want to do a year from now?

A year ahead? Surely you must be joking. Nobody plans that far ahead. In the world today it is easy to communicate by email or fax with anyone anywhere any time. Why so far ahead?

Yes, planning a year ahead is quite appropriate. And even then, things may not work out as planned and you have to be prepared to be flexible and adaptable.

True story:

I had lived and worked in Bolivia, both as a Peace Corps Physician and Program Officer and also at a later date conducting research as a Senior Fogarty Fellow. I knew Bolivia and I knew its customs. I spoke Spanish. I knew most of the key people at the Facultad de Medicina of the Universidad Mayor de San Andrés and at the Instituto Nacional de Laboratorios de Salud, the people with whom I planned to work. I had a research grant and would return to Bolivia to conduct a study of the immune spectrum of patients with tuberculosis. The study had been a year in planning. All the Ts were crossed and Is dotted — or so I thought.

My family would go with me. Margaret Oxtoby (real name), a CWRU medical student, planned to take a year off and, as part of that year, live with my family, and work with me on the study. I went to Bolivia a month ahead of the others in order to find housing and get the study organized.

I arrived to find that nothing had been done. None of my protocols had been forwarded to the Ministerio de Salud Pública, and my medical colleagues were not prepared to do even that until they were approved by the administrators of the three hospitals that

would participate. They had not approached these individuals for me, although they had assured me that they were ready for my arrival. I spent the entire month getting these approvals; the first patient was enrolled the day after my family and Margaret Oxtoby arrived.

Why do things take so long? First of all, in some third world places, no one makes appointments in advance and no one keeps an appointment calendar — to say nothing of using a smart phone or iPad for that purpose.

“Can I see you on Tuesday?” I asked. “Of course, I am always here on Tuesday.” “How about 11:00 AM, after you finish rounds?” “Good, I will wait for you.” But on Tuesday, he was not there. An associate reported, “I think he had to take his car to the garage for a repair.”

How did this happen? Well, he was ready to see me on Tuesday because Tuesday was a regular work day and he was always in the hospital on Tuesday. But from time to time he had to have the oil changed in his car, and when that Tuesday rolled around he decided to take the car in for service. It would take most of the day, but there was not much going on that day in the hospital. The appointment with me? He hadn’t written it down because he didn’t use an appointment calendar. So he forgot that he was going to see me, not out of malice or neglect, but simply because he was not accustomed to making appointments in advance.

How about the internet and email communication? You must realize that most of the doctors with whom you might communicate do not type. Typing is done by secretaries, not by doctors. Thus, while they may have email, they rarely use it because it requires typing. And since they rarely use it, they rarely check it and usually forget what comes via that route. Faxes may get more attention, perhaps because they will also be read by a secretary (confidential communication does not exist in most of the world).

What all of this means is that setting up an overseas elective will take much longer than you expect. Starting a year ahead of time is appropriate.

Passports and Visas

If you don’t have a passport, start working on it now. And then never, ever let your passport expire — not for the rest of your life! Go to www.travel.state.gov. This site will tell you all you need to know about getting a passport. Most

countries require that you have a passport valid for six months after you enter the country.

Many third world countries require a visa, and getting one is apt to be time consuming. European countries generally do not, but the third world seems to love red tape and rubber stamps. (You should see what we do to them; some of this is reciprocity.) A wag once said that Argentina had more rubber stamps (sellos de goma) than people. You can find out about the visa requirements from the consular reports for the countries you plan to visit at www.travel.state.gov. Visas come from the embassies or consulates of individual countries. They usually require special forms, photographs, and a fee.

Travel agencies can often obtain visas for you. What a travel agency will do is forward your passport to an agent in Washington who will make the rounds of the various embassies and consulates to obtain all of your visas for you. This does not relieve you of filling out forms, submitting photos, and paying fees. In fact, it will increase the cost. However, it may save time, especially if you need more than one visa, or need to appear in person and can't.

If you are not a U.S. citizen, then you have many additional issues to deal with. You should make an early visit to CWRU's Office of International Student Services.

Scheduling Issues

When would you like to go? Carnaval in Rio? The solstice in Phuket? Neither is a good choice. You are first of all a medical student, and you have to plan your adventure around that. In effect, there are three options:

1. The summer after your first year. This is obviously only an option for first year students and only for students at the main medical school campus. Surprisingly, I have had CWRU medical students come to me who had not yet realized that this summer would be the last summer vacation of their lives. Medical school rolls on and on, as does the rest of life, without those long breaks that grade school, high school, and college offered. Whatever you do with this summer, value it!

Importantly, first year students must realize that they have limited medical knowledge. Working in a clinic seeing patients is simply not possible other than as a stand-around-and-watch observer (more on this

subject later). Maybe this is all you want. Even such limited clinical exposure can be rewarding.

There may be other opportunities available to you. All Case medical students beginning with the class of 2009 are required to undertake a research projects with a faculty mentor. If this mentor is conducting research overseas, then she or he might have a reason for a participating student to travel to visit that research site.

2. During research. It is more likely that a student might visit an overseas research site later in the course of the project than at its inception. Such a visit might come during the fourth year. Students with major interest in diseases of developing and tropical countries should give thought to developing their research project with one of the faculty members of the Center for Global Health and Diseases.

It is important that you understand that all research involving human subjects, including questionnaires, requires approval of one of the university's intuitional review boards (IRB). Local IRBs will not consider a research proposal until prior approval has been given and documented by the appropriate IRB in the host country. Yes, you could manage to jump through the necessary hoops for the project you dreamed up, but not easily. A better option is to join an on-going, already approved project of one of the university's faculty.

3. One or both of two months off-campus elective time allowed in the fourth year. Many CWRU medical students take advantage of this opportunity to schedule an elective in a third world country. In fact, in past years as many as 20% to 25% of fourth year students have done so. As the new medical curriculum is being put in place, plans are being made to allow students to use a block of four elective months in the fourth year to develop an Area of Concentration. For the interested student, this Area of Concentration might be focused on disease problems of developing countries.

Fourth year schedules and activities impose some constraints that must not be ignored..

- a. You should have completed all of your relevant "core clerkships" before undertaking an overseas clinical elective. Don't plan to take a elective on the medical wards of a hospital in Peru until after you have

completed your medical clerkship at CWRU. Ditto for surgery, obstetrics, pediatrics, and other fields of medicine.

