STEVE'S ESSENTIAL STUFF
FOR GLOBAL HEALTH VOLUNTEERISM

1. **Preparation**
    - Read the required modules for a "Certificate in Global Health Practice" from Unite for Sight, the Yale U based NGO that essentially boils down the principles of an MPH in Global Health into 4-6 hours of free readings. Pay for the paper (certificate) if you wish.
    - Global Health E-Learning Center. A source of well-done, on-line short courses to learn global health theory and practice.
    - Certificate or Diploma in Tropical Medicine and Hygiene (CTropMed or DTM&H) – Highly recommended if you are preparing for long-term global health work. These are 2 to 3 month courses that qualify you to sit for the Certification Exam in Clinical Tropical Medicine and Traveler's Health. U of MN's excellent, flexible Global Health Course is 200 hours on-line and 2 weeks in person. Other schools offering similar courses: Baylor College of Med. and International Ped. AIDS Inst.; Bernhard Nocht Inst.; Case Western Res. U.; Gorgas Mem. Inst./ U. of Alabama; Humboldt U. Lima, Peru; Johns Hopkins U.; Liverpool Sch. of Trop. Med.; London Sch. of Hygiene and Trop. Med.; Mahidol U.; Prince Leopold Inst. of Trop. Med.; Tulane U.; Uniformed Serv. U.; U. of TX Galveston; U of VA; and W. VA U.
2. **Questions and Criteria to Conduct Global Health Volunteerism**
    - **Why = Catalyst –** Examine what is motivating your short-term global health volunteerism to help avoid harm (primum non nocere). Consider supporting long-term development with the money you'd otherwise use for your one-week trip.
    - **How = Compassion** – It's about serving them and their community (beneficence), not you, and humbly meeting their needs, not yours. And, **Communication** – learn their language.
    - **Where = Connectivity** – go to the clinic or teaching hospital where your friend, church, or health system is working; connect to the local system and resource it, not harm it by "flooding the market". Go back regularly to the same place until development is achieved.
    - **What = "Capacity Strengthening"** - Principled GH work demonstrates care for communities through promoting development (via resourced autonomy) rather than dependence (Read on "capacity building" on Wikipedia).
    - **When = Continuity** – Build a supportive relationship with a long-term healthcare professional (community health worker, nurse, NP/PA, physician – national or expat) who is there year-round and resource them. "Hit and Run" brigade missions with no on-going care for the underserved in that location is unethical. If there is no on-going care, make it your mission to establish it (justice).
3. **Before you go, learn about**
        - The needs of the country:
            - GapMinder
            - StatCompiler
            - The World Factbook

- The healthcare assets in your discipline the population can presently access (read the websites of all of the other government and NGO hospitals and larger clinics in the country).
- The 20 most common diagnoses seen at the clinic/hospital? Read about those diseases of poverty for which you don't regularly provide care.
- The WHO intiatives for that country, particularly the national medical treatment guidelines written by the WHO in collaboration with that country's Ministry of Health using WHO essential medications list for that country:

4. **Recommended Resources**
   - Tropical Medicine Handbooks
     - Oxford Handbook of Tropical Medicine, 5th Edition. If you only buy one book to bring with you, this is the one(Kindle).
     - Lecture Notes on Tropical Medicine. Read it cover to cover, underline liberally, and then reread. A primer on TM. Symptom and system-based approach to diseases of poverty. If you can only read one book, read this one.
     - Pocket Book of Hospital Care for Children. Guidelines for the management of common illnesses with limited resources, WHO. Free PDF.
   - Tropical Medicine Textbooks
     - Principles of Medicine in Africa. A Harrison's for medicine and pediatrics with integration of common tropical diseases in Africa. Well referenced from studies out of Africa to suggest or support treatment algorithms, rather than exported US ideas about (cost-ineffective) care. If going long-term to Africa, buy this.
     - Manson's Tropical Diseases – the original. More exhaustive and exhausting than those above. Email your in-country preceptor and get a list of the top 20 tropical disease diagnoses they see and then check this out of your local medical library and read on them. Twice. Visualize the patient presenting with those symptoms and the differential.
   - Tropical Medicine Picture Books
     - Peter's Atlas of Tropical Medicine and Parasitology. The best atlas with parasite microscopy and derm pictures and a whole lot more.
     - Tropical Dermatology. Essential for long-term workers and even short-term dermatologists.
   - Tropical Surgery References
     - Primary Surgery – Non-Trauma (Vol. 1) and Trauma (Vol. 2) by Maurice King. Excellent. A dot-to-dot method for tropical surgery in resource-limited settings for primary care docs or even experienced surgeons. Sometimes you won't get to see one before you have to do one or teach one. Edited by a British GP (who ever only did one surgery and that patient died – true story; told me himself).
     - Surgical Care at the District Hospital – WHO manual. Download this as a pdf to take with you on your phone. Very basic, but well-written and illustrated. And free.