- b. CWRU students are required to take “acting internships.” These are advanced clinical clerkships. They allow students to display their courtship feathers and get additional departmental recommendations for specialty house staff programs in which they are interested. However, if acting internships are going to help your application, they have to be completed before November — December at the latest.
- c. Internship applications will take up much of your time in the fall. Your Dean’s letter and other letters of recommendation will be submitted in November.
- d. Internship interviews occur in December and January, but many programs will be accommodating in scheduling these interviews.
- e. You will have to turn in your list for the matching program in February, but you don’t have to be in Cleveland for this.
- f. “Match Day” occurs in March. This is the day when the national matching program gives out the results and you discover where you will do your internship. Do you have to be in Cleveland for this? My answer is yes. Each year a few students are not matched. There is a system all set up for putting these students into unfilled places. The system operates rapidly on the day before match results are released. If you are in Botswana, you will not be able to take advantage of this fall-back system. Of course, you may be a top student, AOA, etc, and sure you will match. Don’t be cocky. Some of the unmatched students are top students, especially in specialties for which the number of slots is limited.
- g. Commencement is in mid May.

In some countries religious holidays raise important scheduling issues. For example, many Catholic Latin American countries pretty much shut down for the two weeks surrounding Christmas and for Easter week. Remember that December and January may be major vacation times in Southern Hemisphere countries.

Putting all of this together means that many fourth year students take their overseas electives in January and February. Be creative in thinking about this. CWRU operates its clinical clerkship schedule according to blocks of about a month. But you could take a vacation month, split it, and take your elective from mid-month to mid-month. Or you might take part of a vacation month for internship interviews before leaving for an overseas elective and use the rest of the vacation month for travel at the end.

Licensing Issues

A final matter that must be considered in planning an overseas elective is that of obtaining your medical license. Without such a license, the MD degree you earn at CWRU will be of little use to you. Licenses to practice medicine are issued by separate authorities in each state and territory of the United States. There is some, but not total, unity among these authorities.

True story:

I served as Acting Dean for Student Affairs at the School of Medicine for one year nearly three decades ago. During that year a former student, a graduate who had completed residency, had to return to CWRU to take one additional clerkship month in order to be licensed in California.

California has the most detailed and most restrictive licensing requirements of any state, but some others are not far behind. The requirements are not easy to read, and one may not be able to get specific interpretations or explanations in advance. Questions are settled only by the licensing board upon review of an application. Copies of the California requirements are available in both the Registrar's Office and the Center for Global Health and Diseases. In general, I believe that all students should take no more than two overseas months (plus any overseas vacation) during the last two (clinical) years of medical school. Other CWRU staff and faculty members reading the same requirements have come up with somewhat more liberal interpretations. The chief disagreement is over how a licensing board might view unusual electives — an elective spent at a Chinese acupuncture school, for example. Would such an experience be considered as meeting the minimum number of clinical months required by California?

* * *

Planning Resources

Center for Global Health and Diseases

The Center for Global Health and Diseases views as one of its missions the assistance of CWRU medical students in planning for overseas electives. The Center organizes informational meetings for first and third year students. But most students also get help from the center by dropping into the Center's office located on the fourth floor of the Biomedical Research Building (BRB). There the Center maintains country and program files for student use. There also one can make appointments to see Center faculty members who are knowledgeable in the countries of interest.

This Center was formed in 2002 by the merger of the Center for International Health and the Division of Geographic Medicine of the Department of Medicine. In coming together, these two entities with common interests but differing programs joined into one academic unit. The Center for International Health had focused primarily on educational programs and international activities for students, including sponsoring courses and helping students to arrange international electives. The Division of Geographic Medicine was a strong and well-funded academic research division studying the immunology and molecular biology of such tropical diseases as schistosomiasis, filariasis, and malaria. There was substantial overlap in both faculty membership and areas of interest between the two previous units. While this merger eliminated overlaps, it did not affect the student-oriented programs formerly housed in the Center for International Health. The Center staff serving these programs constitutes an important resource for you.

Files and information

The Center maintains a file of information that may be useful to you as you contemplate an overseas elective. Some of it is well organized, some of it not. Most of it is, like the internet, totally unedited, but containing hidden goodies. Browsing through this information in the Center may help you identify a specific

program of potential interest or may lead you to think, “I don’t want to go there!” If you find something useful, one of the staff will show you how to use the copy machine to copy it. Some of the files include write-ups by previous students who have spent time in a particular program. The better ones of these write-ups are dated and give useful contact information and tips about the program and living arrangements. Remember that, and when you find information let us have a copy for the files so that future students can see it. And if you have a good or bad experience overseas, write that up for us.

Useful Websites

No one should go overseas — perhaps anywhere, but certainly to a third world country — without visiting three websites. These are not websites that will get you a better deal on travel nor websites that will show you pretty pictures of sunsets and waving palm trees on a tropical beach. These are websites that might save your life!

www.cdc.gov. This is the website for the Centers for Disease Control (CDC). This easily searched website provides useful information about current health threats in various regions throughout the world. This is the place where you can find out what immunizations you need, whether the water is safe to drink, whether you need to take malaria prophylaxis and what anti-malarial drugs work in the place you are going. This is where you can find out if there is currently an outbreak of meningitis or dengue. Yes, you need to go to a traveler’s clinic, but you also need to be informed, and the CDC is the best source of information about health problems for travelers.

www.who.int. This is the website for the World Health Organization. A second opinion, if you will, for the advice you get from the CDC. It is not so easily navigated as the CDC website, but may have useful additional information. This website is also useful for obtaining disease-specific information that may be relevant if you are planning a project in another country.

www.travel.state.gov. At this website you can search by country for reports from consular offices. These reports will tell you what the place is like from an American perspective. More importantly, you can obtain current travel advisories. These are the State Department’s warnings. Is that attempted coup d’état in Senegal a threat to your travel plans? To your security? Should you change your plans and go to Nigeria instead? Or maybe Paris? This is where the most reliable assessment can be found. Of course, you should be alert to news reports, but a report on Fiji and its restless ethnic groups may not be available in

today's paper. However, always look at the date on the reports in this website; some may not be very current. This website is also a good source of information about passport and visa requirements.

An internet search will quickly turn up websites for national tourism offices, and they can be helpful. Remember, they are there to sell you on their country. Also, such useful information as railroad schedules and the like can usually be found on the internet. And of course, you can use the web to look for international programs sponsored by other medical schools or health agencies that might like to have you at their site. But be cautious and seek further information.

True story:

Joan and Ruth (fictitious names, of course) found an exciting program in rural Colombia sponsored by Elsewhere School of Medicine. The program's attractive web page provided an email contact, and their email was promptly answered with, "Glad to have you. Come ahead." And so they went. The program turned out to be located in an area controlled by guerillas and the health center had ceased to function. They quickly discovered that as Americans they were not particularly welcome in the community. They managed to escape unharmed, but not without anxiety. Neither Ruth nor Joan had talked to anyone at the Center about their plans, nor had they really researched the program adequately.

A final caveat. Don't rely on the internet for all of your information, as Joan and Ruth did. Remember, the internet is not edited and often out of date. Consult other sources. Try to talk to someone who has been there recently.

Guidebooks and Maps

I never go to any place that I have not visited recently without consulting a guidebook. Guidebooks vary. Some are aimed at business travelers, some at upscale luxury travelers. Some — the ones I consult — at bargain hunters. Some books deal with regions, some with countries, some with cities. Some have lots of pictures. Some have lots of history. Some — the ones I like — are packed with useful information about local customs, local transportation, local regulations, and local accommodations.

OK, which ones do I like? Well, that depends a lot on where I am headed. The Lonely Planet, Moon, and Let's Go books are my usual targets. I go to a library and browse. Does this book cover this place? And does it do it as thoroughly as another book? Just because one publisher does one country well does not mean that it does all countries well. After making my pick, I head for a bookstore and browse again. Bookstores often have more current editions than libraries. Then I buy a book to take along — or sometimes to tear out pages from to take with me.

You may want to do some background reading. Bruce Chatwin and Paul Therault have written some interesting accounts of their travels, and I have found much pleasure in reading some of them. However, all the memoirs of traveling authors and all the background reading in the world will not help you find a place to put your head when night falls in Nairobi.

While in a bookstore, I look for maps. Shouldn't better maps be available locally? No, usually not. True, I bought wonderful maps of Mexico City from a vendor who had his wares spread out on the pavement in the Zócalo, but that was remarkable. The more remote a place is the more you may both want a map and be unable to find one locally.

The “Brain of Pooh” (and Other Honey Pots)

There is nothing like talking with someone who has been there. I have been to Bermejo on the edge of the Chaco Desert and learned the hard way that it is no place to spend the night. Faculty members from the Center and elsewhere have been lots of places and are generally ready to tell you about them. The Center office staff can lead you to the right persons to talk with.

Courses

From time to time, the Center and its faculty members sponsor courses that may be of considerable help to students planning to travel overseas. Further information about all of these courses can be obtained at the Center's office.

* * *

What CWRU Expects and Requires

Starting off with what may be the most important aspect of your travel, you must remember that whatever the circumstances of your trip may be, you will be viewed as a representative of the University and of the United States — an ambassador, if you will. This is not something that should be lightly tossed aside. It is a responsibility you should take seriously and to which you should give some thought. It goes well beyond any academic considerations.

Types of Travel

Now for your trip. “Hey,” you may say, “this is my life and my time overseas! Why does Case get involved at all?” If you’re just on a vacation, then you are just on a vacation, and CWRU is not involved. If, however, you want academic credit, then Case will be very much involved. If you want to be enrolled as a student during this time, then CWRU will be involved. What Case expects and requires depends a little on when and how you are going overseas. In general, there are three travel circumstances that should be considered separately.

1. Vacation travel. If you are truly on vacation, then CWRU is not involved. Except that it may be to your advantage to remain enrolled as a student. In many countries student status leads to cheaper fares, for example. Health and emergency evacuation insurance is more likely to be available if you are a student.

When might you travel abroad on vacation? After the first year during the summer and during the two vacation months available during the third and fourth years. In each of these cases, you might schedule some vacation travel before or after a credit-earning elective.

Bottom line: CWRU will not give academic credit for a vacation. But that doesn’t mean you cannot juxtapose some vacation next to a bona fide academic experience.

2. An overseas elective. Now you are asking CWRU to give you academic credit, and CWRU will have something to say about that.
3. Research. If you expect to work on your required research project with a mentor conducting research in a developing country, then that

person should and will play an important role in what you do overseas. Your activities will be expected to further the goals of both your thesis and the overall project of which it is a part.

Summer Experiences Following the First Year

Your last summer off. You should enjoy it, and it should enrich your life. An experience in a third world medical setting may meet those objectives. However, the School of Medicine does not permit its students to represent themselves as physicians or to deliver medical care that they are not qualified to deliver or without adequate supervision. It is a rare student who is qualified to care for patients in any circumstance at the end of the first year. Because you are in a situation where doctors are scarce does not entitle you to pose as one.

Fourth Year Clinical Electives

Faculty at the Center have established good relationships with doctors and medical facilities in a number of third world countries. Electives for fourth year students can often be built on the trust and good will that such relationships have spawned. These electives must be individually arranged. They are always considered student-initiated electives and must be proposed on the student-initiated elective form obtainable from the registrar's office. Alternatively you or your family may have medical contacts overseas. Once again, these electives are student-initiated and require use of the student-initiated elective form.

So now you have decided to go to Sri Lanka and your uncle is a plastic surgeon practicing there. You speak Tamil and are confident that you will have a good experience in your uncle's hospital. What more do you need? You need a CWRU faculty sponsor who will expect you to provide a description of your planned elective either on or attached to the student-initiated elective form. This description should deal with the following issues:

1. Where will you do this? What city and country? What sort of health care facility?
2. What will you do? Will your activities constitute an adequate learning experience to justify academic credit from the CWRU School of Medicine?

3. How will you be supervised and by whom?
4. How will your work be evaluated and by whom?

It is time to contact your uncle in Sri Lanka and get his help in providing answers to these questions.

A word should be said about evaluations. Our experience has been that it is often difficult to get evaluations back from overseas electives, and without an evaluation stating that your performance was satisfactory you will not be given credit for the elective. You can help, and you should. Get a clerkship evaluation form from the Registrar's Office. Take it with you. Have your evaluator fill it out (or at least write "satisfactory performance" on it). Then you bring it back. Don't trust someone else — not even your uncle — to mail or fax it back. If your evaluator wants to keep the evaluation confidential, then put it in an envelope, seal it, and have whoever evaluates you sign across the seal. If your evaluator doesn't speak English, then have the evaluation written in Spanish, or French, or whatever language. The Center will help find a translator for you.