5. **Travel Tips**
    - Ensure liability insurance is either not needed or you are covered.
    - Carry 1 copy of your passport/visa in your wallet and 1 in your backpack/suitcase and leave 1 copy at home.
    - Bring a backpack. Better than suitcase, more pockets, and easier to transport your stuff on sketchy, potholed city streets or hike out when a war happens…
    - Call your cellular provider to unlock for international use or confirm coverage (and pay the price to lower the cost of international calling).
    - Buy an inexpensive phone and prepaid SIM card locally. You'll pay less per minute than using your US carrier phone. Or, just buy a SIM card for your GSM phone if it's unlockable. Still cheaper than using your home carrier and calling internationally.
    - Call your credit card company to let them know you will be using your card in the destination country and set a lower credit limit in case it is stolen. You can always increase the limit with another phone call if needed.
    - Flight delays in the developing world are normal. If they tell you it has been delayed for three hours, stay there and wait. They might decide to leave early… without you.
6. **Personal Protection**
    - Permethrin or deltamethrin solution (concentrates on Amazon are cheap) or RTU spray. Kills and repels mosquitoes (and ticks) that transmit malaria and a host of other arbovirus (**ar**thropod **bo**rne virus) evil humours (i.e. Yellow fever, Dengue, various encephalitides). Use to:
        - Treat clothing: spray or dip and air dry two changes of long sleeved shirts and long pants, loose fitting, cotton or nylon and hat to wear at least at dawn and dusk when that #1 killer animal Anopheles is blood thirsty.
        - Treated (with above) bednet. Spray/soak and dry or buy pre-treated. Makes for reduced air movement, though, so you'll need a fan in your room (if there electricity that night).
    - Deet. Higher numbers last longer.
    - Anti-embolism knee high stockings to prevent long-haul DVT. Wear on plane.
    - Sunscreen. Hard to find in Africa.
    - Sunglasses.
    - A really good flashlight – LED with high lumens. Headlamp if doing procedures/surgery.
    - A sewing kit – one of those freebies from a classy hotel.
    - Hand sanitizer. A way to wash before eating street food. Get it hot off the grill or peel it or don't eat it. Remember, hold the grilled chicken on a stick with your left hand and eat it with your right. Don't switch. Same when peeling. And don't eat with your left hand in most world cultures; it's used for other things.
    - Duct tape.
7. **Electronics**
    - Be aware that few electronic devices are truly secure.
        - Scanners are reportedly able to access files and contacts off your phone and computer as you pass through customs when entering some countries.

    - Wipe devices of sensitive or classified information prior to international travel.
    - Connect only to a known secure Wi-Fi.
- As per above, call your cell provider to unlock your phone so you can buy a card in country (and of course make sure your phone will work there).
- Load your phone with medical references, medical calculators, language translator/dictionary and a database app to keep a tally of the diagnoses and/or surgical cases. Take pictures of interesting cases, but always with the patient's consent.
- Flash Drives. If you are educating, learners or national colleagues will be eager for you to share your presentation. Carry your own flash drive to pass around to them. Putting theirs into your computer risks viral infections.

8. Meds

- Know that pharmacies in the developing world are often well stocked with a broad range of medications usually available without a prescription.
- Malaria prophylaxis
- Traveler's diarrhea medicine – Imodium and Cipro (or Azithromycin in SE Asia).
- Stand-by Emergency Treatment for Malaria (Malarone if not on it or buy combo Artesunate/Lumefantrine (brands - Riamet or Co-Artem) when in country).
- HIV post-exposure prophylaxis – at least one week's worth and expect the other three weeks to be DHL'd to you if needed if you're going to be cutting for PEP, especially if doing ortho. Check with your host hospital – they may well stock it for their surgeons, but some don't. The cheapest source will be foreign rather than domestic pharmacies.
- Your prescriptions in original bottles.
- If children traveling with you, carry Azithromycin (good for early treatment of fever – works partially on malaria, typhoid, traveler's diarrhea and a host of other things) though can usually find in pharmacies overseas without a prescription.
- First aid kit. Antibiotic ointment, bandages, cyanoacrylate skin glue (superglue sold everywhere works ok for lacerations for 2-3 days but is too brittle), syringe/needle, local anesthetic, suture. I've needed it about a dozen times to suture lacerations while traveling and away from a hospital (twice on one of my toddler sons in Africa within the same year). Swiss army knife with mini-pliers (needle driver) and tweezers (pick-ups) and scissors (scissors) (of course, don't put in your carry-on unless planning to donate to TSA) or all 3 of those from an ED disposable suture kit. Meds in my kit: Aleve, Aspirin (for the old guy with Levine's sign), Augmentin, Azithromycin, Ambien, Claritin, Clotrimazole cream, Decongestant, Epi vial, Imodium, Prilosec, triamcinolone cream, Tums, and Tylenol.

Happy Travels!

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