Reading Electives and Language Schools

In some cases, the School of Medicine has allowed its fourth year students to take two months of reading electives. How does this fit into an international elective? Usually in the form of attendance at a language school. The most popular language that CWRU medical students wish to learn is Spanish. Not surprising, for individuals of Spanish-speaking heritage are now the largest minority group in the United States, and many CWRU medical students anticipate caring for Spanish-speaking persons when they enter practice.

There are several ways of learning a foreign language. The best, of course, is being born into a home where it is the first language. The next best is an immersion school. Formal language courses in high school and college help, especially if continued through a second year of college study. But even high school courses that teach the basic grammar and vocabulary help. All of these methods pave the way for living and working or studying in a country where the language is spoken in the company of those who do not speak English.

I learned Spanish in order to join the Peace Corps staff in Bolivia. I studied tapes and manuals and had tutors in my home. I took and passed a State Department test. Then I arrived in La Paz with my family in tow, settled into a pension, bought a local newspaper, and started to pursue the real estate ads in

search of a rental house for the six of us. I found I could express myself on the telephone, but I couldn't understand the answers that came back to me (talking on the phone is tough — no visual clues). After a couple of months working in Bolivia I finally became fluent, for those around me did not speak English.

If you have an aptitude for languages, if you have a significant background of high school or college course work in the language (or in another related language — French for Spanish, for example), and if you are willing to go at it seriously, then a month in an immersion school should make you reasonably fluent. If you have no language background, then two months are probably in order and you may not become quite as facile in the language.

A number of CWRU students have combined a month in a Spanish language school with a subsequent month in a clinical elective in a Latin American facility. That can work nicely.

There are lots of language schools easily found on the internet. The Center maintains files on some of them, and the Center staff and faculty can tell you which ones CWRU students have had good experiences at in past years. Important criteria for choosing a school are:

1. Small class size. Four or five students at most.
2. Four to five hours of instruction per day. More is impossible to take!
3. Housing provided with a local family. You want dawn to dusk immersion in the language.
1. 4. Location not in a touristy site frequented by lots of English speaking young people. There was a school at Mar de Jade (Jade Sea) on a beach on the western coast of Mexico. All of the students lived together in an old motel. They cooked and ate together, and they played on the beach together. Mornings were spent in classes in Spanish; the rest of the day at leisure in English. This is a good way to have fun on the beach, but it is not a good way to learn Spanish.

What about medical vocabulary? Most medical words in romance languages are based on Latin and so are similar to English and easy to learn. You probably will not need special instruction in medical vocabulary.

How good does your language have to be to function in a clinical clerkship in another country? Here are some simple tests:

- a. Can you read a newspaper? If not, how do you expect to be able to read a medical record?
- b. Can you talk on the telephone? Harder than reading a newspaper. Harder than asking a patient, “¿Donde duele?” Harder than social conversation with its visual clues.
- c. Can you participate in a three or four-way conversation? This is even harder, but it is what you will need if you are to make work rounds with residents and students in another language.

Student-Initiated Overseas Research

Case medical students have sometimes come to me with ideas for research projects that they wish to conduct overseas. These ideas usually reflect their particular interests. Often they relate to international situations with which the student has some prior experience. Usually they have involved surveys or questionnaires. Straight-forward as this may sound, setting up such a project is daunting and usually impossible to accomplish within the available time. As noted previously all research involving human subjects — even projects that are limited to simple surveys — must have Institutional Review Board (IRB) approval both at CWRU and in the community in which the study will be conducted. The latter must come first. Further information is available on the CWRU website.

Faculty Sponsor

All CWRU student-initiated electives — and that includes all international electives — require a faculty sponsor. While any faculty member may serve as your sponsor for an international elective, those professors associated with the Center for Global Health and Diseases sponsor most of the overseas electives taken by CWRU medical students. Appointments to see Center faculty can be arranged through the Center office or directly with the individual faculty member.

Center for Global Health and Diseases Approval

All CWRU School of Medicine international electives must be approved by a Center faculty member, even if sponsored by a faculty member not associated with the Center. This approval can be obtained and documented by submitting the completed student-initiated elective form to the Center office.

CWRU Office of International Affairs

It is a university requirement that all applications for overseas electives must be submitted to the CWRU Office of International Affairs. There is an on-line application form that must be completed, approved by your society dean, and finally approved in the Center for Global Health and Diseases.

CWRU requires that you prepare a report of your experience. It will be forwarded from the Center to the university Office of International Affairs as well as to the School of Medicine registrar. You will not receive credit for your elective until your report is in and has been processed.

* * *

Cultural Issues

Prior International Experience

It is worth saying again, and again, and.... Foreign countries are foreign. Less developed countries are less developed. Different cultures are different. That's part of the value of an international experience. It is also part of the challenge. Prepare yourself in every way you can, especially attitudinally. If you have lived in such a country, you have come a long way, although each country has its own culture. One of my problems when I first went to Uganda was that Ugandans speak English. A problem? Yes, because it tended to make me think that Ugandans thought the way I did. I had lived in Bolivia and learned that Bolivians

and I did not think the same way, but Bolivians speak Spanish, so it was easy for me to remember that I was different. Not so in Uganda.

Religion

Some countries are very religious and some quite secular. Some are Christian, some Muslim, some Buddhist. The list could be expanded. You must be prepared to accept this. In general, don't give up your views, but don't proselytize. Some medical programs are based in religious missions with a major evangelical component. Respect that, but don't take on evangelism yourself, regardless of your own religious views. You are there for a medical experience.

Life Style

Think of yourself as a guest in the country you visit. Don't be an "Ugly American" (if you've read Graham Greene's book you know that that phrase has come to have a particular meaning not related to character in the book). Live the way a medical student in that country might live. Dress the way a medical student in that country might dress. For men that probably means neck-ties, for women, skirts. Blue jeans are less frequently seen in third world countries than in the U.S.

Do not become involved in any political issues. In fact, I have no politics related to any country in which I am a visitor. With very good friends, I sometimes discuss American politics and my views, but I never express opinions on local political issues.

Customs

Do you know that in Latin America one always beckons another person with the fingers of the hand turned down? Upturned fingers are obscene. Do you know that in Africa you never put one leg up across the knee of the other leg and never point your foot towards another person? There is almost no greater insult. Do you know that in East Africa a polite handshake is always a limp handshake? Do you know that beards and long hair are associated with the Spanish conquistadores in the minds of many Andean people? And the conquistadores are not remembered with favor. Do you know that showing the palm of your hand to a Greek is an insult, so that a friendly wave is done with the back of the hand towards the person you are greeting? Do you know that in many South American countries no respectable woman goes out on the street without wearing make-up? Do you think it is impolite to stare? That is a uniquely North American and European

idea. How much “personal space” do you protect? If you can, talk with others who have been there, especially those who have lived in the country you wish to visit. I believe that a good bit of help can be found in reading guidebooks.

Recreational Drugs

Don’t, don’t, don’t. Not unless you think it would be fun to spend a long time in a crowded prison in Bolivia or be caned in Singapore. The United States and Europe are relatively tolerant of marijuana use; third world countries almost never are.

You are likely to drink beer. It is safe everywhere (water often is not). But do not get drunk. Never, ever!

Sex

Modern American attitudes towards sexual liaisons are not paralleled by attitudes in most third world countries. Do not enter into a relationship that includes premarital or casual sex. Do not! It is true that in some countries, no man marries a woman until after he has impregnated her (she might be barren), but that does not mean that casual sex is tolerated absent the marital intent. If you cannot be abstinent during an international elective, you should not go.

* * *

Travel Arrangements

Finances

Travel support. “Money isn’t everything, as long as you have dough!” Well, mostly it comes pretty close to being everything. Travel is expensive. So what fiscal resources are there into which you might tap? Not many at CWRU, but there are a few.

1. The Center for Global Health and Diseases administers two named, endowed funds for student travel fellowships, the Frederick C. Robbins Fellowship and the Janet S. and Thomas M. Daniel Fellowship. The amount of money available each year depends upon the earnings of the endowed funds; in recent years it has been as much as \$1,800 for each fellowship. The travel fellowships these funds support are awarded competitively to fourth year students based on proposals submitted in the spring of the third year. Directions for submitting proposals are distributed to third year students in January or February and are available at the Center office.
2. The Office of Student Affairs administers three endowed funds for enrichment of student life. Again, the amount of money available depends on endowment income. In past years awards of \$300 to \$400 have been given to fourth year students to support international travel. Proposals submitted to the Center for its fellowships are forwarded to the Office of Student Affairs if the student is not awarded one of the two named fellowships by the Center.
3. As noted previously, students may choose their required research project with a mentor who has an ongoing international research program. His or her budget might include funds for the travel of a participating student.
4. The Office of Medical Student Research administers the Crile Fund, which supports student research. Grants of \$1,800 to \$2,500 have been made in recent years to support student research. With research now required of all CWRU medical students, the largess of this fund has become severely constrained.
5. .An occasional student has been placed with an international agency with which a faculty member has an ongoing relationship.
6. In the past, an occasional church-based mission program has paid travel expenses for students to join them.

Safeguard your money. There is more to money than just getting it. In developing countries, there is also the problem of keeping it. In most third world cities, there is lots of crime. So is there in most American cities. However, in most third world cities, muggings are rare. But sophisticated pick-pockets abound,

especially in crowded areas. And if you are threatened, give up your money without a struggle. Don't be stupid.

Two true stories:

Jane (another made-up name) was walking along Calle Florida, Buenos Aires' centrally located shopping promenade. It was crowded, as it often is. At one point, a crane was erecting a new sign, and Jane joined others who were looking up at the workmen. Suddenly a well-dressed young woman hurried along while looking up and bumped into Jane, spilling the cup of coffee she was carrying onto Jane. Profusely apologetic, the woman dashed into a nearby restaurant and came out with paper napkins, with which she solicitously tried to wipe the coffee off of Jane's dress. The dress was not too badly damaged. However, when the event had passed, Jane discovered that her wallet was gone from the purse she had hanging over her shoulder. The young woman who spilled the coffee had an accomplice who lifted Jane's wallet during the carefully staged distraction.

Martha (I will call her) was an athletic CWRU medical student. She was a victim of a hit, grab, and run attack when a young man running past her bumped her and tore her purse from her shoulder. Martha was undaunted. She took after the thief, tackled him, and sat on him to the amazement of the crowd that quickly gathered until a police officer arrived. But most of us are not Marthas. For most of us, the better and safer option is to give the bandit what is demanded and forget the heroism act.

How should you carry money? My wife and I each have pouches that hang from the waist inside our pant legs (or sometimes skirt, for my wife). They are meant to hang around the neck, but down the leg works better for us. Money, credit cards, wallet, and passport go there. I carry cash in the amount I am likely to need — no more — in a pants pocket, and when in a crowded area I keep my hand in the same pocket. Once in a crowded market area in La Paz, Bolivia, a bus stopped near me, and a swarm of passengers disembarked. A hand went into my pocket. I clutched my money and swung my other hand to grab the wrist of the thief. He got away, but I kept my money. In a crowded area my wife hangs her purse around her neck and puts her arm across it in front of her.

Be careful about back packs, purses hung on shoulders, and those modish purses that go over the shoulder with a single strap to hang on the back. They are easily slit with a razor blade.

Credit cards. Credit cards are widely accepted, Visa and MasterCard in more places than American Express or others. The United States is in the process of converting to chip and sign or chip and pin cards as of this writing. Meanwhile, most vendors will accept American credit cards and manually enter the multi-digit card numbers. Cash, whether local currency or in some locations American dollars, always works. Have some small denomination bills; \$100 is more than many places can change.

Credit cards charge merchants for their use, often 5%. Many third world vendors add this 5% to the tab for customers using credit cards. So also do credit card companies usually charge you a fee for a foreign currency transaction.

Currency exchange. You will need to change money. Exchange rates are almost always best in-country. Depending on when and where I expect to arrive, I sometimes buy a few dollars worth of a foreign currency in my home bank or at my departure American airport, but American airport exchange booths are usually a bad deal financially.

When you change money, try to get small bills. The equivalent of a \$50 bill is going to be impossible to spend once you leave a large city— no one will have change for a bill that large — but the currency exchange places always seem to want to give away large bills. Travel guidebooks will tell you that you will get the best rates at a bank rather than at the airport. Not in my experience, and changing money in a bank is often a time-consuming, Dickensian experience. Be aware of currency restrictions. Sometimes you cannot change your money back again. When you come to changing back, change before you leave; you won't get much for your escudos in the US.

ATMs. ATMs have become worldwide, and they are a convenient source of currency. But before you lose your card in one, be sure it is working. Globally, most ATMs require chip and pin cards. Moreover, expect your bank to charge you for the transaction

Airline Tickets and Travel Arrangements

Should you use a travel agent? That depends. Previously I would have answered that question with an unqualified yes. Previously travel agents could get better fares than you could and did so at no cost to you. Now their fares are not cheaper and most travel agents will charge you something, although not a lot in the big picture of your travel budget.

True story:

The first time I went to Uganda I traveled with a group of faculty members. There were no direct flights to Kampala at that time, so we had to stop in Nairobi, Kenya, before catching a local flight onward. We checked into the hotel where we had made reservations. I had booked through American Express, the others through a Cleveland travel agency favored by the university. The clerk checking me in handed me my key and greeted me warmly. The clerk dealing with the others apologetically explained that there was a problem of no empty rooms. Why was I so favored? Not because of my handsome looks. Rather, I think, because the hotel did not want to risk offending Express Kenya, the local American Express agency and the source of much local business.

I fact, American Express is no longer in the travel agent business. Was American Express a better travel agency than the one my colleagues used? Probably not, despite my Uganda experience. The Center staff will be glad to talk with you about the travel agents they have used and their experiences with them.

Another true story:

My wife and I were vacationing in Puerto Rico many years ago when Eastern Airlines, on which we were booked, declared bankruptcy and ceased operations. Getting home was a problem. The airport was mobbed with people seeking other transportation. My alert travel agent had already booked us on an alternate flight on American Airlines; people waiting at the American Airlines counters in San Juan were generally out of luck. Those tickets cost more money than the excursion fare I had paid to Eastern Airlines. But the pain was offset because the credit card company refunded my Eastern ticket cost, even though Eastern did not.

Nowadays airline tickets are available on line through a variety of internet sites. Many people I know arrange their travel that way. I do not, probably because I am too old to understand the internet magic and too old to trust giving out my credit card number to a “secure” website. However, many of my friends prefer to make all of their travel arrangements on-line.

How about internet airline ticket vendors? Expedia? Travelocity? They buy space on airlines in bulk at low prices and then issue tickets against that space at whatever price they wish. These tickets are legal tickets. However, these tickets have some limitations. First of all, the baggage limit may be quite different from that of regular tickets. Secondly, the airline may not be able to reschedule you on another carrier if your flight is cancelled for some reason. But still, these internet tickets are cheap and they are legal tickets.

In the end, when not using a travel agent, I now buy most of my airline tickets directly from the airlines themselves. I use the internet to explore routes and schedules. For complex trips, however, I turn to my travel agent.

Arrival Arrangements

Many travel guidebooks will tell you how to catch a bus in from the airport and go to a local travel bureau where you can find listings for inexpensive accommodations. Does not work if you arrive at midnight, as I have done in many places. Nor does it work very well if you have been traveling all night and had little sleep.

I never leave without knowing where I will spend my first night and how I will get there. Sometimes that means spending more money, but I think it is money well-spent. Travel guidebooks are often helpful in this regard. For example, in Mexico City, taxi fares (which are generally cheap) are regulated from the airport to various zones of the city. But it is not obvious that one must buy a ticket in the terminal or at a kiosk for these regulated cabs. Once outside on the curb, there are mobs of entrepreneurial taxistas ready to charge whatever large amount they think you will pay to take you onward. A good guidebook will warn you of this. As a general rule, avoid taxis that are those of independent entrepreneurs rather than of companies, as the risk of rogue drivers is greater among those individual operators. Unless, of course, you are arriving in a place where the only taxis are independent ones and you feel lucky to grab one of those.

Depending on where you are arriving and at what time, it may be wise to have some local currency on hand. Don't count on airport exchange booths being open at night in more out-of-the-way places. Better to pay the extra cost of buying some money in your American departure airport. And then do your best to get small denomination bills.

Local Housing

Many novice travelers are surprised to find that housing in developing countries is expensive. In fact, it often seems to be unreasonably so. With exploding populations, most third world cities are short of housing that meets minimal American standards — indoor plumbing, running water, electricity, and a bed. And so such places are costly.

In the housing department, be aware that much third world plumbing is not built to handle toilet paper. If in doubt, ask. If there is a waste basket beside the toilet, put your toilet paper there. You don't want to inconvenience a host family by flooding their bathroom.

In much of the world, there is another important consideration. If you do not want to contract malaria, you need screened windows or a bed net. Bed nets are hot to sleep under, by the way, and most malarial areas are tropical.

It is best to be prepared and have made your housing arrangements well in advance. Most of the international elective sites developed by Center faculty have considered this problem and offer housing opportunities. Talk with the Center faculty about this as you make your plans. But, returning to an earlier example, if you are going to stay with your uncle in Sri Lanka, then you may have to be thoughtful about the mosquito problem. Your relatives may not worry about those insects, but you should, and you should use a bed net even if they don't.

Local Transportation

If riding on the immensely crowded (but spotlessly clean) Metro in Mexico City is not for you, then neither is the international elective you planned there. Ditto for not-so-clean tap-taps in Port-au-Prince, Haiti. Riding in crowded buses with folks who haven't bathed in ages is part of the experience. However, beware, for these conveyances are prime places for thievery. Protect your money and valuables. When possible, plan your travel to avoid bus rides at night.

Things You Might Not Ordinarily Pack

First of all, always take a carry-on bag containing not only toilet articles and other essentials but also two days worth of clean clothing. In fact, I survived for two weeks in Kampala, Uganda, with only my carry-on bag, and my wife had a similar experience when we went to the Canary Islands. Baggage is more frequently lost on international flights, especially when connecting in an over-crowded and over-taxed airport.

In addition to what you might expect to pack, also include:

Toilet paper. Most third world airport rest rooms do not have any.

Soap and a wash cloth (only in the USA are wash cloths provided to travelers). Depending on where you will be staying, you may also want to bring a towel. Camping and travel stores sell small, highly absorbent towels and wash cloths. While intended for back packers, they are also handy for international travelers.

If you are a woman who uses vaginal tampons, take an adequate supply, for they are not readily available in developing countries. Pads are more easily found but may be expensive.

Insect repellent. Put it on in the evening and at night if you are at risk for being bitten by malaria-carrying mosquitoes.

Sunscreen, if you are going to a tropical area.

Iodine tablets. One tablet in a liter of water makes the water safe for drinking, teeth brushing, etc. Plastic bottles are a nuisance to pack, and a large soda bottle will usually do the trick. If you buy bottled water, be sure you break the seal. Iodine water the color of urine can be used to kill amoebae on the surface of fruits and vegetables. Iodine tablets are used by back-packers and available at camping stores.

A bed net if you know you will need one.

Electric outlet adapter plugs. Buy these in luggage stores. And remember that Britain and all its former colonies operate with 50 hertz, 240 volt electric current. Most chargers for cameras, cell phones and the like will work on 240 volt circuits.

One or two white coats. You will find that most medical students in third world countries wear them, and you will probably not be able to buy them locally.

Your stethoscope.

A xerox copy of the front pages of your passport. A list of the account number of the credit cards you carry and the phone numbers to call to cancel them. These items should not be in your wallet or with your money, credit cards, etc, but in a separate place.

A flashlight. My small Mag Light was the only source of light one night for four CWRU faculty members staying in a project house in Kampala, Uganda.

Cameras

You will certainly want to take pictures during your time overseas. Digital and smart phone cameras have essentially replaced film cameras except in certain professional circumstances.

Laptop Computers, Cell Phones, and Other Electronic Wonders

Do you really need to take your laptop computer with you? Can you not be separated from your cell phone for this trip?

If you must take that electronic thing, be sure you can plug it into the electric outlet in the country you visit so as to recharge its batteries. Many countries, especially those once under the hegemony of the British Empire, use 220-240 volt, 50 cycle electric current. Newer units will handle that; older ones may not. Or you may have to change a switch on the unit. And you will probably need an outlet adapter.

Staying connected. If your only need for your laptop computer is to stay connected, consider using an internet café. They are nearly ubiquitous. However, you will need an account with a provider such as gmail or Hotmail that will be accepted by the computer you find. When I tried to access my email from Bonaire, my local server refused the connection. Spam protection, I believe. I

would have first had to have authorized access from that Bonairean computer from my home unit in Cleveland.

Cell phones. First of all, your cell phone might not work overseas, as the electronic systems used are not always the same as those in the United States. If it does work, you will have to pay international long distance and roaming charges. Yet, in many third world countries, the local phone lines are so limited that cell phones have become the usual means of telecommunication. In this situation you are probably best off buying a cell phone and signing up for a local service in the country you visit. You will probably find it surprisingly inexpensive

* * *

Personal Safety

For starters, don't take risks, don't be "macho," don't be stupid. However, the issues are not always so black and white. Were I to go to an American City with which I was unfamiliar, I could walk the streets and have a good idea of whether I was in a safe neighborhood or not. Experienced a third world traveler as I am, I am never sure in a third world city. The subtle clues, most of which I cannot identify, simply are not there, or at least not in a form that I recognize. Moreover, there are other dangers, especially with respect to health, that we in America never consider.

As part of your personal safety planning, have a contact person here upon whom you could call for major emergencies. Probably a parent. In a disaster, you may need an advocate at home and one who can muster up emergency funds. Leave a copy of your travel plans and credit card information with this person.

Health Issues

Traveler's clinic. Go to a traveler's clinic. Go well in advance of your travel — eight weeks ahead is a good time. Appointments at the one at University Hospitals of Cleveland can be made at (216) 844-8081. You can get required immunizations and prescriptions for prophylactic medications at a traveler's clinic, and you should not do without them. Yes, this visit will cost you money.

Yes, the drugs and vaccines they prescribe will also cost money. No, you cannot afford to dispense with these. Can you get all of these from your family doc? Only if she or he is knowledgeable in this area. Some may be available at the CWRU Student Health Center. And if you are going to an area that requires yellow fever or cholera vaccine, then you need to get these immunizations at an authorized site, which the University Hospitals traveler's clinic is.

Immunizations and prophylactic medications. You can find out what you need at www.cdc.gov. Good traveler's clinics also have this information.

Food and water. It is hard, indeed, to avoid traveler's diarrhea. Delhi belly, Montezuma's revenge, Leningrad trotskies — call it what you will, you will be lucky to avoid it. But some care with water and food will help.

The United States and Canada, most western European countries, Japan, and Costa Rica all have safe drinking water from municipal supplies. Beyond that, don't trust it. Bottled water is generally safe if you break the seal (otherwise it may be a reused bottle filled from a contaminated source). Boiled water is always safe. Coffee and tea are generally safe because the kettle on the stove is reheated to boiling over and again. Beer and soft drinks are safe, because if they are contaminated and fermentation continues, they blow their caps.

Cooked food is generally safe; uncooked food is often not. Bread is always safe. Fruit that you peel is generally safe. Salads are major sources of trouble. Lettuce leaves are difficult to clean, even in the best of kitchens. A dry plate is generally a safe plate, a wet plate may not be. Managing all of this in the local housing you have found may present many challenges. Fortunately, many of our overseas friends understand that Americans have delicate digestive systems.

True story:

While I was serving as a Peace Corps physician in Bolivia, three arriving volunteers were stranded for two days in Lima, Peru, because of problems with their airline flights. They found a modest but apparently clean hotel and ate in the hotel dining room. They all acquired amoebiasis, probably from lettuce in salad they ate.

Another true story:

I was in Madras, and about to have dinner at the home of one of India's most respected scientists. Shortly after I walked in the door

he said to me, “Our national drink in India is yogurt. The best yogurt in India is made in Madras. My cook makes the best yogurt in Madras. Here, have some.”

The challenges of protecting one's gi tract in developing countries are Herculean. You must be prepared for diarrheal illness, and a traveler's clinic can advise you on the best antibiotic to carry for the region you will visit. And take Pepto Bismol tablets. And immodium for the time you must travel (I have had diarrhea on a 747 — no fun).

Altitude and jet lag. If you are going to fly to the Andes or Himalayas you are going to experience acute mountain sickness. Soroche, the Bolivians call it. Insomnia, headache, paresthesias, diarrhea, and vomiting. The pathogenesis has been well worked out. Hypoxia leads to hyperventilation with blowing off of CO₂. The result is systemic and CNS alkalosis with some cerebral edema. The proper management of this condition is rest and quiet so as to avoid hyperventilation. Also, minimal food intake and water intake only so as to avoid dehydration from the diarrhea. I have been through this many times, and I take a book and spend the first thirty-six hours reading. Then I begin to feel better, and in about three days I am my old self. But it takes about a month to completely acclimatize to high altitude. Acetazolamide (Diamox) taken before arrival and for the first two or three days greatly reduces the headache and insomnia, but seems to worsen the paresthesias.

As for jet lag, I know of no way to avoid it. My practice is to set my watch for my new time zone and never look back. Never think about what time it is at home. As quickly as possible I move myself into the new time schedule of meals and sleeping.

STDs. AIDS, hepatitis C, gonorrhea, genital herpes, and other STDs are highly endemic in developing countries. Don't be stupid.

Automobiles. The major health problem for young people traveling in the third world is — and this should be no surprise to any of you have been there — automobile accidents. Be careful! Wear seat belts when possible.

Emergency hospitalization and medical evacuation insurance. Do you need to buy this? Absolutely, yes. It is not very expensive. Unfortunately, the coverage is also not very good. But it is better than nothing, and it is what you can get. The Center for Global Health and Diseases can give you information about the insurance plans its members use. Does your CWRU health insurance cover

emergency evacuations? Despite some effort, I have been unable to determine this.

Crime and Kidnapping

As I have noted, petty crime is a fact of life in third world cities, but violent crime less so. In some countries, kidnapping has become a major problem. For the most part this is a threat to more obviously affluent business men or media reporters. In some places, kidnapping is a sufficient threat so that you should not go. At this writing, Guatemala City is probably safe; parts of the Guatemalan highlands and the Petén along the Mexican border may not be. Check out www.travel.state.gov for current advisories concerning the countries and regions you plan to visit. And always be alert for theft.

More true stories:

Richard (another bogus name) took an elective at a major hospital where he was able to stay in an on-call room used by residents for a minimal fee. A good arrangement for him. One day he left his camera on the bed and left the door open. He returned to find his camera gone.

Many years ago when I was a college student, I took a camping trip with a friend. He used a toilet in a park service camp ground, hanging his camera on a peg on the wall. While seated on the commode, he watched a man emerge from another stall, wash his hands, and deftly lift the camera from its peg. By the time my friend was able to collect his wits and his trousers, the man and the camera were gone.

Jeannie (all of the names I use have been changed) had traveled all night and slept little on the plane. She fell asleep on a bench in an airport waiting for her connecting flight. She awoke in time to catch her plane — but without her camera, which she had placed on the bench beside her.

Political Instability

I have been caught in three major revolutions. I have watched soldiers shooting at one another from a small hotel in Port-au-Prince, Haiti. I have had bullets sail

over my head at a street corner in La Paz, Bolivia. I have been in a house being stoned by an angry, anti-American mob of students — probably my scariest expedience of all. No fun, I assure you. Some important advice:

Before you go, look for advisories at www.travel.state.gov.

Read the local newspapers and talk to your colleagues. Stay abreast of local news.

Never participate in any local political activities.

Avoid political rallies and demonstrations. They often become violent.

If trouble breaks out, stay out of sight and get out of the way.

Obey curfews.

If real trouble breaks out, leave the country as quickly and as inconspicuously as possible.

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What to Do If Things Go Wrong

American Embassies and Consulates

In general, American embassies and consulates will do little or nothing to assist a traveler in trouble. Don't think you can go running to them for help. However, embassies usually do a few things:

Most maintain lists of English-speaking physicians.

Most will do all they can to insure the safe evacuation of Americans when disastrous war or insurrection breaks out. If such an event seems likely, register with the nearest embassy so its staff knows where you are.

Consulates can provide assistance in funeral arrangements.

You can see from this brief list that US embassies are not travelers' aid stations.

If You Get Sick

Minor gastrointestinal and upper respiratory illnesses are a fact of life everywhere — more so in a new place, more so where sanitation is poor. Major illnesses in young adults are not common, but they happen. If you get sick big time, collect your wits and get appropriate medical attention. In fact, you are there as a medical student and there at some sort of medical facility. You are in a good position to judge where to turn for help.

If You Are the Victim of Crime

If your loss is major, report it to the police. But don't expect much to happen. Call and cancel stolen credit cards. Cry over a lost camera. And if you need money to get home, call on your emergency contact person at home.

Bailing Out

In times of major civil trouble, my best advice is to get out just as fast and as inconspicuously as possible. Don't wait around for things to settle down. Expect anti-American sentiment to come forth.

To repeat, leave the country if you can as quickly and as inconspicuously as possible. Getting out may well cost money. Spend it. It may mean going to an intermediate country. Go. Sometimes a local travel agency can arrange for you to get to an airport and on to a plane inconspicuously. Sometimes just getting to an airport and waiting in line works best. But sometimes airports are closed.

You will have made friends and contacts in the facility where you are working. Talk to them and heed their advice. They can judge local situations better than you can. Ask them for help in getting out.

If you have to wait it out, try to register with the US embassy and try to be as inconspicuous as possible.

And don't forget to communicate as best you can with your worried contact person at home.

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Some Final Words

International travel is among the most rewarding things you can do. This is doubly true in developing countries. When you can couple this travel with a medical experience in a facility unlike one you might experience in the United States, the value becomes immense.

Should you go? Of course.

Should you be prepared? Of course.

Will you have a rewarding medical experience? Of course.

Will it change your life? Of course.

Go! Of course.

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About the Author

Thomas M. Daniel, M.D. is Professor Emeritus of Medicine and International Health at Case Western Reserve University, Emeritus Director of the CWRU School of Medicine Center for International Health, and former Coordinator of the School of Medicine Flexible Program. Board-certified in internal medicine and pulmonary disease, he is an expert on tuberculosis. He served on the Peace Corps staff in Bolivia in 1970-71, and has traveled and worked in many developing countries. He has conducted research in Bolivia, Argentina, and India, and he was the first CWRU professor to establish a research program in Uganda. He has travelled to Haiti several times as a consultant to International Child Care. He has lectured for the World Health Organization and the Pan American Health Organization as well as other agencies in several countries, often in Spanish. While Director of the Center for International Health, he counseled many CWRU medical students undertaking overseas elective.